



Registration Form

Date: _____

Referred By: _____

Registering for: (circle one) *Competitive Cheer* *Tumbling Only* *Other* _____

Address: _____

Athlete's Name: _____ Cell: _____

Date of Birth: _____ Age: _____

Mother's Name: _____ Phone: _____

Father's Name: _____ Phone: _____

Number you prefer to receive text messages: _____

Email Address: _____

Medical Insurance: _____ Doctor: _____

Policy Number: _____ Group/ID: _____

Allergies/Medical Conditions: _____

I/We hereby grant consent to any and all health providers, designated by Florida Cheer Sensation All Stars, LLC, to provide my child with any necessary medical care as a result of any injury or illness. The consent includes first aid and transportation to/from health care providers.

Tuition is due the first week of every month. Tuition is not paid as-you-go or pro-rated. All payments received after the first week are subject to a \$20.00 late fee. The late fee will be enforced. _____ Parent's Initials

Image Release:

In consideration of, _____, my minor child/ward being allowed to participate in any way in the Florida Cheer Sensation All Stars, LLC, related events and activities, the undersigned agrees that such participant's likeness may be photographed or videotaped and that such image may be published in an outlet used to promote or publicize the sports program.

Parent Signature: _____ Date: _____