



# 2011-2012 Sabattus Recreation Club Winter Cheering Signup Form

P.O. Box 690  
Sabattus, Maine 04280

Deb Whitaker, Director.....592-0345 or sabreccheeringdirector@live.com  
Steph Pelkey, Co-Director.....577-3982 or steph\_randy@hotmail.com

**Signup Fee.....\$35 by November 11, 2011**  
**\*NO Exceptions will be made for late registrants\***

**It is Mandatory For All Players To Participate In Fundraising. Those Not Able To Participate In The Fundraising Will Be Required To Pay An Additional \$25.00 per fundraiser.**

Please Make Checks Payable To The Sabattus Rec Club And Send To The Address Above By The Deadline to Secure  
A Spot For Your Child or bring our  
**Sign-Up Night, Tuesday, November 1, 2011 5pm-7pm at Carrie Ricker in Litchfield**

**The winter program for Oak Hill Youth Cheering will be a competition only program. The program is open to boys and girls grade levels Pre-K through 8<sup>th</sup> grade with every interested child accepted into the program no matter their skill level. The purpose of the program is to introduce our athletes to competition level cheering, and instill confidence through skill development. The program will occur November through April, and each squad will enter three competitions/exhibitions within the state of Maine.**

Participant Name \_\_\_\_\_

DOB \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Parent(s) Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email Address \_\_\_\_\_

(Email Addresses will not be distributed, but used to contact you for communication purposes.)

Does Child have prior experience in any of our cheering programs? Yes \_\_\_ No \_\_\_  
I Am Willing To Coach \_\_\_\_\_ Assist \_\_\_\_\_ Other \_\_\_\_\_

### Parental Consent

I, \_\_\_\_\_, give my permission to my child, \_\_\_\_\_, to participate in the Sabattus Recreation Club Cheering Program. I understand the risk involved in any sport and agree to assume these risks. I release the Sabattus Rec Club, League, Coaches, Assistants, Referees, Volunteers and Directors from any liability during all practices and games. I am aware that Sabattus Rec Club requires that each child have medical insurance to participate in this program. I understand a Parent/Guardian of each child must be present at all times during practices and games. Should my child be injured, I give permission for appropriate first aid to be given to my child.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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