

HACKENSACK JR. CHEERLEADING 2017 REGISTRATION

Hackensack Recreation Center
116 Holt Street
Hackensack, New Jersey 07601
201-646-8042



GRADE'S: 1st through 8th

DEADLINE: September 8, 2017

(LIMIT 15 PER TEAM - ONCE A TEAM IS FILLED WE WILL NO LONGER ACCEPT REGISTRATIONS!)

Practice Days: Monday, Wednesday & Saturday **Practice Dates:** TBA

GAMES: Sunday's **Game Dates:** TBA

New Athlete \$125.00

(Includes New Uniform, T-Shirt, Shorts, Bow, and Cheer Bag & 1 - Competition Fee, medal & pizza party).

UNIFORM TOP/T-SHIRT SIZE (Circle One):

Youth: S M L **Adult:** S M L XL 2XL

SKIRTS/SHORTS SIZE: (Circle One):

Youth: S M L **Adult:** S M L XL 2XL

Returning Athlete with uniform \$75.00

(T-Shirt, Shorts, Bow, Cheer Bag & 1 - Competition Fee, medal & end of the year party).

T-SHIRT SIZE (Circle One):

Youth: S M L **Adult:** S M L XL 2XL

SHORTS SIZE: (Circle One):

Youth: S M L **Adult:** S M L XL 2XL

Where to Register: Hackensack Recreation Center (M & M Building)
Monday through Friday 9AM – 6PM

Cash, Checks & Money Order Only: Make checks payable to: City Of Hackensack

NAME: _____ AGE: _____
(PLEASE PRINT ATHLETE NAME) FIRST NAME LAST NAME

ADDRESS: _____
(PLEASE PRINT ADDRESS, CITY, STATE, ZIP)

PARENT NAME: _____ DATE OF BIRTH: _____
(PLEASE PRINT)

CELL: _____ EMAIL: _____ @ _____
(PLEASE PRINT)

Check One: (As of September 2017):

1ST & 2ND Grade _____ 3RD & 4TH Grade _____
5th & 6th Grade _____ 7th & 8th Grade _____

IF WILLING TO VOLUNTEER, PLEASE CIRCLE ONE: YES NO
Parent Rep (1 per Squad) _____

LIST ANY MEDICAL RESTRICTIONS AND/OR ALLERGIES:

IN CASE OF EMERGENCY, PLEASE INDICATE NAME AND PHONE NUMBER OF PERSON TO BE CONTACTED:

Name Phone

I HEREBY CERTIFY THAT THE ABOVE NAMED INDIVIDUAL IS IN SOUND PHYSICAL CONDITION TO PARTICIPATE IN HACK. JR. CHEERLEADING:

Date Parent/Guardian Signature

Date: _____ Receipt #: _____ Cash: _____ Check # _____ By: _____