2026 REGISTRATION FOR ROCKFORD FALL RECREATIONAL CHEERLEADING

Please complete this form to register your child for the Rockford Recreation Association fall cheerleading program.

☐ **5th grade - registration fee: $50**
☐ **6th grade - registration fee: $50**

Check Here if Interested in Coaching _____
Name: _____

NAME_____ D.O.B._____ GRADE_____ MALE/FEMALE (circle one)

PHONE_____ EMERGENCY_____

ADDRESS_____CITY, ST., ZIP_____

Please circle correct shirt size: YOUTH shirt size: S M L ADULT shirt size: S M L XL

The Rockford Recreation Association does not provide uniform pants/skirts.

Please follow us on Facebook and at www.rockfordrec.com

By signing below, I the parent/guardian of the above named applicant, give my permission for his/her participation in any and all program activities. I assume all risk and hazards incidental to such participation including transportation to and from the activities and do here by waive, release, absolve, indemnify, and agree to hold harmless the local organizers, sponsors, participants, coaches, and persons transporting my child to or from activities, for claims arising out of injury to my child whether the result of negligence or for any other cause.

By signing my child up to cheer in the Rockford Recreation cheer program, I agree to donate the requested pop/water/Gatorade assigned to them to be sold in the concession stand.

_____ _____
Signature of Parent/Guardian **Date**

Completed registration forms, medical forms, and fees can be turned in by:

Drop off at Rockford Village Office (Please use the after hours drop box)

Write "Rockford Rec" on the envelope when delivering to the Village Office

Mail to: Rockford Recreation - PO Box 16 - Rockford, OH 45882

REGISTRATION DEADLINE IS JULY 17th!!

All registrations received after July 17th will be charged a $20.00 late fee.

After July 24th, late registrations will no longer be accepted.

EMERGENCY MEDICAL CONSENT FORM

Child's Name		Male / Female
Date of Birth		
Chronic Illnesses or Conditions		
Allergies		
Current Medications		
Date of last Tetanus Shot		
Medical Information		

Parent Information

	Name	Telephone	Employer	Work Phone
Mother				
Step-Father				
Father				
Step-Mother				
Other Emergency Contact				

Medical Providers

	Name	Telephone
Physician		
Dentist		
Medical Specialist		
Hospital		

Medical Insurance Information *(optional)*

Medical Insurance Provider	*Member #*	*Group #*	*Telephone*

In the event your child needs emergency medical care and you are not available to provide formal consent to medical authorities, care may become unnecessarily delayed. In the event of a medical emergency, this form should be provided to responding medical personnel and accompany your child to the hospital/clinic so that medical treatment can be rendered.

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent to (1) the administration of any treatment deemed necessary by the above name doctor(s), or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of my child to any hospital reasonably accessible. This authorization does not cover any major surgery unless the medical opinions of two other licensed physicians or dentists, concurring for such surgery, are obtained prior to the performance of such surgery.

Parent/Guardian:_____ Signature date:_____