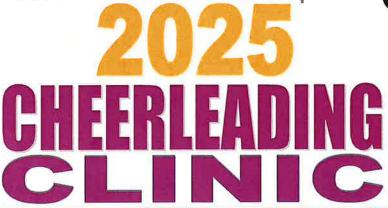
Thibodaux Parks & Recreation Department





## SHOW-OFF DAY: Wednesday, 7/30/25 @ 2:30PM (Large Pavilion)

Age Requirements: 5 - 12 (Age as of July 28, 2025)

Dates of Registration: Now-July 10, 2025

Location: Peltier Park Recreation Building

Fees: \$40.00

CHEER INSTRUCTOR: Ms. Cari Loupe

## How to Register:

- Register in person at the Peltier Park Recreation Building Monday – Friday 8:00am--4:00pm (cash, check, Visa & Master Card accepted)
- 2). Register online at: <a href="https://peltierpark.recdesk.com/Community/Home">https://peltierpark.recdesk.com/Community/Home</a>
- Print the registration form online at <u>www.ci.thibodaux.la.us</u> and mail with payment to: City of Thibodaux, Parks & Recreation Dept. P.O. Box 5418, Thibodaux LA 70302







REGISTRATION FORM

## CHEERLEADING CLINIC

LAST NAME:				MIDDLE INITIAL:						
LAJI (VAIVIE.			FIRST:							
ATE OF BIRT	Н:		AGE (AS OF	07/28/2025)						
DDRESS:			CITY:			ZIP:				
HIRT SIZE:	YOUTH SIZES: ADULT SIZES:			YM (10-12) AL (42-44)	YL (14-16) AXL (46-48)	YXL (18-20) A2XL (50-52)				
LIST ANY ME	DICAL PROBLEMS OF THE	PLAYER:								
DOCTOR TO NOTIFY FOR EMERGENCY:										
PER	SON TO NOTIFY FOR EME	RGENCY:								
	PARENT / GUAF	RDIAN INFORMATIO	CODE OF CONDUCT							
PARENT 1:	I agree to receive text r	nessages from the City	of Thibodaux.		Code of conduct applies to everyone, including parents and spectators					
NAME:				who participates i	n any activity sponsore of the City of Thi	d by the Recreation Departme bodaux.				
CELL:	( )			No alcoholic bever.	ages or illegal drugs are perr	nitted on the premises (buildings,				
HOME:	( )			playgrounds, parki	ds). d sponsors – should behave in a polite					
E-MAIL:				and sportsmanlike manner and respect the authoritative decision of an offici- Abusive language and cursing is prohibited.						
PARENT 2:	I agree to receive text r	nessages from the City	of Thibodaux.	2 1	other person before, during	, or after activity.				
NAME:				No one shall deliberately damage Recreation Department equipment.						
CELL:	( )			5. Any person violating any rule will be temporarily or permanently banned from all Recreation Department activities.						
HOME:	( )			C STATE OF THE STA						
WORK: L	/									
E-WAIL.			PARENTAL AUTHO	DIZATION						
risks and hazard organizers, spons insurance held by I also grant pe	incidental to such participation ors, supervisors and participants the local clinic	n in activities; and do here s in such activities, for any or other league represental	eby waive, release, absolve, in claim arising out of an injury tives to authorize and obtain n	ndemnify and agree to hold to the individual, except to nedical care from any license	harmless the parent or loc the extent and in the amoun d physician, hospital, or med	ctivities during the clinic. I assume al al organization, governing board, the nt covered by accident and/or liability dial clinic should the individual become atment.				
Signature of Parent or Guardian				Relationship	, j					
	Type Name of Parent or G	uardian	Date							

	PAYMENT	TREC OFFICE USE ONLY: (Please do not write below this line).				
	PLEASE MAKE CHECK PAYABLE TO:  CITY OF THIBODAUX  MAIL PAYMENT TO:		AMOUNT PAID:	CASH	No.	CREDIT CARD
Г	DADYS B DESDEATION	D. 1	INCODE			Mail Rec'd Date:
1	PARKS & RECREATION PO BOX 5418 THIBODAUX LA 70302	Registration Ends On 7/10/25	ACTIVENET			