

**Unlimited Tumble & Privates Registration Form**

**Membership Fee: \$150/Year OR \$15/Month**

**Unlimited Tumble Fee: \$50/Month**

**MOTHER'S INFORMATION**

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

**FATHER'S INFORMATION**

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

**ATHLETE #1 INFORMATION**

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

**ATHLETE #2 INFORMATION**

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

**All Star Unlimited Add On Form**  
**AllStar Unlimited Tumble Fee: \$40/Month**

<b>ATHLETE #1 INFORMATION</b>		
<b>First Name:</b>	<b>Last Name:</b>	<b>Birth Date:</b>
<b>Gender:</b>	<b>Cell Phone:</b>	<b>Grade:</b>
<b>E-Mail:</b>		<b>School:</b>
<b>Primary Doctor/Practice:</b>		<b>Doctor Telephone:</b>
<b>Disabilities:</b>		<b>Allergies:</b>
<b>Medications:</b>		<b>Preferred Hospital:</b>
<b>Health Insurance Carrier/Policy #</b>		
<b>ATHLETE #2 INFORMATION</b>		
<b>First Name:</b>	<b>Last Name:</b>	<b>Birth Date:</b>
<b>Gender:</b>	<b>Cell Phone:</b>	<b>Grade:</b>
<b>E-Mail:</b>		<b>School:</b>
<b>Primary Doctor/Practice:</b>		<b>Doctor Telephone:</b>
<b>Disabilities:</b>		<b>Allergies:</b>
<b>Medications:</b>		<b>Preferred Hospital:</b>
<b>Health Insurance Carrier/Policy #</b>		