



**SKKY ALLSTAR CHEER ACADEMY
REGISTRATION FORM LEVEL 1-5R
\$50.00 Annual Fee**

Amt. Pd. _____

Cash _____ Check # _____

Date Pd. _____

PARTICIPANT'S NAME

Last _____ First _____

Birth Date _____ Age as of August 31, 2017 _____

Which level (1-5 restricted) and position (base, backspot, flyer) are you trying out for?

If needed, would you like to be a crossover? _____

FATHER/GUARDIAN

Last _____ First _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email _____

MOTHER/GUARDIAN

Last _____ First _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email _____

EMERGENCY CONTACT

If a parent or guardian are unable to be reached at the above telephone number(s), please notify the following:

Name _____ Phone # _____

MEDICAL INFORMATION

Allergies or chronic problems (Examples: asthma, heart murmur, allergy to medication)

Hospitalization History (When, Where, Why)

Medications child is taking:

Name of family doctor: _____ Family doctor phone # _____

Other _____