

NORTHWESTERN LEHIGH YOUTH WRESTLING

CHEERLEADING

2009-2010

Name: _____

Address: _____

Home Phone: _____

Birth Date: _____

Grade: _____

Yrs. Exp. _____

(circle)
Parents/Guardians: _____

Address: _____

Home Phone: _____

Emergency: _____

E-Mail Address: _____

Cell Phone: _____

Team T-Shirt Size - Please Circle

Youth: small medium large

Adult: small medium large x-large

I hereby declare that I will not in any way, hold liable Northwestern Lehigh School District, Coaches, or Referees, for any injury or losses I might receive directly or indirectly from training, competing or traveling to or from practice or matches.

Signature
(Parent/Guardian)

Signature
(Cheerleader)

The following is a list of committees needed to support our wrestling and cheering programs. Please indicate your 1st, 2nd and 3rd choices of committees you would like to be a part of. **You will only be required to help on one of the committees.**

Concession Stand _____
50/50 Raffle _____
Banquet & Awards _____
Picture Day _____

Video Tape (at meets) _____
Tournament _____
Fund Raiser _____
Announcer at Meets _____
