

# COMSTOCK YOUTH SPORTS

Chyna McMillian, Youth Director  
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## Comstock Youth Sideline Cheer

1st-6th Grade - First Practice is Monday, Aug. 21

**Students that participate MUST be attending Comstock Public Schools.**

**Overview:** This is a developmental league created to teach and emphasize fundamentals through practice and cheering at games.

**Coaches:** We need parent volunteers to coach otherwise we won't be able to run the season.

**Practices:** Each week will consist of 1 practice and 1 game. Game and practice days will be announced at a later date.

**Player Registration Form** - Checks made payable to Comstock Athletics

- Mail to Comstock Athletics, Attn: Chyna McMillian, 1423 N. 28th St., Kalamazoo, MI 49048
- Drop off cash/check at the Elementary's main office from 8am-12pm, June 19-30, July 10-28 (M-F)

**Deadline to Register is Monday, Aug. 7**

Player Name: \_\_\_\_\_ Player Grade (Circle): 1st 2nd 3rd 4th 5th 6th

School Player Attends (Circle): Elementary STEM 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

Player Sweatshirt Size (Circle): YS, YM, YL, YXL, AS, AM, AL, AXL

Player Skirt Size (Circle): YS, YM, YL, YXL, AS, AM, AL, AXL

\_\_\_\_\_ 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 Monday, July 10.**

- Varsity Coach, Amber DeLoof, will speak with all interested candidates to determine who will coach at the levels. Ideally, we will need 2-3 coaches at each level.

Coach Name: \_\_\_\_\_ Coach Phone: \_\_\_\_\_

Coach Email: \_\_\_\_\_ Coach Sweatshirt 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: \_\_\_\_\_

Medical Conditions/concerns our staff should be aware of:

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### 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: \_\_\_\_\_