

SUMMER CAMP REGISTRATION

MEMBERS
\$45 FULL DAY
\$25 HALF DAY

NON-MEMBERS
\$50 FULL DAY
\$30 HALF DAY

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 INFORMATION		
First Name:	Last Name:	Age:
Gender:	Cell Phone:	Birth Date:
Primary Doctor/Practice:		Doctor Telephone:
Disabilities:		Allergies:
Medications:		Preferred Hospital:
Health Insurance Carrier/Policy #		
ATHLETE INFORMATION		
First Name:	Last Name:	Age:
Gender:	Cell Phone:	Birth Date:
Primary Doctor/Practice:		Doctor Telephone:
Disabilities:		Allergies:
Medications:		Preferred Hospital:
Health Insurance Carrier/Policy #		

Non-Members must have completed Cheer Extreme Waiver on file

SUMMER CAMP REGISTRATION

ADDITIONAL ATHLETES FORM

MEMBERS
\$45 FULL DAY
\$25 HALF DAY

NON-MEMBERS
\$50 FULL DAY
\$30 HALF DAY

ATHLETE INFORMATION

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

ATHLETE INFORMATION

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

Non-Members must have completed Cheer Extreme Waiver on file