

Youth Cheer Registration Packet



Welcome to the **HIGH DESERT BILLS - Youth Cheer!** Our program promotes teamwork, athletic development, sportsmanship, and community spirit. Please complete all sections of this packet before participation.

Participant's Information:

Full Name: _____ **Date of Birth:** ____ / ____ / ____

Home Address: _____ **City:** _____ **Zip:** _____

Parent/Guardian Name: _____ **Phone:** _____

Secondary Phone: _____ **Email:** _____

Cheer Experience (if any): _____

Emergency Contact #1:

Name: _____

Relationship: _____

Phone: _____

Emergency Contact #2:

Name: _____

Relationship: _____

Phone: _____

Medical Information:

Primary Physician: _____ **Physician Phone:** _____

Health Insurance Provider: _____ **Policy Number:** _____

Allergies or Medications: _____

T-Shirt Size:

Youth XS Youth S Youth M Youth L Adult S Adult M Adult L Adult XL

Shorts/Skirt Size:

Youth XS Youth S Youth M Youth L Adult S Adult M Adult L Adult XL

Shoe Size: _____

PAID Registration Fee - Confirmation Number: _____

Liability Waiver & Assumption of Risk:

I, the undersigned parent or legal guardian of the above-named participant, acknowledge that participation in cheerleading activities involves physical activity and potential risk of injury including but not limited to sprains, fractures, concussions, or other injuries.

I voluntarily allow my child to participate in **HIGH DESERT BILLS - Youth Cheer** activities including practices, conditioning, performances, and events held at:

PRACTICE FIELD: Oak Hills High School - 7625 Cataba Rd, Oak Hills, CA 92344

HOME FIELD: Azusa High School - 240 N Cerritos Ave, Azusa, CA 91702

I agree to release, waive, and hold harmless **HIGH DESERT BILLS - Youth Cheer**, its directors, volunteers, coaches, staff, and affiliated organizations from any liability, claims, demands, or causes of action arising out of or related to participation in program activities.

I certify that my child is physically capable of participating in cheer activities.

Parent/Guardian Name: _____

Signature: _____ Date: ____ / ____ / ____

Medical Treatment Authorization:

In the event of injury or illness, I authorize **HIGH DESERT BILLS - Youth Cheer** staff, coaches, or volunteers to obtain emergency medical treatment for my child if I cannot be reached.

I understand that I am responsible for any medical expenses incurred.

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

Concussion & Injury Disclosure:

I understand that cheerleading involves physical exertion and the risk of head injuries including concussions.

I agree to the following:

- My child will report any head injury symptoms immediately.
- My child will not return to participation after a suspected concussion without medical clearance.
- I will inform program staff of any injuries before my child returns to activity.

Parent/Guardian Initials: _____ Athlete Initials: _____

Photo / Media Release

I grant permission to High Desert Youth Cheer to use photographs or video recordings of my child for promotional purposes including social media, websites, and printed materials.

- Yes, I give permission
- No, I do not give permission

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

Athlete & Parent Code of Conduct

Athletes and families participating in High Desert Youth Cheer are expected to demonstrate positive behavior and sportsmanship.

Participants agree to:

- Show respect to coaches, teammates, officials, and spectators
- Attend practices regularly and arrive on time
- Follow safety rules and coaching instructions
- Maintain positive attitudes and teamwork

Parents/Guardians agree to:

- Support coaches and program staff
- Demonstrate positive sportsmanship
- Avoid disruptive or disrespectful behavior at practices or events
- Communicate concerns respectfully with staff




Failure to follow these guidelines may result in disciplinary action or removal from the program.

Participant's Signature: _____

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

Community Sponsorship Opportunities

The High Desert Bills Youth Football League welcomes local businesses and community partners to support youth development through sponsorship.

 Bronze Sponsor \$250	 Silver Sponsor \$500	 Gold Sponsor \$1,000+
<ul style="list-style-type: none"> • <i>Business name exposure on website and social media</i> • <i>Recognition in annual sponsor thank-you post</i> • <i>Social media and Newsletter thank-you mention (group acknowledgment)</i> 	<ul style="list-style-type: none"> • <i>Logo on website sponsor page</i> • <i>Logo on event program and signage</i> • <i>Social media and Newsletter spotlight post</i> • <i>2 complimentary event tickets</i> • <i>Recognition certificate</i> 	<ul style="list-style-type: none"> • <i>Large logo on website homepage</i> • <i>Logo on event banners and printed materials</i> • <i>Business spotlight feature (social media + newsletter)</i> • <i>4 complimentary event tickets</i> • <i>Framed appreciation certificate with team photo</i>

Sponsor Name: _____

Contact Person: _____

Phone/Email: _____

Sponsorship Level: _____

Authorized Signature: _____ Date: _____

We truly value your trust and collaboration, and we look forward to continuing this partnership in the future. Please know that your contribution is deeply appreciated and does not go unnoticed.



Please email your logo as an attachment to

Team.HDBills@gmail.com.

Contract Rep. Christine Idrell @ 805.734.7246