

Cheer Extreme Richmond All Star Registration Form

All Star Membership Fee: \$175

(\$150 if Registered by May 10th)

MOTHER'S INFORMATION

First Name:	Last Name:	
Address:	E-Mail:	
City:	State:	Zip Code:
Home Phone:	Cell Phone:	Work Phone:

FATHER'S INFORMATION

First Name:	Last Name:	
Address:	E-Mail:	
City:	State:	Zip Code:
Home Phone:	Cell Phone:	Work Phone:

ATHLETE #1 INFORMATION

First Name:	Last Name:	Birth Date:
Gender:	Cell Phone:	Grade:
E-Mail:		School:
Primary Doctor/Practice:		Doctor Telephone:
Disabilities:		Allergies:
Medications:		Preferred Hospital:
Health Insurance Carrier/Policy #		

ATHLETE #2 INFORMATION

First Name:	Last Name:	Birth Date:
Gender:	Cell Phone:	Grade:
E-Mail:		School:
Primary Doctor/Practice:		Doctor Telephone:
Disabilities:		Allergies:
Medications:		Preferred Hospital:
Health Insurance Carrier/Policy #		

Additional Athletes (Please attach to Main Registration Page)

ATHLETE # _____ INFORMATION		
First Name:	Last Name:	Birth Date:
Gender:	Cell Phone:	Grade:
E-Mail:		School:
Primary Doctor/Practice:		Doctor Telephone:
Disabilities:		Allergies:
Medications:		Preferred Hospital:
Health Insurance Carrier/Policy #		

ATHLETE # _____ INFORMATION		
First Name:	Last Name:	Birth Date:
Gender:	Cell Phone:	Grade:
E-Mail:		School:
Primary Doctor/Practice:		Doctor Telephone:
Disabilities:		Allergies:
Medications:		Preferred Hospital:
Health Insurance Carrier/Policy #		

ATHLETE # _____ INFORMATION		
First Name:	Last Name:	Birth Date:
Gender:	Cell Phone:	Grade:
E-Mail:		School:
Primary Doctor/Practice:		Doctor Telephone:
Disabilities:		Allergies:
Medications:		Preferred Hospital:
Health Insurance Carrier/Policy #		