

CALIFORNIA GOLD GYMNASTICS AND CHEERLEADING  
HOME OF THE SHOCKWAVES  
REGISTRATION FORM For Office Use Only

Date: \_\_\_\_\_

Reg Month: \_\_\_\_\_

Class: \_\_\_\_\_ Level \_\_\_\_\_

Team: \_\_\_\_\_

Please fill out all information that applies.

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

Main Phone: (\_\_\_\_\_) \_\_\_\_\_

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

Athlete Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

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

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

Parent's Name(s): \_\_\_\_\_

Parent Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_

Current School: \_\_\_\_\_

Parent Cell/Secondary Phone: (\_\_\_\_\_) \_\_\_\_\_

High School Graduation Year: \_\_\_\_\_

Fax Number: (\_\_\_\_\_) \_\_\_\_\_

Please list any physical/psychological limitations, injuries, or weaknesses that may affect the athlete:

Any medicines allergic : \_\_\_\_\_

Doctor: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

California Gold Gymnastics and Cheerleading, Inc. (CGGC) attempts to keep its business "in the family" when possible. Is your family involved in a business that could do business with CGGC?