

2011-2012 MARYLAND MARLINS REGISTRATION FORM

I authorize SuperSquads Cheerleading to consent to medical treatment for my child when I cannot be reached. I am fully aware that any activity involving motion or height creates the possibility of injury, and I further agree to hold SuperSquads and it's staff harmless for any injury or resulting expenses. SuperSquads Cheerleading strives to provide the maximum in safety procedures and guidelines and cannot assume responsibility for any injuries or accidents that may occur. I also give permission for my child's photograph to be used on brochures and /or websites. Full names will not be used with any photos. This form must be completed and signed by a parent / legal guardian to participate. Please advise us of any changes in this information that may occur.

Cheerleaders Name	2010-2011 school and grade _____				
Date of Birth	2011-2012 school and grade _____				
Address	Insurance Carrier				
	Policy #				
	Doctor/Phone				
E-mail Address	Medicines Allergic to				
Home Phone	Other Allergies				
Fathers Name	Physical Limitations				
Daytime Phone					
Mothers Name	Emergency Contact info				
Daytime Phone					
*PARENT SIGNATURE					
<i>All Star Team Members will need to bring in a copy of their birth certificate, report card and a signed agreement. Thank you</i>					
Below for office use only			Payment Cash / Check #		Amount \$
Team/Class			Q	BC	A
Start Date		End Date		RC	RF

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