

# Cheerleading Registration SVJFAC

**Cheerleader Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Current Grade:** \_\_\_\_\_

**2010 Team:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Non – Competitive Attendance Policy

Squad: \_\_\_\_\_

Attendance is essential to the success of each season. Attendance will be taken at the beginning at each practice, game or event. Each Cheerleader's 100% commitment is required as each position on the squad is dependent of the other. When one Cheerleader is absent, it places hardship on the entire squad and can become a safety issue. It is for these reasons the Cheerleader and the parents must be advised of the importance of compliance to the attendance policy.

Attendance is mandatory at every practice and every game. Each cheerleader is expected to be at the onset of practice and remain throughout the entire practice; and, from the time designated by the coach pre-game throughout the entire game.

We understand things may come up throughout the season. For that reason, each cheerleader is allowed three (3) unexcused absences. Excused absences are: medical, school functions, family emergencies.

**We do not expect any issues with attendance.** However, if a cheerleader exceeds three unexcused absences, the consequences are as follows:

After the 4<sup>th</sup> unexcused absence – the parent or guardian will sell 50/50 at the next game. If the parent/guardian does not sell the 50/50, this will count as the 5<sup>th</sup> absence for the cheerleader. In addition, up to five points will be deducted from the following year's try-out score.

After the 5<sup>th</sup> unexcused absence – the cheerleader will be required to attend the next game in full uniform but will not participate in the sideline activities for the entire game: including hello cheer, sideline cheers, sideline mounts, tumble lines, victory cheer/dance. She will participate in the halftime routine.

After the 6<sup>th</sup> unexcused absence – the cheerleader will be removed from her position in the half time routine and be placed as a "free spot" for the remainder of the season.

After the 7<sup>th</sup> unexcused absence a conference will be held with the parent(s)/guardian of the cheerleader and the Coordinators of the cheer program to discuss resolution.

By signing this form you accept and agree to these terms.

\_\_\_\_\_  
Cheerleader

\_\_\_\_\_  
Date Parent

\_\_\_\_\_  
Date

## Competitive Attendance Policy

Squad: \_\_\_\_\_

Attendance is essential to the success of each season. Attendance will be taken at the beginning at each practice, game or event. Each Cheerleader's 100% commitment is required as each position on the squad is dependent of the other. When one Cheerleader is absent, it places hardship on the entire squad and can become a safety issue. It is for these reasons the Cheerleader and the parents must be advised of the importance of compliance to the attendance policy.

Attendance is mandatory at every practice, every game and every competition. Each cheerleader is expected to be at the onset of practice and remain throughout the entire practice; and, from the time designated by the coach pre-game/competition throughout the entirety.

We understand things may come up throughout the season. For that reason, each cheerleader is allowed three (3) unexcused absences. Excused absences are: medical, school functions, family emergencies.

**We do not expect any issues with attendance.** However, if a cheerleader exceeds three unexcused absences, the consequences are as follows:

After the 3rd unexcused absence a conference will be held between the parent(s) and cheer coordinators to revisit the attendance policy and the consequences of a fourth miss.

After the 4<sup>th</sup> unexcused absence the cheerleader will be removed from the competitive squad and placed on a non-competitive squad at the same age level as designated by the Coordinators. In addition, five points will be deducted from the following year's try-out score. \_\_\_\_\_ (parent initials)

By signing this form you accept and agree to these terms.

\_\_\_\_\_  
Cheerleader

\_\_\_\_\_  
Date Parent

\_\_\_\_\_  
Date

# SENECA VALLEY JUNIOR FOOTBALL ASSOCIATION of CRANBERRY Tumbling Permission Form

I, \_\_\_\_\_, grant permission for my daughter, \_\_\_\_\_, to perform the following tumbling skills without assistance.

I understand by granting permission my daughter may be asked to perform the stated skills on various surfaces including, but not limited to, outdoor football fields, (including artificial surfaces) and cheer/tumbling mats.

I understand that SVJFAC **does not** provide trained spotters to assist the girls. I, and my daughter, understand that my daughter may **ONLY** perform the tumbling skills I have indicated below.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

I understand I may update this permission form to allow more extensive tumbling.

**I/WE ASSUME FULL RESPONSIBILITY** FOR ALL INJURIES INCURRED AS A RESULT OF PARTICIPATION IN SENECA VALLEY JUNIOR FOOTBALL ASSOCIATION OF CRANBERRY SANCTIONED EVENTS.

**Indemnification by parent or applicant, in consideration of signing this permission form, I, intend to be legally bound, hereby, for myself, my heirs and assigns, hereby agree to save, indemnify and keep harmless, any of the sponsoring individuals and the Seneca Valley Junior Football Association of Cranberry and Coaches, or other individuals involved, against any and all liability, claims, judgments or demands arising as result of injuries sustained by the registrant while traveling to and from games, during the course of instruction, and during games and other sanctioned events.**

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

**SENECA VALLEY JUNIOR FOOTBALL ASSOCIATION  
OF CRANBERRY**

**Stunt and Mount Permission Form**

(Please print and sign below.)

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➤ **Permission granted—Complete this section and sign bottom of Form.**

I, \_\_\_\_\_, give permission for my daughter,  
\_\_\_\_\_ to participate in cheerleading stunts and mounts.

These stunts and mounts include spotting, lifting, sweeping, popping and being elevated.

*Please initial only one of the following:*

\_\_\_\_\_ These mounts MAY involve sweeping, popping  
or elevating above the shoulders.

\_\_\_\_\_ These mounts WILL NOT involve sweeping, popping  
or elevating above the shoulders.

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➤ **Permission not granted – Complete this section and sign bottom of Form.**

I, \_\_\_\_\_, do not give permission for my daughter,  
\_\_\_\_\_ to participate in cheerleading stunts and mounts.

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(Signature of Parent or Guardian)

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(Date)



**Seneca Valley Junior Football Association of Cranberry  
Health & Fitness Evaluation Form**

Name of Athlete: \_\_\_\_\_ Season (year): \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in Fall: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City ZIP

Parent/Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Regarding the Athlete**

1. Has had injuries requiring medical attention within the past year? No \_\_\_\_\_ Yes \_\_\_\_\_  
If Yes, type of injury: \_\_\_\_\_

2. Has had rheumatic fever or heart murmur? No \_\_\_\_\_ Yes \_\_\_\_\_

3. Has been under physician's care for illness or surgery? No \_\_\_\_\_ Yes \_\_\_\_\_  
If Yes, type of injury or surgery: \_\_\_\_\_

4. Had an immediate relative die suddenly before the age of 60? No \_\_\_\_\_ Yes \_\_\_\_\_

Does the athlete:

Wear Glasses? No \_\_\_\_\_ Yes \_\_\_\_\_      Contacts? No \_\_\_\_\_ Yes \_\_\_\_\_

Take Medication? No \_\_\_\_\_ Yes \_\_\_\_\_      If yes, what kind? \_\_\_\_\_

Hospital Preference (in case of emergency) \_\_\_\_\_

**To be Completed by Physician**

Physician's comments on medical history: \_\_\_\_\_  
\_\_\_\_\_

Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ Pulse: \_\_\_\_\_ BP: \_\_\_\_\_

Maximum Allowable Weight Loss: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

I certify that I have on this date examined this athlete and find him (her) physically able to participate in Seneca Valley Junior Football Association of Cranberry supervised activities.

Limitations: \_\_\_\_\_

Signature: \_\_\_\_\_

Examining Physician

Date

**Physicals are valid for one year from the date of the physical.**