2019-2020 CHEER ENTRY FORM
Powerhouse Non-competitive Cheer

_____

NAME   AGE   DATE OF BIRTH

_____YES____ NO____

PARENT'S NAME   (HOME)   TELEPHONE (WORK) (CELL)   TEXT

_____

MAILING ADDRESS   CITY   ZIP

_____

YEARS OF CHEER   GRADE ENTERING   SCHOOL

_____

TIME OUT OF SCHOOL   EMAIL ADDRESS

_____

  Fee per Month $10.00 Registration Fee(due with form)

Classes start the week of August 19

Class run August through April   Payable to: Brookhaven Recreation Dept.

_____ **5:30-6:15 Monday Tot Cheer age 3 & 4**(Must be 3 by August 1st) **$50.00**

_____ **6:15-7:15 Monday Advance Tumble Cheer**(Must have backhand spring) **$60.00**

_____ **7:15-8:15 Monday Boys Class (1st – 5th graders) $60.00**

_____ **3:45-4:30 Tuesday Level 1 (no skills required) Age 5-up $50.00**

_____ **4:30-5:30 Tuesday Level II**(must have cartwheel,roundoff,back bend) **$60.00**

_____ **345-5:45 Wednesday Comp Jr. Acro (age 5 & up) $85.00**

OVER

RELEASE, PHOTO AGREEMENT, PAYMENT AGREEMENT BY PARENT OR GUARDIAN

I _____, AM THE NATURAL PARENT AND/OR
      PARENT
GUARDIAN OF THE MINOR CHILD _____ WHOSE

BIRTHDAY IS child _____.
        BIRTHDAY
BY VIRTUE OF AND IN CONSIDERATION OF THE CITY OF BROOKHAVEN AND ITS

DEPARTMENT OF RECREATION ALLOWING MY MINOR CHILD TO PARTICIPATE IN THE

FOLLOWING RECREATIONAL ACTIVITY, TO-WIT:

<div align="center">CHEER</div>

I DO HEREBY, ON BEHALF ON MY MINOR CHILD, RELEASE SAID CITY AND

DEPARTMENT FROM ANY RESPONSIBILITY FOR ANY HARM OR INJURY, (OR ANY LIABILITY

WHICH MAY RESULT THEREFROM) WHICH SAID CHILD MAY EXPERIENCE OR SUFFER FROM

WHILE PARTICIPATING IN OR ATTENDING A RECREATIONAL ACTIVITY SPONSORED,

OPERATED OR CREATED BY SAID CITY AND DEPARTMENT.

I FURTHER RECOGNIZE AND ACKNOWLEDGE THAT THE SAID CITY AND DEPARTMENT WILL

PROVIDE NO HEALTH AND ACCIDENT INSURANCE FOR MY CHILD TO COVER MY CHILD FROM

BODILY INJURY HE/SHE MAY SUFFER WHILE PARTICIPATING IN THE CITY AND DEPARTMENT

RECREATIONAL ACTIVITIES.I HAVE READ AND UNDERSTOOD THE ABOVE RELEASE AND

AGREE TO ITS TERMS. THE RECREATION DEPT OR CLASS INSTRUCTOR. HAS PERMISSION TO

USE ANY PHOTOGRAPHY TAKEN DURING THE CLASSES FOR PUBLICITY PURPOSES. I AGREE

TO PAY MONTHLY TUITION UNTIL I HAVE NOTIFY THE RECREATION DEPT. IN WRITING. I

HAVE READ AND AGREE TO THE BROOKHAVEN RECREATION DEPARTMENT POLICY THAT IS

ATTACHED.

SIGNED _____DATE_____