

Registration Form



(Deadline to register is April 12, 2021 – Envelopes must be postmarked 4/12/21.)

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

Cheerleader's Name: _____

Grade in Fall 2021: _____ Birthdate: _____

School attending in Fall 2021: _____

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 \$55 – (pay online at <https://app.picklejuiceapp.com/a/ureg/open/by-activity/578031C9>) ***

*** Scan/email Registration forms to www.communications@cambridgejrcheer.com **OR** mail to:
Cambridge Jr. Cheer, P.O. BOX 104 ALPHARETTA, GA 30009-0081
postmarked no later than 4/12/21***