

Registration Form



(Deadline to register is April 5, 2019 – envelopes must be postmarked 4/5/19.)

Team(s) trying out for: Sideline Only OR Sideline and Competition

Cheerleader's Name: _____

Grade in Fall 2019: _____ Birthdate: _____

School attending in Fall 2019: _____

Street Address: _____

Subdivision Name: _____

Parent/Legal Guardian Name: _____

Home # _____ Cell # _____ Work # _____

Email Address #1: _____

Email Address #2: _____

Emergency Contact Information (other than Parent):

Emergency Contact Name: _____

Emergency Contact Number: _____

TEAM PARENT - I would like to be a Team Mom for my cheerleader's cheer team?? YES or NO

Medical Information (REQUIRED - attach a copy of your insurance card – front and back):

Please list any medical problems or allergies:

Physician's Name & Phone _____

Insurance Company: _____ Cardholder Name: _____

Policy # _____ Group # _____

Preferred Hospital for Emergency Care: _____

Parent Signature

Date

***** REGISTRATION FEE \$35 - Make payable to Cambridge Jr. Cheer *****

***** Bring Registration Form to Registration on March 14, 2019 *** OR mail to: Cambridge Jr. Cheer, P.O. BOX 81
ALPHARETTA, GA 30009-0081 postmarked no later than 4/5/19*****