

City of Madison Parks & Recreation Department  
**2019 BASKETBALL Cheerleading Application**

**\*\*NEW PROGRAM\*\***

(Ages 5<sup>th</sup>-6<sup>th</sup> graders)



Activity Fee - \$50.00  
\$10.00 (if 2019 football cheerleader)  
All fees and registration forms must be returned to the Madison Parks Office located at the Brown Gym Madison Parks Department (Mailing Address) 101 W. Main St., Madison, IN 47250 (812) 265-8308  
Make checks payable to Madison Parks Dept.

Application Deadline: November 8, 2019

Name \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Parents Names: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Emergency Contact (Other than Parents): \_\_\_\_\_ Phone: \_\_\_\_\_

- T-shirt Size**     Youth Small – (6-8)                       Adult Small                       Adult XL  
                          Youth Medium – (10-12)                       Adult Medium                       Adult XXL  
                          Youth Large – (14-16)                       Adult Large

Sibling playing Basketball. yes  no  if yes: name \_\_\_\_\_

Interested in Coaching: YES \_\_\_\_\_ NO \_\_\_\_\_ Name: \_\_\_\_\_

For more information about coaching, call Scott Davidson @ 493-9840

I hereby certify that \_\_\_\_\_ is in normal health and is capable of participating safely in the youth programs of the Madison Parks & Recreation Department. The undersigned waives all claims rising out of the program which he/she may ever have against the City of Madison Parks & Recreation Department, its successor and assigns, and its officers, directors, shareholders, employees and agents and their heirs, executors and administrators. I also grant permission to seek emergency care and be treated by an emergency room physician in the event of an injury to my son or daughter in my absence.

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ /2019