

BREWSTER CHEERLEADING

Sponsored by the Town of Southeast Recreation Department

GRADES: 1____ 2____ (3____ 4____ 5____) (6____ 7____ 8____)
Mighty Mites - Exhibition Team Competition Team and Game Cheer Squad

In order to form a Mighty Mite team I am look for coaches and assistants.
If we do not have enough enrollment to form a team we will refund your registration fee.

NAME: _____ Grade: (Fall 2016) _____ Age: _____ DOB: _____

ADDRESS: _____ City: _____ State: _____ Zip: _____

Parent: Home No: _____ Work No: _____ Cell No: _____

Contact e-mail: _____

Emergency Contact: Name: _____ Phone No.: _____

\$175.00 Non-Refundable (will be refunded if we do not get enough enrollment)

Check payable to: Town of Southeast

We provide the vest and skirt, all other apparel are purchased by the parent.

There will be a \$175.00 deposit for each uniform, which will be returned when the uniforms are returned. Initial _____

Registration Fee: _____ Check # _____ Cash _____ Uniform Deposit: upon receiving uniform

MANDATORY FUNDRAISER: 2 Boxes Candy \$120.00 or \$50.00 opt out

Date Received _____ Date Returned _____

For certification purposes, all players must submit a copy of a valid birth certificate (last years' have been shredded). Medical form must be signed by your Doctor and dated 2016, our form must be used. Copies of physicals will not be accepted. Also needed is the release form, emergency form and a copy of the final report card for 2016 when available in June.

Practice schedule will be given out as soon as we have numbers and a new coach for Mighty Mites. Mighty Mites will practice one night per week and 3/4/5 and 6/7/8 twice per week.

LAST DAY TO REGISTER IS MAY 1ST

We will meet after registration for sizing of uniforms and clothing orders.

_____ has my permission to participate in the Southeast Cheerleading program. I assume all risks and hazards incidental to such participation including transportation to and from activities. I do hereby waive, release, absolve, indemnify and agree to hold harmless the sponsors and coaches for any claim arising out of an injury to my child. I also understand that it is my responsibility to notify the instructor of any MEDICAL/PHYSICAL condition that could limit my child's participation or that requires special attention.

Signature: _____ Date: _____

Send to: Town of Southeast Recreation, One Main Street, Brewster, New York 10509
279-3915 website: southeast-ny.gov