



Intramural Cheerleading

****Please return to the Recreation District Office. ****

Team will cheer at home intramural football games.

Grades: 2-5

Fee: \$25 (includes t-shirt)

Registration Deadline: Sept. 1 by 5 pm **(NO REGISTRATIONS AFTER 9/1)**

Date/Time: Wed @ 3:30-4:30 pm; begins Sept 9

Location: Asp Community Center



PARTICIPANT'S NAME _____

GRADE _____ AGE _____ T-SHIRT SIZE: XS (4/5) S (6/8) M (10/12) L (14/16) XL (18/20)

PARENT/GUARDIAN NAME _____

ADDRESS _____ CITY _____

PHONE(H) _____ (W) _____ EMERGENCY _____

ANY SPECIAL LIMITATIONS, ALLERGIES, OR MEDICAL PROBLEMS? _____

Please tell us how your child will be leaving practice:

PAID (\$25) Y _____ N _____ Make checks to GRD * **Must pay by Sept. 1 to get a t-shirt** *

Refund Policy: A full refund will be given when the Recreation District cancels an activity. A refund, less a 25% administrative charge, will be given to all other individuals requesting a refund before the activity or program begins. Participants may transfer the full credit amount towards another program within a two-month period from the cancellation date.

No refund will be given, with the exceptions of the conditions stated above, after an activity has started.

By signing below, I give my consent for my child to participate in Intramural Cheerleading. I release the Greybull Recreation District, its representatives, the Big Horn County School District #3, and the City of Greybull from all liability claims and suits of law or in equity for any injury, fatal or otherwise, while participating in this activity. Please be advised that the Greybull Recreation District, the School District, and the City of Greybull do not provide medical insurance to cover participants in this program. You may purchase the 24-hour Accident Insurance Policy through the Big Horn County School District #3, which will cover participants in the Recreation District Intramural Programs.

In case of accident or illness, I hereby authorize a representative to use his/her judgment in obtaining immediate medical care. PARENTS WILL BE NOTIFIED IN CASE OF SERIOUS ILLNESS OR INJURY AS QUICKLY AS POSSIBLE; HOWEVER, THIS WILL MAKE IMMEDIATE TREATMENT POSSIBLE.

I understand that any equipment checked out to my child must be returned to the Recreation District office on the last day of the program. By signing below, I accept responsibility for any damaged or misplaced items and will be responsible for reimbursing the Greybull Recreation District for the replacement value.

I also hereby give the Greybull Recreation District, its promoters, representatives, and employees, permission to take photos of myself, of my minor(s), and my/their property, in connection with the program being held at or sponsored by the Greybull Recreation District. I agree that the Greybull Recreation District may use such photographs of me or of my minor(s) and my/their property for promotional purposes without any notification. These include newsletters, flyers, the Greybull Recreation District website, Facebook, and Instagram. These photos may also be released to local newspapers for publication with names. Check here if you do NOT give photo release permission: _____

DATE _____ SIGNED _____



(307) 765-9575 greybullrec@gmail.com