

**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 \_\_\_\_\_