

**CITY OF ANNISTON
PARKS & RECREATION DEPARTMENT**

CHEERLEADERS

AGES: 4— 12 Years

**REGISTRATION DEADLINE:
AUGUST 19, 2011**

**FOR MORE INFORMATION CONTACT YOUR LOCAL COMMUNITY CENTER
OR ANNISTON PARKS & RECREATION DEPARTMENT AT (256) 236-8221
P.O. BOX 2168, ANNISTON, AL 36202, 1128 GURNEE AVENUE, ANNISTON 36201**

REGISTRATION FORM

**I hereby certify that all of the information provided therein is true and correct.
I also understand that any false information that I provide will jeopardize the
eligibility of the registrant.**

Cheerleader's Name: _____

Age: _____ **DOB:** ____/____/____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: (H) _____ **(W)** _____ **©** _____

A CERTIFIED COPY OF BIRTH CERTIFICATE IS REQUIRED FOR ALL PARTICIPANTS.

**I/We the parents of the above named candidate, hereby give my/our approval for her participa-
tion in any Anniston Parks & Recreation Department Cheerleading activities during the cur-
rent season. I/We assume all risks & hazards, incidental to such participation including trans-
portation to or from the activities; and I/We do hereby waive, release, absolve, indemnify and
agree to hold harmless the City of Anniston, supervisors, coaches, participants, and persons
transporting my child to or from activities for claims arising out of any injury to my child. Your
signature below also acknowledges that you have read and agree to abide by the code of ethics
listed on the back of this form.**

Parent(s) Guardian's Full Name

Parent(s) Guardian's Signature

_____ **I am interested in assisting as a coach or being a team mom/dad.**

**REGISTRATION FEE: \$40 and \$35 for each additional child in the same family
household.**