

# Circle District 2020 Youth Cheerleading Registration Form

1/2<sup>nd</sup>\*, 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup> and 6<sup>th</sup> Grade USD 375

**DEADLINE –Friday, MAY 8, 2020**

## Division

Grade 2020/2021    1/2<sup>nd</sup>     3<sup>rd</sup>     4<sup>th</sup>     5<sup>th</sup>     6<sup>th</sup>

- Cheerleading Registration fee is \$40. Make checks payable to **City of Towanda**.
- Please send filled out copies to the City of Towanda or turn into your school. Paper copies can be mailed to the City of Towanda, 110 N. 3<sup>rd</sup> Street, Towanda, KS 67144. Attn: City Treasurer
- Circle Youth Football Advisory Board reserves the right to select/reject any or all coaches.
- EQUIPMENT: Your child will be provided Pompoms and a skirt. Families will be responsible for buying the cheer shirts.

Player's Name \_\_\_\_\_ Home phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Player's Date of Birth \_\_\_\_\_ Gender M F

Guardian/Father's name \_\_\_\_\_ Cell \_\_\_\_\_

Guardian/Mother's name \_\_\_\_\_ Cell \_\_\_\_\_

Most commonly checked email address: \_\_\_\_\_

Grade for 2020-2021 School Year (circle one)    ½    3    4    5    6

Shirt Size (Please Circle): YOUTH:    XS    S    M    L    XL        ADULT:    S    M    L    XL    XXL

Skirt Size (Please Circle): YOUTH:    XS    S    M    L    XL        ADULT:    S    M    L    XL    XXL

Interests:    Head Coach         Assistant Coach

Important Dates:

Practice Starts 8/3/2020 with first game on 9/12/2020 (8 games total with possible bowl games on 11/7-11/8)

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As a condition to participate in the program listed above, sponsored by either the City of Towanda and/or the Benton Sports Athletic Commission (BSAC), I knowingly and voluntarily assume any and all risks inherent in participation. I, further, waive any rights or claim against the City of Towanda and/or the BAA, its officials, officers and employees and coaches to include, but not limited to bodily injury, property damage, and/or loss sustained as a result in participation. I have carefully read the participation waiver and understand that a signature is required in order to participate in any program. I also understand that a late registration may result in not being able to participate, being responsible for additional fees and equipment expenses.

\_\_\_\_\_  
Parent's or Guardian's Name – PRINTED

\_\_\_\_\_  
Parent's or Guardian's Name – SIGNATURE

\_\_\_\_\_  
Date

For any inquiries please contact Jen Stareck (316.393.9103) – [jenstareck@gmail.com](mailto:jenstareck@gmail.com)