

**Please complete and return to:
Plainsmen Jr. Cheerleading League
20 Cortland Blvd.
Clifton Park, NY 12065**

Cheerleader Name: _____

Address: _____

E-Mail: _____

Age: _____ Grade this fall: _____

Phone: _____ Parents Name: _____

Emergency Contact Name: _____

Phone Number: _____

T-Shirt Size (Please circle)

Youth S M L XL
Adult S M L XL

**Registration fee includes a
T-Shirt**

**Parent or Legal Guardian
Please complete:**

I have medical insurance coverage for the above registered participant:
Yes _____ No _____

I, the undersigned parent or legal guardian, agree that Plainsmen Jr.
Cheerleading League assumes no legal liability for injuries or other loss as a
result of such participation.

Parent or Legal Guardian _____ Date _____