   **Cheer Buddies Registration Form (revised 07/02/19)**

Cheerleader’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Male Female**

Age: \_\_\_\_\_\_ Shirt Size: \_\_\_\_\_\_\_\_\_ Shorts size\_\_\_\_\_\_\_\_ Nick Name? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents/Guardian Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Conditions/Concerns**

I, the parent/guardian of the above-named child, who is participating in the MS Gulf Coast Buddy Sports, Cheer Buddies program, do hereby give my consent to his/her participation in the program activities. I do not know of any Medical Condition that would require a doctor's permission for my child to participate in the Cheer Buddies practices and performances. If there is a condition, I will provide a written release from the doctor to be kept on file with MGCBS. In addition, my signature below indicates that I agree to hold harmless MS Gulf Coast Buddy Sports, Inc. and it’s directors, coaches and volunteers, as well as any participating recreational sports league or school district for accidents or injuries that may occur while participating in typical cheer leading activities as part of the Cheer Buddies program.

**List any Medical Conditions/Concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Photograph Consent/Release**

MS Gulf Coast Buddy Sports, Inc., recreational sports leagues and school districts may at times publish pictures and/or videos of our Cheer Buddies. These pictures and/or videos could possibly appear in newspapers, newsletters, magazines, television, social media, or web sites. Please indicate your preference below.

\_\_\_\_\_\_\_ My child's picture and /or name may be published.

\_\_\_\_\_\_\_ My child’s picture may be published, but without specifically identifying him/her by name.

\_\_\_\_\_\_\_ My child's picture and /or name may not be intentionally published.

**Parent's/Guardian's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Information**

**Cheer Buddies is for individuals with special needs ages 5 and older interested in cheerleading. Cheer Buddy participants should have the desire to participate in cheer activities and be able to stay focused. Participants need to be able stay together as a team and perform without being too distracted or off task. The Cheer Buddies will perform cheer routines as VIP guest at local sports events such as youth, middle, and high school football games. There is no cost to participate.**

**For more information: Coach Mag Holland:** **email:** [RSVP@co.harrison.ms.us](mailto:RSVP@co.harrison.ms.us) **: Phone : 228-861-0007**

**Mike Crawford email:** [msgulfcoastbuddysports@gmail.com](mailto:msgulfcoastbuddysports@gmail.com) **: Phone: 228-860-9055**

**RETURN FORMS ASAP: First practice is July 13th , 2019 at the Long Beach Town Green at 9:30am**

**Email forms to either Mag or Mike**

**Register online at: www.msgulfcoastbuddysports.org (under the Registration Forms tab)**

**Mail printed forms to: MGCBS**

**23155 Stablewood Circle**

**Pass Christian, MS 39571**