



## CHEERLEADING

# 2011-2012

If you are interested in showing your spirit, sign up for M.C.Y.A.L. CHEERLEADING !

### For Who?

Children in grades K -6<sup>th</sup>.

### When?

Tuesday nights starting November 15th, 2011.

November 15th, 2011 will be fitting night.  
5:30-7:00pm in Fellowship Hall

### Where?

Madison Christian Church/School

### Cost?

**\$35.00** (already have cheerleading outfit)

**\$65.00** (new or need new outfit)

non-refundable fee - Make checks payable to MCC.

If you have questions, please call or email:  
Jenalle Crabtree 614-301-6604 or  
thecrabtrees@wowway.com

**PLEASE RETURN FORMS TO CHURCH  
OFFICE OR ELEMENTARY OFFICE**

**IF YOU ARE INTERESTED IN ASSISTING  
PLEASE CONTACT JENALLE CRABTREE**

<http://madisonchristian.org/ministries/children/mcyal>

## Permission to Participate In M.C.Y.A.L. CHEERLEADING

Student \_\_\_\_\_

Grade \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Email \_\_\_\_\_

Home # \_\_\_\_\_

Emergency Contact 1 \_\_\_\_\_  
\_\_\_\_\_

Emergency # 1 \_\_\_\_\_

Emergency Contact 2 \_\_\_\_\_  
\_\_\_\_\_

Emergency # 2 \_\_\_\_\_

Has your child participated in CHEERLEADING  
before? Y / N If yes, how many years? \_\_\_\_\_

Medical issues to be aware of: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physical or mental disabilities/handicaps to be aware of:  
\_\_\_\_\_  
\_\_\_\_\_

I (We) hereby permit my (our) son/daughter to participate in **M.C.Y.A.L. CHEERLEADING** at Madison Christian Church. I (We) understand and assume all risks, which may include, but are not limited to sprains, fractures, ligament or cartilage damage, neck and spinal injuries, and serious injury to muscles, internal organs, and/or brain, associated with said participation, and recognizes the importance of following instructions. As part of this agreement to permit my (our) son/daughter to participate in **M.C.Y.A.L. CHEERLEADING**, my child and I (We) fully understand and consent to the rules, guidelines and disciplinary policies and procedures involved with the M.Y.C.A.L.

I (We) acknowledge that we have been properly advised, warned, and cautioned by Madison Christian Church that participation in **CHEERLEADING** can result in a participant suffering serious injury. Having been cautioned and warned, with full knowledge and understanding of the risk of serious injury from participation in **M.C.Y.A.L. CHEERLEADING**, I (We) do hereby grant permission to the staff of M.C.Y.A.L. to authorize emergency medical treatment for my son/daughter. I (We) will assume all responsibilities from that point on for payment of all medical liabilities, etc., and do hereafter release M.C.Y.A.L., its Staff and volunteers for any and all further liability.

I (We) hereby give:

\_\_\_\_\_ (child's name) permission to participate in **M.C.Y.A.L. CHEERLEADING** at Madison Christian Church.

\_\_\_\_\_  
*Parent/Guardian Name Printed*

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

# REGISTRATION FORM AND FEES DUE November 15th, 2011