



Township of Cedar Grove
 Recreation Department
 525 Pompton Ave. Cedar Grove, NJ 07009
 (973) 239-1410 x220

Cedar Grove Recreation
Competitive Cheerleading Team

“LIKE” US ON FACEBOOK, www.facebook.com/cedargroverec or
 “FOLLOW” US ON TWITTER, @CedarGroveRec

BIRTH CERTIFICATE REQUIRED UPON REGISTRATION

- **Who:** Children K-8th grade
- **Where:** Cedar Grove High School Auxiliary Gym
- **When:** Practices – TBD, twice/week starting in August
- **Time:** 7:00-9:00pm
- **Fee:** \$200.00 – CHECKS PAYABLE TO TOWNSHIP OF CEDAR GROVE
 Late fee of \$10 after July 27th & Deadline is Aug. 3rd
 There will be no registrations taken after Aug. 3rd

Description: If your child qualifies for the team, registration and payment will then be taken at the Recreation Office. The team will begin practicing in August and the season will run through March 2019. Practices will be held two days per week. Please expect to travel to 6-8 cheerleading competitions throughout the season. The team might also participate in two team camps, (one in the summer and one in September), as well as team tumbling lessons (info TBD). Fundraising will be a requirement for all team members. All cheerleaders will have an option to purchase other clothing/cheer-gear throughout the season.

Recreation Competition Cheerleading 2018

NAME _____ AGE _____ GRADE _____ SCHOOL _____

ADDRESS _____ HOME PHONE _____

CELL PHONE _____ EMERGENCY CONTACT _____

EMAIL _____ PREFERRED HOSPITAL _____

Any Allergies/Health Conditions we should be aware of? (If *Yes*, explain) _____

T-Shirt Size(circle): Youth/Adult Small Medium Large

I hereby give permission for my child to participate in this program. I will not hold Cedar Grove Township, Cedar Grove Recreation or any of their representatives responsible for any loss or injury incurred by my child while playing or practicing. My child is in good health and able to participate without restriction. I am providing an emergency number should I not be present while my child is at practice or a game. I also authorize Cedar Grove Recreation Department personnel/coaches to contact appropriate emergency personnel, should my child need treatment in my absence.

Parent/Guardian Signature _____ **Date** _____

\$200.00