



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

Cedar Grove Recreation
Competitive Cheerleading Team

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NEW PARTICIPANTS; BIRTH CERTIFICATE REQUIRED UPON REGISTRATION

- **Who:** Children K-8th grade
- **Where:** Cedar Grove High School Auxiliary Gym
- **When:** Practices – Mondays & Wednesdays starting in August
- **Time:** TBD
- **Fee:** **\$250.00** – CHECKS PAYABLE TO TOWNSHIP OF CEDAR GROVE
 Late fee of \$20 after July 26th & Deadline is Aug. 2nd
 There will be no registrations taken after Aug. 2nd

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 2020. Practices will be held two days per week. Please expect to travel to 6-8 cheerleading competitions throughout the season. The team will participate in several team bonding activities; July 23rd – Cheer Team BBQ – 6:00pm at Community Park; Sept. 12th 6:30-8:00– Team Bonding Activities at Just Cheer Gym (Fairfield); TBD-Sept. 14th/15th OR Sept. 21st/22nd – Choreography Sessions at CGHS Aux (mandatory) – 9:00am-5:00pm; December 5th – Movie Pajama Party at the Cedar Grove Community Center – 6:00-8:30pm; December 14th – Competition Cheer Showcase at Cedar Grove High School Gym (mandatory) – 2:30pm. *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 2019

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** _____

\$250.00