2021-2022 CHEER ENTRY FORM
Powerhouse 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   **EMERGENCY NUMBER**

_____
First Month Fee(Due with form) $10.00 Registration Fee(due with form)

Classes start August 16 in building 2, Tuition due by 5th of each month

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

_____ 3:45-4:30 <u>Tuesday</u> Pre Cheer age 3 & 4 $50.00

_____ 4:30-5:30 <u>Tuesday</u> Beginner Class (cartwheel, roundoff,backbend, kickovers)
                                               Age 5-up $60.00

_____ 5:30-6:30 <u>Tuesday</u> Intermediate (must have beginner skills listed above)
                                               $60.00

_____ 6:30-7:30 <u>Tuesday</u> Advance $60.00

_____ 3:45-5:45 <u>Wednesday</u> Competitive $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:

CHEER

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_____