

NOR'EASTERN STORM REGISTRATION FORM

2019-2020

Cheerleaders Information

(PLEASE PRINT)

STUDENTS NAME _____

DATE OF BIRTH ____/____/____ **AGE AS OF AUGUST 31, 2019** _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____

HOME PHONE(____) _____ - _____

CHILD'S CELL PHONE (____) _____ - _____

PARENTAL CONTACT EMAIL ADDRESS- WHERE DO YOU WANT TO RECEIVE INFORMATION?

EMAIL ADDRESS _____ @ _____ . _____

If new to Nor' Eastern Storm- Name of the previous program and what level did you cheer on? **What was your standing tumbling and running tumbling pass that you competed in competition?**

PARENT/GUARDIAN INFORMATION

Mother's Name _____

Cell Phone(____) _____ - _____ **Work Phone**(____) _____ - _____

Father's Name _____

Cell Phone(____) _____ - _____ **Work Phone**(____) _____ - _____

Living with: Mother _____ **Father** _____ **Both** _____

PAID BY: **Cash** _____ **Check #** _____ **CC** _____

Medical Conditions We Should Know About:

Physician's Information

Name _____ Phone _____

Parent Insurance Information

Insurance Co: _____

Policy # _____

Emergency Contact If Parents can not be reached:

Name _____ Phone _____

Relationship _____

I/We, the parents of _____ do hereby permit the named student to participate in gymnastics, tumbling, cheerleading or other physical activities while attending Nor' Eastern Storm LLC. (Hereafter referred to as Nor' Eastern). By granting permission for said student to participate in programs at Nor' Eastern, I/We assume full responsibility for said students personal safety and release Nor' Eastern Storm, it's supervision and employees, whether paid or volunteer, from any and all liabilities that may arise due to injury including death to said student by reason of said student's participation in any activity at Nor' Eastern Storm or in, which Nor' Eastern Storm is participating elsewhere:

initialed: _____

I/We understand that there is a personal risk involved in any activity that involves motion, height or rotation and that these activities can result in serious injury, disability, or death:

initialed: _____

I/We declare that this student has been seen by a registered physician within the past 6 months to a year and has been cleared to participate in physical activity including gymnastics, tumbling and cheerleading:

initialed: _____

Parent or Guardian Signature _____

Date _____