2026 Youth Cheerleading Registration Form

Mt. Vernon Parks & Recreation Department

Please fill out this form and return to the Parks & Recreation Department Office, 716 Locust Street (Hedges Elem. Entrance #8) or mail to P. O. Box 324, Mt. Vernon, Indiana 47620. Office hours are Monday – Friday, 8 a.m. - 5 p.m.

All registrations are due by **Friday, August 14 at 5 p.m**.
If we have enough coaches, teams should be selected by **8/24**
League play will begin the 9/9

Grades K-6th **$35 per participant, additional child $20.**

Name _____ Grade _____

Address _____ Gender_____

(Main) Phone _____ D.O.B. _____ Age _____

Email_____

T-shirt size (circle one): YS YM YL (Youth Sizes) S M L XL (Adult Sizes)

PARENT/GUARDIAN PERMISSION:

(Both parents must sign this permission form. If only one parent is available to sign, the parent signing must assume complete and absolute responsibility as set forth below)

We/I hereby grant permission for my child _____ to participate in the: Youth Cheerleading Program.

We/I represent that my child is physically fit and suffers from no health issue which would prevent him/her from participating in this activity. We/I will assume all responsibility and obligation for my child in case of injury or accident sustained during participation in this program. We/I release and hold harmless the Mt. Vernon Parks & Recreation Board, Metropolitan School District of Mt. Vernon, employees of the Mt. Vernon Parks Board, and all other paid and volunteer personnel from any and all liability, loss, damage, injury which may result or occur during the course of this sports program. We/I give permission for the Mt. Vernon Park & Recreation Department to use individual photographs and team photographs as the department sees fit, including but not limited to, print and internet publication. We/I will work together with the Mt. Vernon Park & Recreation Department and all persons involved in this sports program to build a fine program for all of the youths involved

_ _____ _____ _____

Date Parent/Guardian Signature Printed Name

_____ _____ _____

Date Parent/Guardian Signature Printed Name

Contact Information:
Main Phone: _____ Work Phone: _____ Emergency: _____

We encourage everyone to volunteer regardless of their knowledge of the sport. The success of the program depends upon the volunteers. The more volunteers - the more opportunities your child will have.

We need coaches!
Will you please: Coach? yes no Assist Coach? yes no Coach Shirt Size: S M L XL
Comments:

All weather updates will be posted on -- www.facebook.com/MVParksandRec

Rec. # _____ Date Rec'd _____ By _____