



2019-20 Registration

Participant Information

Cheerleader's Name:

Address:

City/State: _____

Zip code:

Age as of 08/31/2019: _____

Date of Birth:

Parent's Name:

Phone #: _____

Cell #:

Email Address:

Emergency Contact:

Relationship: _____

Phone #:

Do you have a sibling already on the team?

Insurance Information

Responsible Party: _____ Relationship:

Insurance Carrier: _____

Policy #:

Any Allergies/Medical Issues:

Parent Signature: _____

Date:

Officer Use Only

Date: _____ Registration Fee Pd: _____ Check#: _____ Cash: _____ Officer
Initials: _____