Cheer Contract

*Must be turned in to coach before Kick-Off Clinic and/or first practice

Cheerleader Information:

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____

School Attending: _____ Grade (Fall 2026): _____

Physical Examination Statement:

I _____ have examined _____ and found her physically capable of participating in cheerleading.

_____ _____

Health Care Provider's Signature Date:

Parents Acknowledgement:

1) My/our child has permission to cheer in the MVJFCA cheer program. By participation in MVJFCA program, we agree for ourselves and on behalf of our child to forever release, hold harmless and indemnify the MVJFCA, its officers, directors, coaches, or other club members, employees and sponsors from any and all liability for injury or damage sustained by, or caused by, our child while participating in the MVJFCA.

2) By signing, this form constitutes permission for MVJFCA to contact the school for verification of age and grade.

3) Mill Valley Junior Football and Cheer Association carries supplemental insurance. Our family insurance is our primary insurance. My/our signature(s) below confirms that we understand the MVJFCA Insurance is supplemental to our primary insurance and is limited to our maximum coverage. Carrier_____Policy #_____

The contract must be signed by both parents/guardians. After approval by the team coach, contract shall be placed on file with the MVJFCA Office.

_____ _____ _____ _____

Parent / Guardian Signature Date Parent / Guardian Signature Date

Coach Acknowledgement:

This contract must be completed in full and submitted to the coach before the cheerleader will be allowed to participate in either a practice or game.

_____ _____Coaches

Signature Date: