



Lady's Island Eagles

2025 Island Eagles Cheer Registration

www.islandeagles17.com

Cost: \$105.00

(please print clearly)



Cheerleader

Name: _____ Sex: _____
First Name Last Name

Address: _____ City: _____ Zip: _____

Date of Birth: _____ Age as of September 1, 2025 _____

Parent or Guardian Information:

Mother Name: _____ Father Name: _____

Mother Cell Phone: _____ Father Cell Phone: _____

Guardian/ Other Contact Name and Cell: _____

Contact Name/Number you want on Coaches Roster: (Please Check One)

_____ Mother _____ Father _____ Other: _____

Please check the age group that your child will participate in. Please go by the child's age as of 9/1/2025.

_____ Small Fry 6-8 Years Old

_____ Pee Wee 9-10 Years Old _____ Midget 11-12 Years Old

In case of an emergency, please contact my emergency contact(s) below:

Name Phone Relationship

Name Phone Relationship

Registration is NOT FINAL until payment is made. REGISTRATION FEE NONREFUNDABLE.

SIGNATURE PAGE ON OTHER SIDE

ISLAND EAGLES RELEASE FORM

I, the parent or legal guardian do hereby give my permission for my athlete to register to participate in the 2025 Island Eagles Program. I understand that I am signing my child up to participate in a sport that involves physical contact and activity. I understand that there are risks of physical injury from participating in these activities. I release the Island Eagles organization, its coaches, volunteers, and agents from liability for any injury from negligence.

STAY-UP-TO-DATE

Sometime group texting not always successful, so to "stay up to date", please check our website and/or our Facebook page regularly, these are the locations that we will post upcoming events, fundraisers or if a game/practice has been cancelled, etc...

BIRTH CERTIFICATES

I must provide a clear copy of my child's birth certificate to his/her Football or Cheer Coach/Commissioner upon registration. If you participated last year, we should have a copy of your birth certificate on file.

TRANSPORTATION

I agree to make all arrangements for my child's transportation to and from any practices, games, or special events. I understand that if I ask a Coach or help to transport my child, I do not hold them liable for any potential accident that may occur en -route to or from the event. I understand that the Coaches and any other Island Eagles Volunteers are not responsible for my child, except during specified practices and games.

DURING GAMES & PRACTICES

Parents are NOT ALLOWED on the field or the track during games or practices. Unless the coach has invited you to check on your child if they have received an injury during the game or practice.

SMOKING CIGARETTES/DRUG/ALCOHOL FREE & CODE OF CONDUCT

Beaufort County Schools has a Smoke Free policy on all campus. All parents/family/friends/coaches agree to follow these rules. We want a sport environment for all children that is free from drugs and alcohol and will refrain from their use at all youth sports events. We encourage good sportsmanship by demonstrating positive support for all cheerleaders, players, coaches, and officials at every game, practice or other youth sporting events.

UNIFORM/HELMET CONTRACT

All uniforms are the property of the Island Eagles. My child will be provided a uniform for use during the season. The uniform may or may not be new but will be in good condition. I agree to return it in the same condition to the designated representative at the date and time notified by the organization. I understand that I am responsible for its care during the season. I also understand that I will have to pay to repair or replace the uniform if it is damaged (other than normal wear and tear) or lost. I understand that my child will not be allowed to attend the Awards Ceremony and will not receive any trophy or award until it is returned. I also understand that the Island Eagles Program will take legal action if I do not comply - at my expense.

PHOTO RELEASE

I authorize the Island Eagles Program to use my child's name and/or photo in print or electronic media. I understand that he/she may be photographed or videotaped during these activities, and that these images may be used to promote or publicize the program. This authorization is for an indefinite period of time. I also hold harmless the Island Eagles and/or any persons or organization affiliated with the same for any situation occurring within the scope of this agreement.

AWARD BANQUET

To receive a trophy at the annual end of the season banquet, your football player/cheerleader must complete the program, which includes attendance at practices, football games and for cheerleaders only cheer competition, which is mandatory.

CONSENT TO TREAT

I do hereby give my permission for medical treatment for my athlete in care of an emergency. I authorize the Island Eagles and any of its representatives to assist with procuring proper medical care. I also release the Island Eagles and its representatives from any liability or financial responsibility.

Please list any allergies. Medical disorders, etc. (Diabetic, Asthma, Seizures, etc.) If none, please put **"Not Applicable"** below:

Medical Diagnosis

Medication

Dosage

MY SIGNATURES BELOW INDICATE THAT I (PARENT/LEGAL GUARDIAN) HAVE READ & AGREE TO ALL TERMS AND CONDITIONS ABOVE

Signature of Parent or Guardian

Date

Thank you for participating in this youth football/Cheer program, we look forward to a great season.

WARNING: Protective equipment cannot prevent all injuries a player might receive while participating.