

eXtrem Cheer

All Star Registration Form

Cheerleader's Name: _____ D.O.B. ____ / ____ / ____

Age (as of 8/31/2010) _____ Please check One: Male Female

Medical Insurance:

Company: _____ Beneficiary _____

Group #: _____ Policy #: _____

Family Doctor: _____ Phone #: _____

Reactions to Medications: _____

Mother's Information:

Name: _____ Address: _____

City/State/Zip: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____ Email: _____

Father's Information:

Name: _____ Address: _____

City/State/Zip: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____ Email: _____

Cheerleader's Information

Cell Phone: _____ Email: _____

Emergency Information:

Emergency Contact: _____ Phone: _____

Experience (Cheer, Dance, Gymnastics): _____

I have read and understand the eXtrem Packet and the Code of Ethics

Parent Signature _____ Athlete _____