

**CHARLOTTE
EXTREME
ALLSTARS**

REGISTRATION FORM
10625 Texland Blvd
SUITE 400
Charlotte, NC 28273
(704) 724-7858

PLEASE COMPLETE THE FOLLOWING FORM AND RETURN IT TO THE ABOVE ADDRESS

ATHLETE'S NAME _____
PARENT'S NAMES _____
ADDRESS _____ CITY _____ ZIP _____
HOME PHONE _____ CELL _____
MOM'S WORK _____ DAD'S WORK _____
E-MAIL _____
SCHOOL _____ CURRENT GRADE _____
BIRTH DATE _____ AGE _____
EMERGENCY CONTACT _____ PHONE# _____
PERSON RESPONSIBLE FOR PAYMENT _____
HEALTH ISSUES OR ALLERGIES _____

HOW DID YOU HEAR ABOUT US? _____

PLEASE REGISTER THE ABOVE ATHLETE FOR THE FOLLOWING:

- CHEER CLASS
- TUMBLING CLASS
- STUNT CLASS
- CO-ED FLIGHT SCHOOL
- ALL STAR SQUAD
- EVALUATIONS

MEDICAL TREATMENT RELEASE

In the event of emergency involving my child while at or with Charlotte Extreme Cheerleading, Inc., whether at class, practice, competition or other sponsored event, I grant my permission to Charlotte Extreme cheerleading, Inc., and its employees to take whatever action necessary. In the event that I cannot be reached, I hereby authorize Charlotte Extreme Cheerleading, Inc., and/or its employees to give consent for the above named athlete to receive medical treatment.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

If you do not grant permission or authorization for consent to medical treatment, what procedure should be followed?

Insurance Company: _____ Policy Number: _____