

2017-2018 Bullitt County Cheer & Dance Company, LLC/DBA GymTyme South Registration and Release

PLEASE PRINT

Contact & Billing Information:

Primary guardian's full name: _____

Relationship to Child: _____

Home phone: _____ Cell: _____

Home Address: _____

City: _____ St: _____ Zip: _____

*Email Address: _____

***IMPORTANT! We email all of our billing statements**

Secondary guardian's full name: _____

Relationship to Child: _____

Home Phone: _____ Cell: _____

Home Address: _____

City: _____ St: _____ Zip: _____

*Email Address: _____

***IMPORTANT! We email all of our billing statements**

Emergency Contacts (other than parent or guardian):

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Athlete(s) Medical Insurance Information:

Carrier: _____ Policy #: _____

Group #: _____ Company Phone #: _____ Primary cardholder: _____

This information is the same for all of my athletes: (please circle) YES NO

If no, attach a separate form with the additional insurance information.

Athlete(s) Information:

Name (first and last): _____

D.O.B. _____ / _____ / _____ Age: _____

M/F: ___ Cell Phone: _____

Lives with: Primary ___ Secondary ___ Both ___ Other ___

Class Attending or Team: _____

Name (first and last): _____

D.O.B. _____ / _____ / _____ Age: _____

M/F: ___ Cell Phone: _____

Lives with: Primary ___ Secondary ___ Both ___ Other ___

Class Attending or Team: _____

Name (first and last): _____

D.O.B. _____ / _____ / _____ Age: _____

M/F: ___ Cell Phone: _____

Lives with: Primary ___ Secondary ___ Both ___ Other ___

Class Attending or Team: _____

