



Office use only
Date Received:

REGISTRATION FORM

Welcome to Pacific Cheerleaders!! Please fill out the following so we have your information on record and are able to contact you if need be. Please write clearly.

Athletes Details:

First Name: Surname:
 Male Female Age: DOB:
School: Year:
Street Address: Suburb:
Postal Code: Home Ph: Mobile:
Athlete's Email:

Parent/Guardian Details 1: (First point of contact for emergencies)

First Name: Surname: Relationship:.....
Street Address: Suburb:
Postal Code: Home Ph: Mobile:
Work Ph: Email:

Parent/Guardian Details 2:

First Name: Surname: Relationship:.....
Street Address: Suburb:
Postal Code: Home Ph: Mobile:
Work Ph: Email:

Emergency Contact other than Parent/Guardian: (Second point of contact for emergencies)

First Name: Surname: Relationship:.....
Street Address: Suburb:
Postal Code: Home Ph: Mobile:
Work Ph: Email:

Experience: Check all that apply.

- Never done cheerleading before.
- Have done cheerleading. Level(s): How Long:
- Gymnastics. Level(s): How Long:
- Dance: Types: How Long:

How did you hear about Pacific Cheerleaders?
.....

RULES AND REGULATIONS - CONTRACT

I have read the Pacific Cheerleaders Rules and Regulations Contract in its entirety and understand its contents. I understand the responsibility my child is undertaking by becoming a Pacific Cheerleader/School Team member. I agree to fully support my child and will encourage them to fulfill their commitment. I also understand that by signing this contract I am bound to not use my child's participation in the program as a form of punishment as I realize that it also punishes their team. Furthermore, I understand that when representing the school team, I must always conduct myself with class and responsibility. I understand that any athlete or parent that does not abide by the rules and regulations contained in this contract, that is consistently negative, or acts in a manner that jeopardizes the name and reputation of the school or cheerleading program, will be subject to removal with no refund. In addition, I agree to give Pacific Cheerleaders full permission to seek medical attention and/or take any actions deemed necessary to ensure the safety and well being of my child and those around them.

Athlete's name printed

Athlete's Signature Date.....

Parent/Guardian's name printed

Parent/Guardian's Signature Date.....

MEDICAL WAIVER

Athlete's Name: Date of Birth:...../...../..... Age:

Parent/Guardian Name:

Address:

Cellphone: Home Phone:Work Phone:

Any medications allergic to:

.....

Any other allergies: Yes No. If yes, please specify:

Any other conditions/injuries we need to be aware of: Yes No. If yes, please specify:

.....

.....

.....

I, the undersigned Parent/Guardian do hereby give consent for my son/daughter to participate in the training and activities provided by the Pacific Cheerleaders program. I am fully aware of the nature of the activities involved and the possibility of injuries and/or death, which may arise from such activities. In case of illness, injury and/or death that may arise directly or indirectly as a result of participation and/or travel to or from the activity or training (I.e. clinic, camp, out of town activities or events), I do hereby grant my permission to the Pacific Cheerleaders program to seek immediate treatment for my child should he/she be injured. I hereby release the Pacific Cheerleaders program, including its officers, shareholders, agents, coaches and employees from any liability to the above name participant, or any person claiming through him/her, arising from injury to the person or property of the above name participant. In the event of any activities that are locally or nationally televised, I give the Pacific Cheerleaders program the right and permission to film, photograph, or videotape my son/daughter for any reproductions associated or in any way connected with said televised events, in particular, for use in any promotional purpose.

Parent/Guardian's name printed

Parent/Guardian's Signature Date.....