

COMSTOCK YOUTH SPORTS



Comstock Youth Competitive Cheer

3rd - 4th - 5th Grade - **Girls**

Students that participate must be attending Comstock Public Schools.

- Overview:** This is a developmental opportunity created to teach and emphasize fundamentals through practice. The participants will work on tumbling skills and learn new cheers from the current varsity team. They will also attend a varsity competition at Parchment.
- Practice Locations:** Comstock HS Cafeteria
- Practice Days:** Monday, January 16, 23 and Feb. 6, 13 from 5-6:15pm.
- Field Trip:** Monday, January 30 at Parchment. We would like to take the 3rd-5th grade participants to Parchment to watch the varsity team compete. School bussing will be used for transportation. More details to come.
- Trip Chaperones:** We will need a few parents to help chaperone on January 30. Please sign up below.
- More Information:** Can be found at www.comstockps.org/youthcompetitivecheer
- Questions:** Call Justin Ansel at (269) 250-8711 or email justin.ansel@comstockps.org

Deadline to Register is Thursday, December 22.

Player Registration Form: Checks made payable to Comstock Athletics

- Mail to Comstock High School, Attn: Justin Ansel, 2107 N. 26th St., Kalamazoo, MI 49048
- Drop off to any Comstock Public Schools' Office.

Registration Fee

_____ \$30 - Includes t-shirt & ticket to Jan. 30 competition - Player Shirt Size (Circle): YS, YM, YL, YXL, AS, AM, AL

Player Name: _____ Player Grade (Circle): 3rd 4th 5th

School Player Attends (Circle): Elementary STEM

Parent Name: _____ Parent Phone: _____

Parent Email: _____

Medical Conditions/concerns our staff should be aware of:

Chaperone Registration deadline for consideration is December 19.

T-shirt and ticket to competition included if you are chosen to chaperone. Ideally, we will need 4 parents to help.

Parent Name: _____ Parent Phone: _____

Parent Email: _____ Parent T-shirt Size: _____

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Emergency Contact Information

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: _____

Risk Warning

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: _____