

TREC

Thibodaux Parks & Recreation Department

2024

CHEERLEADING CLINIC



JULY 22-24

NOON - 3:00PM

SHOW-OFF DAY: Wednesday, 7/24/24 @ 2:30PM (Large Pavilion)

Age Requirements: **5 - 12 (Age as of July 22, 2024)**
Dates of Registration: **Now-July 19, 2024**
Location: **Peltier Park Recreation Building**
Fees: **\$30.00**

CHEER INSTRUCTOR: **Ms. Jasmine Matthews**

How to Register:

- 1). Register in person at the Peltier Park Recreation Building
Monday – Friday 8:00am--4:00pm
(cash, check, Visa & Master Card accepted at window).
- 2). Register online through the City of Thibodaux website under Parks & Recreation Department.
- 3). 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



*****For more information, please contact the
City of Thibodaux Parks & Recreation Department
At (985) 446-7235.***



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 07/22/2024)				
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)	<input type="checkbox"/> YXL (18-20)
	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:	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:	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	Registration Ends On 7/19/24
PO BOX 5418 THIBODAUX LA 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"/>
\$	<input type="checkbox"/>	No.	Type:
INCODE			Mail Rec'd
ACTIVENET			Date: