



# 2011-12 CHEERLEADING GR. 2-5

\_\_\_\_\_ Parent's Code  
 \_\_\_\_\_ Paid

**Child's Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

Any allergies/medications/special medical needs? \_\_\_\_\_

**Glasses:** Y/N      **Hearing Aid:** Y/N (please circle)

**Parent's Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Alternate Phone** (cell/work) \_\_\_\_\_

**Email:** \_\_\_\_\_

**Other Emergency Contact Name/Phone:** \_\_\_\_\_

**Family Doctor Name/Phone:** \_\_\_\_\_

COST: \$10.00 per child or \$20 for both Fall & Winter Season  
 (\$13/\$26 for nonresidents – outside of Lovell, Stoneham, Stow, Sweden, and Chatham, NH)

I hereby affirm that I am the legal parent or guardian of the child listed above and that all the information listed herein is accurate. I understand that in case of injury or illness, the Lovell recreation department staff will make every attempt to contact me, the emergency contact listed above, and/or the family physician. If neither myself, the emergency contact person, nor the family physician can be reached, the Lovell recreation department staff has my permission to administer first aid to my child and to call emergency services as required. I accept full responsibility for my child before and after each program session, and I assume all risks associated with my child's participation in the program.

**My child may leave without being picked up by an adult** Yes \_\_\_\_\_ No \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Lovell Recreation Department  
 P.O. Box 236 - Center Lovell, Maine 04016  
 Lovell Recreation Director (207) 925-1084