

Elite Cheer-Nastics, Inc.

Registration Form

Child's Name: _____ Nickname: _____

Age: _____ D.O.B.: ____/____/____ Child SSN: (team only) ____/____/____

Parent/Guardian: _____ Grade Level: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone : _____ Mobile: _____

Employer: _____ Email Address: _____

Alternate Address (For children with two sets of parents):

City: _____ State: _____ Zip: _____

Allergies/Health Problems (List all that apply): _____

Doctor's Name: _____ Phone: _____

Emergency Contact:

Name: _____ Phone: _____

Relationship To Child: _____

Insurance Company: _____ Policy/ID/Group # _____

Telephone: _____

Any past injuries requiring medical attention? _____

Any present injuries? _____

Liability Statement: I understand the risks associated with cheerleading, dance, and gymnastics. I agree to assume all liability for all medical costs and other damages resulting to my child or children not occasioned by gross negligence or willful misconduct of an employee of Elite Cheer-Nastics, Inc. Further, I agree to hold Sonja M. Palmer and Gary Layton Palmer harmless from any liability occasioned by any such liability.

Signature: _____

Class Title: _____ Day: _____ Time: _____

Class Title: _____ Day: _____ Time: _____

Class Title: _____ Day: _____ Time: _____

Class Title: _____ Day: _____ Time: _____

Class Title: _____ Day: _____ Time: _____

Regular Member: _____ Team Member: _____ Monthly Payment: _____

Street Shoe Size: ___ Ballet ___ Jazz Order ___ Tap Order ___ Total Shoe Payment: _____

Payment Responsibility

I, _____, parent/guardian of minor child listed above, agree to be responsible for all monthly tuition, late fees and any other expenses incurred while my child is enrolled at Elite Cheer-Nastics, Inc.

Signature: _____

(For Office Use Only)

Date of Enrollment: _____ Payment: _____ Reg fee/date: _____

