



## ALL-STAR REGISTRATION FORM

Cheerleaders Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Work/Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

Child's Grade as of September 2008: \_\_\_\_\_

DOB: \_\_\_\_\_ Age as of May 31, 2008: \_\_\_\_\_

Child's Email: \_\_\_\_\_

### EMERGENCY INFORMATION

Contact Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

### MEDICAL INFORMATION

Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Allergies/Medical conditions? \_\_\_\_\_

I, \_\_\_\_\_

understand and agree that the above information is correct and do not hold JAG Cheer Training Center's staff or structure harmless or liable. I am also aware that all classes I am registering for require payments in advance and a \$5.00 late fee will be assessed to every week payment is late.

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(For office use only)

Amount paid: \_\_\_\_\_ Method of payment: \_\_\_\_\_