



2017 CHEERLEADING CLINICS

JULY 24-26
NOON - 3:00PM

REGISTRATION INFORMATION :

Age Requirements:	5 — 14 (Age as of July 31, 2017)
Dates of Registration:	June 19 2017—July 21, 2017
Location:	Peltier Park Recreation Building
Fees:	\$30.00

How to Register:

- 1). Register in person at the Peltier Park Recreation Building Monday – Friday 8:00am-Noon & From 1:00pm-4:00pm (cash, check, Visa & Master Card accepted at window).
- 2). Print the registration form online at www.ci.thibodaux.la.us and mail with payment to: City of Thibodaux, Parks & Recreation Dept. P.O. Box 5418, Thibodaux LA 70302
- 3). Online registration at:
<http://ci.thibodaux.la.us/departments/recreation/index.asp>



REGISTRATION FORM

CHEERLEADING CLINIC

REGISTRATION FEE \$30 | ALL REGISTRATION FEES ARE NON-REFUNDABLE, UNLESS PROGRAM IS CANCELLED.

PLAYER INFORMATION: <input type="checkbox"/> FIRST TIME PARTICIPANT (check box if "YES".) <input type="checkbox"/> ADDRESS CHANGE (check box if "YES".)			
LAST NAME:	FIRST:	MIDDLE INITIAL:	
DATE OF BIRTH:	AGE (AS OF 07/31/2017)		
ADDRESS:	CITY:	ZIP:	
SHIRT SIZE:	YOUTH SIZES: <input type="checkbox"/> YXS (2-4) <input type="checkbox"/> YS (6-8) <input type="checkbox"/> YM (10-12) <input type="checkbox"/> YL (14-16)		
	ADULT SIZES: <input type="checkbox"/> AS (34-36) <input type="checkbox"/> AM (38-40) <input type="checkbox"/> AL (42-44) <input type="checkbox"/> AXL (46-48) <input type="checkbox"/> A2XL (50-52)		
LIST ANY MEDICAL PROBLEMS OF THE PLAYER:			
DOCTOR TO NOTIFY FOR EMERGENCY:		PHONE:	
PERSON TO NOTIFY FOR EMERGENCY:		PHONE:	

PARENT / GUARDIAN INFORMATION	
PARENT 1: <input type="checkbox"/> I agree to receive text messages from the City of Thibodaux.	
NAME:	
CELL:	() ()
HOME: <input type="checkbox"/>	() ()
WORK: <input type="checkbox"/>	
E-MAIL:	
PARENT 2: <input type="checkbox"/> I agree to receive text messages from the City of Thibodaux.	
NAME:	
CELL:	() ()
HOME: <input type="checkbox"/>	() ()
WORK: <input type="checkbox"/>	
E-MAIL:	

CODE OF CONDUCT
Code of conduct applies to everyone, including parents and spectators, who participates in any activity sponsored by the Recreation Department of the City of Thibodaux.
<ol style="list-style-type: none"> No alcoholic beverages or illegal drugs are permitted on the premises (buildings, playgrounds, parking lots, and on and near fields). All participants -- players, parents, coaches, and sponsors -- should behave in a polite and sportsmanlike manner and respect the authoritative decision of an official. Abusive language and cursing is prohibited. No one shall hit another person before, during, or after activity. No one shall deliberately damage Recreation Department equipment. Any person violating any rule will be temporarily or permanently banned from all Recreation Department activities.

PARENTAL AUTHORIZATION	
<p>I, parent or guardian of the above-named candidate for a position in above-mentioned cheer clinic, hereby give approval to his/her participation in any and all activities during the clinic. I assume all risks and hazards incidental to such participation in activities; and do hereby waive, release, absolve, indemnify and agree to hold harmless the parent or local organization, governing board, the organizers, sponsors, supervisors and participants in such activities, for any claim arising out of an injury to the individual, except to the extent and in the amount covered by accident and/or liability insurance held by the local clinic.</p> <p>I also grant permission to managing personnel or other league representatives to authorize and obtain medical care from any licensed physician, hospital, or medial clinic should the individual become ill or injured while participating in league activities away from home, or at any other times when neither parent is available to grant authorization for emergency treatment.</p>	
Signature of Parent or Guardian	Relationship
Print or Type Name of Parent or Guardian	Date / /

PAYMENT DETAILS:	
PLEASE MAKE CHECK PAYABLE TO:	
CITY OF THIBODAUX	
MAIL PAYMENT TO:	
Parks & Recreation Department	
P.O. Box 5418	
Thibodaux, Louisiana 70302	

TREC OFFICE USE ONLY: (Please do not write below this line).			
AMOUNT PAID: \$ _____	CASH <input type="checkbox"/>	CHECK <input type="checkbox"/>	CREDIT CARD <input type="checkbox"/>
	No. _____	Type: _____	
Receipt No.: ▶	Mail Rec'd Date: ▶		