

COMSTOCK YOUTH SPORTS

Katie Leaders, Youth Director
katie.leaders@comstockps.org



Comstock Youth Sideline Cheer

1st-6th Grade - First Practice is Monday, Aug. 22
Students that participate must be attending Comstock Public Schools.

Player Registration Form - Checks made payable to Comstock Athletics - **Deadline to Register is Monday, Aug. 22**

- Mail to Comstock Athletics, Attn: Justin Ansel, 2107 N. 26th St., Kalamazoo, MI 49048
- Drop off in person to Katie Leaders at STEM Academy from 8am-12pm on June 20-July 1 or July 11-29
- Drop off in person to Katie Leaders on Friday Aug. 12 at the Varsity Blue/White Scrimmage at Comstock Stadium

Player Name: _____

Player Grade: _____ Player shirt Size: _____

Parent Name: _____ Parent Phone: _____

Parent Email: _____

\$50 Registration Fee - 1st-6th Grade (Please check what applies below)

- Includes Comstock sweatshirt, t-shirt and bow the kids get to keep.
- A cheer skirt will be provided and must be returned at the end of the season

_____ \$50 - Registration Fee for sideline cheer participants.

_____ FREE - Registration is FREE if you work at 3 tackle football games or coach. Please check all that you would be willing to work. There are a limited number of spots available and will be filled on a first come first serve basis. If all spots are filled by the time you register, the registration fee must be paid.

_____ coach _____ chains _____ clock _____ announcer _____ concessions

Volunteer Coach (Registration Fee Waived if you are chosen to be a coach)

Registration deadline for coach consideration is Friday, Aug. 12.

Varsity Coach Amber DeLoof will talk with all interested candidates to determine who will coach at the levels. Ideally, we will need 1-2 coaches at each level.

Coach Name: _____ Coach Phone: _____

Coach Email: _____ Coach Shirt Size: _____

Grade Interested in Coaching: _____ 1st-2nd _____ 3rd-4th _____ 5th-6th

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Comstock Youth Sideline Cheer Emergency Contact Information & Risk Warning

Child's Name: _____ Birthdate: _____

Home Address: _____

Parent/Guardian Name: _____ Cell Phone: _____

2nd Parent/Guardian Name: _____ Cell Phone: _____

Emergency Contacts:

(When attempts to contact parents are not successful and also who may pick up the child if needed.)

Emergency Contact 1 Name: _____ Phone: _____

Emergency Contact 2 Name: _____ Phone: _____

Emergency Contact 3 Name: _____ Phone: _____

As the parent/guardian of the above named child, I give permission for my child to be released from practices and games with the above listed emergency contacts when I am unable to do so or if I am not able to be reached on my above listed phone number.

I hereby authorize the coaching staff and directors to act for me in using the best judgment in any emergency requiring medical attention.

In consideration of my child's participation in Comstock sponsored athletics, I do hereby agree, understand, appreciate, and acknowledge: that participation in such athletics is purely voluntary; that such activities involve physical exertion and contact and that there is inherent risk of personal injury associated with participation in such activities, which risk I assume; and that I agree to, and hereby waive any and all claims, suits, losses, actions, or causes of action against Comstock, its members, officers, representatives, committee members, employees, agents, attorneys, insurers, volunteers, and affiliates based on any injury to me, my child, or any person, whether because of inherent risk, accident, negligence, or otherwise, during or arising in any way from my child's participation in a Comstock sponsored sport.

Parent/Guardian Name (Printed): _____

Parent/Guardian Name (Signature): _____

Date: _____