

 Southern Athletic Association
Southern Bulldogs 
Cheerleading 2010

Parent's Name _____ Email _____

Address: _____ City _____ State _____ Zip _____

Phone Numbers: Home _____ Work _____ Cell _____

Player's Name _____ Date of Birth _____ Age _____ School _____

Cheerleading\$65

Please use a separate registration form per player. **Registrations are due by July 1st**. County level registrations received after July 1st will be given equal consideration, but because of A.A. County deadlines and roster limits no guarantees of placement can be promised.

Make checks payable to Southern Athletic Association.

I/We hereby give my/our permission for _____ to play for the Southern Athletic Association. I/We further acknowledge that the Southern Athletic Association furnishes no medical insurance for my child. I/We do hereby waive, release, indemnify, hold harmless, and forever discharge the Southern Athletic Association, its officers, supervisors, managers, and coaches, for any damages, expenses, demands and liability whatsoever, of any nature that may arise during my child's participation in the Southern Athletic Association programs.

Player (Signature) _____

Parent/Legal Guardian (Signature) _____

I am interested in coaching volunteering for Southern Athletic Association (SAA). Please keep in mind that parent/guardian involvement is essential to a successful season for all players, especially at the clinic levels.

Mail Registration to:
Southern Athletic Association, Inc.
P.O. Box 261
West River, MD 20778

For additional information contact:
Cheerleading: Carey McDonald @ 240-464-3492

SAA Office Use: Paid _____ Date _____ Check # _____ Cash _____