# BRUNSWICK COUNTY INSTRUCTIONAL CHEER

BRUNSWICK COUNTY PARKS & RECREATION

### FUTURE STARS INSTRUCTIONAL YOUTH CHEER SQUADS

**AGES: 6 and UNDER** 

MUST BE 4, 5, or 6 ON OR BEFORE JULY 31, 2025 CANNOT TURN 7 BEFORE JULY 31, 2025

**REGISTRATION FEE:** \$50.00

\*\*\*COPY OF BIRTH CERTIFICATE, PAYMENT & COMPLETED REGISTRATION FORM TO BE ELIGIBLE. \*\*\*

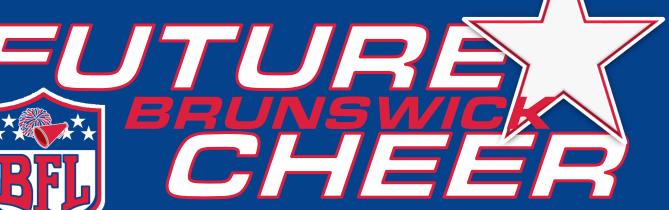
**TENTATIVE PRACTICE START DATE IS AUGUST 4, 2025** 

#### **REGISTRATION DEADLINE IS JULY 31, 2025**

DEADLINE FOR REGISTRATION WILL BE JULY 31, 2025

\*\*\*LIMITED SPACE\*\*\*

PRACTICE TENTATIVELY BEGINS AUGUST 4, 2025



#### **LEAGUE CONTACT**

DEVONTA BEST @ 910.253.1747 or

devonta.best@brunswickcountync.gov

#### **WEBSITE:**

http://bcparks.recdesk.com/recdeskportal/ VOLUNTEERS:

Parents who apply to coach a team are cleared, and assigned to a team, will have their registration refunded.

**Email DEVONTA if Interested.** 



SCAN QR Code to REGISTER ONLINE

## 2025 BRUNSWICK COUNTY YOUTH FUTURE STARS CHEER REGISTRATION (FORM MUST BE FILLED OUT COMPLETELY WITH BIRTH CERTIFICATE & FEE PAID TO BE ELIGIBLE)

PLEASE PRINT NEATLY OR TYPE & FILL OUT COMPLETELY

PARTICIPANT:						
	(FIRST	Γ)		(MIDDLE)		(LAST)
MAILING ADDRESS:_	(P.O. BOX or	STREET)		(CITY)		(ZIP)
PHYSICAL ADDRESS:	-	····,		(6)		(=)
THISICAL ADDRESS.	(P.O. BOX or	STREET)		(CITY)		(ZIP)
HOME PHONE:	(910)	-		_EMERGENCY:	(910)	_
MOM CELL:	(910)			_DAD CELL:	(910)	_
EMAIL:		@			WEIGHT:	
BIRTHDATE:	/ /		AGE A	S OF JULY 31st:		
PREVIOUS TEAM (IF	ANY)			_ SCHOO	L:	
ANY PHYSICAL LIMIT						
PARENTAL CONSEN						
PARTICIPANT TO BE E				CONDITIONS BELOV		AND AND AGREE I
I/WE, the Parents/Gud						
hereby give MY/OUR						
I/WE assume all risks a						
and I/WE do hereby v						
Recreation, BFL Youth						
persons transporting $h$						
damage to personal	property sustain	ed in the above	e activity t	o MY/OUR child. I	/WE and participe	ant agree to abide
by the BFL Rules of Co	onduct.					
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AS A PARENT OR GUA						
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PARENTAL MEDICAL TR						
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under the circumstan		IT FOR CAMES				
(BRUNSWICK COUNTY				aire a arasiasia a ta	مر والوالوان ويرو وا	iatura an tha
PICTURE CONSENT FO						
BCP&R/league web s		veriisemenis, vi	ideo for pu	irposes of relevisin	g games and any	orner medium use
strictly to promote the		CDOD ATTALL				100
PLEASE MAIL COMPLE						
FAX: (910) 253-2684 (R						
CERTIFICATE RECEIVED		ARTICIPATION (	AN BEGIN	i.) <u>i/wt nave read</u>	the above and ag	gree and understo
the policies set forth o	<u>ibove.</u>					
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		-		SIZE***		<b>—</b>
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