



WELCOME!

We're excited to invite YOU to be part of *The Embers*, the official cheer team for the North Metro Blazers! Coached by Heather Peabody and Amy Radmer, *The Embers* will cheer at approximately 10 home games each season, held at Free Lutheran Bible College (3134 E Medicine Lake Blvd, Plymouth, MN). Tryouts and practices will take place in Maple Grove.

We're committed to keeping participation costs low. Cheerleaders will be responsible for uniforms, shoes, and poms, with total costs expected to stay under \$200. Uniforms will be modest and tasteful.

To join the team:

- Sign up at WEST's Open House or Showcase
- Or email Heather Peabody at: heather@thepeabodyplayers.com

Tryouts will be held this summer. Stay tuned for an exact date! Please bring the completed forms, found below, with you to tryouts. Practices will consist of a **Cheer Camp in August**, followed by a **refresher practice in October**.

We're thrilled to offer this exciting opportunity for girls to connect, build confidence, and be part of a team. We look forward to cheering with you!

1 Thessalonians 5:11: *So cheer each other up with the hope you have. Build each other up.*

The Embers Cheerleading Application

CHEERLEADING APPLICATION

Full name: _____
Last First M.I.

Age/ Birthday: _____ / ____ / ____
Age Date

Address: _____
Street address Apt./Unit #

Grade: _____

Phone: _____

City State Zip Code

Email: _____

Parent First Name: _____ Parent Last Name: _____ Parent Phone: _____

Parent Email: _____

Have you had dance experience? Yes No

Please list your first, second, and third preference on what team to cheer for. (Girls JV, Boys JV, Boys Varsity)

1st: _____ 2nd: _____ 3rd: _____

What are three characteristics that you feel are most important for cheerleaders? Why?

What is your favorite thing about cheerleading and why?

What do you feel you could add to this team? Why?

How would you promote positive relationships in the cheer squad?

LEGAL WAIVER AND MEDICAL RELEASE FORMS

LEGAL WAIVER

I acknowledge and fully understand that each participant will be engaged in activities that involve risk of injury which might result not only from their own actions, inactions, or negligence, but the actions, inactions or negligence of others, the rules of conduct, or conditions of the premises or any of the equipment used. Further, that there may be risks not known to us or foreseeable at the time.

I assume all foregoing risk and accept personal responsibility for the damages following such injury.

I, intending to be legally bound, do hereby release, waive, discharge and consent not to sue North Metro Blazer's Cheer and North Metro Blazers administrators, board, employees or volunteers of the organization, other participants and Free Lutheran Bible College, all which are herein after referred to as "released" from any and all liability to each the undersigned, his or hers and next of kin for any claims, demands, losses or damages, on account of injury including death or damage to property, caused or alleged to cause in whole or part by negligence to the release of otherwise in connection with association or entry and/or arising in participation in activities led by North Metro Blazers Cheer.

I hereby release all members of North Metro Blazer's Cheer and North Metro Blazers of any and all liability resulting from medical treatment. I understand if medical attention is necessary and I am not present, North Metro Cheer has my permission to call an ambulance to transport any family member I have listed above to the nearest medical facility for emergency medical treatment. I am responsible for all expenses incurred.

I HAVE READ THE ABOVE WAIVER AND RELEASE, AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY.

Parent/Guardian's Full Name (printed)

Signature

Today's Date

MEDICAL RELEASE

In an emergency where a parent/guardian is unavailable, I (we) request and authorize any physician, associates, assistants, agents and employees thereof, to provide any x-ray, examinations, anesthetic, diagnosis, medical, or surgical treatment, or hospital or clinic service, not including vaccinations, that may be required by said minor in the estimation of such physician, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis or required treatment and is given to encourage said hospital and said physicians to exercise their best judgment as to the requirements of such diagnosis and treatment in those instances when a parent of the minor is unavailable to provide the necessary consent to treatment.

Parent/Guardian's Full Name (printed)

Signature

Today's Date

EMERGENCY CONTACT FORM

Please provide the following information:

1. Primary Emergency Contact Name: _____

Phone: _____

Relationship to Student: _____

2. Secondary Emergency Contact Name: _____

Phone: _____

Relationship to Student: _____

Health Insurance Company: _____

Health Insurance ID Number: _____

Health Insurance Group Number: _____



CODE OF CONDUCT STATEMENT

EPHESIANS 4:16

***16 FROM HIM THE WHOLE BODY, JOINED AND HELD TOGETHER BY EVERY SUPPORTING LIGAMENT,
GROWS AND BUILDS ITSELF UP IN LOVE, AS EACH PART DOES ITS WORK.***

THE BIBLE STATES AS CHRISTIANS WE ARE ONE! GOD USES US TO SUPPORT ONE ANOTHER...AND TOGETHER WE CAN ACCOMPLISH GREAT THINGS!

THE BLAZERS' CHEER TEAM COACHES ARE LOOKING FOR GIRLS WHO:

ENJOY BEING PART OF A TEAM

ENJOY HARD WORK

WHO ENCOURAGE EACH OTHER AND LIFT EACH OTHER UP

**WHO AVOID DRAMA, PURSUE THE TRUTH, AND SEEK A PEACEFUL PATH TO
CONFLICT RESOLUTION**

WHO PRACTICE COMPASSION AND KINDNESS

WHO RESPECT THEMSELVES, THEIR TEAMMATES, AND THEIR COACHES.

WHO ENJOY LAUGHTER, JOY, AND FUN!!