MARINERS RECREATIONAL BASKETBALL/CHEER PROGRAM

Student Name _____

Grade _____ Age _____ Date of Birth ____/____/_____ Gender M / F

Parents Info:

Name _____ Name _____

Cell Phone (1) _____ Cell Phone (2) _____

Email (1) _____ Email (2) _____

CHEERLEADING

K-1st ☐ **2nd-3rd** ☐ **4th-5th** ☐

Would you be willing to help coach? YES ☐ NO ☐ (HEAD COACH) (ASSISTANT COACH)

Jersey Size(Circle One)		**YXS**	**YS**	**YM**	**YL**	**AS**	**AM**	**AL**
Shorts Size(Circle One)	**YXS**	**YS**	**YM**	**YL**	**AS**	**AM**	**AL**	

PARTICIPATION FEE - $100

Payment link is via GoFan.

https://gofan.co/event/7032269?schoolId=NC99810

*By signing, I agree to all policies, waivers and liabilities of MID/EB from the policy agreement form I have signed.

Parent Signature: _____ **Date:** _____

**Please complete this form and return it to JDS Front Desk by November 20th **