

**Hempfield Association of Midget Sports
Cheerleading Registration Form 2010
~DEADLINE WEDNESDAY MARCH 31, 2010 @ 6:00PM~
REGISTRATION FORM**

(Please Print)

CHEERLEADER INFORMATION				
Cheerleader's last name:	Cheerleader's first name:	Birth date:		
		/ /		
Cheerleader's email address (optional):				
School (as of September 2010):		Grade (as of September 2010):		
For which squad (A-D) will you be trying out? <i>Grade you will be entering in September of 2010</i>				
<input type="checkbox"/> A squad is 7 th and 8 th grade <input type="checkbox"/> B squad is 5 th and 6 th grade <input type="checkbox"/> C squad is 3 rd and 4 th grade <input type="checkbox"/> D squad is anyone who does not make C				
Do you fly?	Back?	Front?	Base?	Have you ever cheered before?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Health Insurance Carrier:		Policy Number:	Preferred Physician & Phone:	
Allergies/medical conditions:				

FATHER'S INFORMATION		
Name:	Email address:	Home phone no.:
		()
Address:		Work phone no.:
		()
		Cell phone no.:
		()

MOTHER'S INFORMATION		
Name:	Email address:	Home phone no.:
		()
Address:		Work phone no.:
		()
		Cell phone no.:
		()

IN CASE OF EMERGENCY, WHOM SHALL WE CONTACT IF PARENTS CANNOT BE REACHED?			
Name and address	Relationship to cheerleader:	Home phone no.:	Cell phone no.:
		()	()
<p>The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to the physician. I understand that I am financially responsible for any balance. I also authorize [Name of Practice] or insurance company to release any information required to process my claims.</p>			
<i>Cheerleader signature</i> _____		<i>Date</i> _____	
<i>Patient/Guardian signature</i> _____		<i>Date</i> _____	