



Youth Cheering Pep Squad 2012



REGISTRATION FORM

Please place a check in the box by registration location.

Northern Region	Please Check In Box
Northern Shores Recreation Center	
Creekside Recreation Center	
Southern Region	Please Check In Box
Booker T. Washington Recreation Center	
Kings Fork Recreation Center	
Mack Benn, Jr. Recreation Center	

Participant Name _____

Age by Nov. 28th _____ Date of Birth _____ Gender (circle one): Male Female

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Grade _____ School _____

Uniform Size

Please Check the Appropriate Box

Divisions	Youth Small	Youth Med	Youth Large	Adult Small	Adult Med
Coed Novice					
Coed Pee-Wee					

Divisions	Adult Small	Adult Med	Adult Large	Adult X-Large	Adult 2X-Large
Coed Midget					

Has your child ever participated in an organized Cheering League? YES or NO

If so, how long? _____ Years _____ Months

Parent/Guardian Information

Parent/Guardian Name _____

Home Phone _____ Work Phone _____

Cellular Phone _____ Email _____

Emergency Contact _____

Relationship to Participant _____

Home Phone _____ Work Phone _____

Cellular Phone _____ Email _____

Please list any medical conditions or allergies your child may have:

REMINDER: Staff or volunteer coaches cannot store or administer medications to participants.

Please sign below that you have received and read the Parent Information Sheet

Signature: _____

Office Use Only

Please Print

Proof of Age (Birth Cert. #) _____ Birth State/Country _____ Proof of Residence _____

Amount Paid _____ Date Registered _____ Receipt # _____ Staff Name _____