

**Hempfield Association of Midget Sports
Cheerleading Registration Form 2011**

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 2011):			Grade (as of September 2011):	
For which squad (A-D) will you be trying out? <i>Grade you will be entering in September of 2011</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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Back? <input type="checkbox"/> Yes <input type="checkbox"/> No	Front? <input type="checkbox"/> Yes <input type="checkbox"/> No	Base? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever cheered before? <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.: ()

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.

Cheerleader signature

Date

Patient/Guardian signature

Date

