

**St. Luke's Episcopal School
Wildcat Athletics**

Registration/Permission to Play

SPORT/Level Cheerleading

Participants Name _____ Grade _____ D.O.B. _____ Gender: M or F

Parents Names _____ email _____

Address _____

Cell Phone _____ Home Phone _____

Emergency Contact: _____ Phone Number: _____

Are there any medical conditions that the coach should be aware of? _____
If yes, please explain _____

I, the parent or guardian, agree not to hold St. Luke's Episcopal School, Church or anyone acting on its behalf responsible for any injury occurring to my son/daughter in the proper course of athletic activities.

I will submit all participation fees before my child attends their first practice to cover league cost.

Date _____ Signature of Parent/Guardian _____

Registration Fee - \$30.00

Registration fee will include a trophy.

I am willing to serve as the Team Mom _____

Please submit registration form and payment for registration fees (if not already registered) to the SLES Office (Japonica or University Campus) no later than July 20th)

Total Amount enclosed _____