



2026-2027 FOUNDING SEASON

Husky Cheer Registration Forms

Printable registration packet for the 2026-2027 Husky Cheer season

REGISTRATION OPEN NOW

Complete one packet for each eligible athlete in grades 4-7. Season capacity is 30 girls.

REGISTRATION
OPEN NOW

FIRST PRACTICE
August 20, 2026

PRACTICE
Thursdays, 3:30-5:00 p.m.

RoEL CaDe
—ATHLETICS CO.—
BUILDING ATHLETES • CREATING LEADERS

FORM A | Athlete and Family Information*Complete every field; use N/A only when a field does not apply.***Athlete**

Full legal name

Preferred name

Date of birth / age

 /

Grade for 2026-2027

☐ 4th ☐ 5th ☐ 6th ☐ 7th

Harmony student ID

T-shirt size

Shorts / Spanx size

Registration is open to eligible Harmony students entering grades 4-7 and is limited to 30 girls for the season.**Cheer, dance, gymnastics, theater, or performance experience:**

Parent or Legal Guardian

Parent/Guardian 1

Relationship:

Phone / email

 /

Parent/Guardian 2

Relationship:

Phone / email

 /

Primary address

Preferred communication

☐ GroupMe ☐ Email ☐ Text

FORM B | Emergency and Medical Information*Medical information is handled privately and shared only with authorized program personnel.***Emergency Contacts****Emergency Contact 1**_____

Relationship: _____ Phone: _____**Emergency Contact 2**_____

Relationship: _____ Phone: _____**Medical Information****Primary care physician**_____
_____**Physician phone**_____
_____**Insurance provider**_____
_____**Policy / member number**_____
_____**Allergies**_____
_____**Current medications**_____
_____**Past injuries / surgeries**_____
_____**Health conditions**_____
_____**Restrictions /
accommodations**_____
_____**Inhaler or emergency
medication**

[] Yes [] No If yes: _____

Required Eligibility Attestations

[] My athlete has active health insurance that will remain current during participation.

[] My athlete has a current sports physical on file with Harmony Science Academy Georgetown.

[] I understand that the sports physical remains with Harmony; I will not upload the full examination record to RoEI CaDe Athletics Co.

Notify program leadership promptly about changes to health, medication, insurance, emergency contacts, or participation restrictions.

FORM C | Participation and Emergency Authorization**PARTICIPATION + EMERGENCY AUTHORIZATION**

Participation acknowledgment: I understand that cheer, dance, conditioning, tumbling, stunting, performances, and related athletic activities involve physical exertion and risk. Possible injuries include falls, collisions, sprains, strains, bruises, fractures, concussion, heat illness, and head, neck, or back injury. I confirm that the medical information in this packet is accurate, will report changes, and understand that my athlete must follow safety instructions. Coaches may modify or stop participation whenever an activity appears unsafe.

Emergency medical authorization: If I cannot be reached and urgent care is reasonably necessary, I authorize designated program or school representatives to contact emergency services, share this packet's medical information with responders, arrange emergency transportation, and seek emergency evaluation or treatment for my athlete. I understand that coaches and volunteers are not required to provide care beyond their training, and I accept financial responsibility for services provided to my athlete.

Parent and Guardian Acknowledgments

☐ I have reviewed the participation and safety acknowledgment above.

☐ I authorize the emergency response and medical-care process above.

Preferred hospital

Best parent/guardian phone

Parent/Guardian printed name:

Parent/Guardian signature: _____

Date: _____

FORM D | Media, Transportation, and Pickup Permissions*Harmony media and dismissal procedures apply to all athletes.***Media Permission - Select One**

- ☐ Full permission - approved public and internal program use
- ☐ Internal use only - private team communication and registered-family materials
- ☐ No media permission - no identifiable promotional or internal use

*The program will make reasonable efforts to honor each family's media selection and school policy.***Transportation and Authorized Pickup**

Families are responsible for transportation unless another arrangement is approved in writing.

Authorized Adult 1

Name: _____ Relationship: _____ Phone: _____

Authorized Adult 2

Name: _____ Relationship: _____ Phone: _____

Authorized Adult 3

Name: _____ Relationship: _____ Phone: _____

- ☐ Release only to listed adults unless I provide written authorization.
- ☐ Release according to Harmony's current dismissal procedures.

Parent/Guardian printed name:

Parent/Guardian signature: _____**Date:** _____

FORM E | Parent and Athlete Agreement*Two commitments, one team, and one clearly selected online-payment option.***ATHLETE COMMITMENT**

- Lead with integrity, kindness, respect, and school pride.
- Attend, arrive prepared, and follow coaching and safety directions.
- Maintain passing grades in every class.
- Encourage teammates and accept assignments respectfully.
- Care for uniforms, shoes, bow, and equipment.

FAMILY COMMITMENT

- Support the full August-May season.
- Review messages, meet deadlines, and provide timely transportation.
- Report absences, injuries, and medical changes.
- Communicate privately, respectfully, and through official channels.
- Pay program and separate uniform expenses by their deadlines.

Choose an Online-Payment Option

- ☐ Pay in full - \$310 due with registration
- ☐ Semester plan - \$155 due with registration + \$155 due January 5, 2027
- ☐ Secure card payment through the Family Hub

☐ I will complete online payment after submitting this registration.

**Family Hub confirmation
reference**

No cash or physical payments are accepted. Complete payment through the secure Family Hub checkout.

Athlete printed name: _____

Athlete signature: _____

Parent/Guardian printed name: _____

Parent/Guardian signature: _____

Date: _____

PLEDGE | Founding Member Pledge*The pledge celebrates the inaugural team and complements the signed registration packet.***I AM A FOUNDING MEMBER OF HUSKY CHEER**

I will lead with integrity, encourage my teammates, honor my commitments, protect the safety of my team, represent my school with pride, and keep growing through every challenge. I will help build a tradition of leadership, teamwork, excellence, and community for every Husky Cheerleader who follows.

Athlete printed name: _____

Athlete signature: _____

Date: _____

Return-Ready Checklist

- ☐ Form A - Athlete and Family Information
- ☐ Form B - Emergency and Medical Information
- ☐ Form C - Participation and Emergency Authorization
- ☐ Form D - Media and Pickup Permissions
- ☐ Form E - Parent and Athlete Agreement
- ☐ Founding Member Pledge
- ☐ \$310 full payment or first \$155 semester payment
- ☐ Any additional Harmony-required forms

REGISTRATION CAPACITY: 30 GIRLS

Registration is open until the season cap is reached. A registration is complete after all required fields, acknowledgments, signatures, and the selected online payment are submitted.

Questions: HSAgeorgetowncheer@gmail.com