## Check all that apply: Office Use Only: ☐ Adult 18+ years $\square$ Senior 10 – 18 years Registration date: \_\_\_\_\_ ☐ Junior 14 yrs. & younger Payment Method: ☐ Youth 11 yrs. & younger Payment Amount: \_ **Registration Form** Athlete Information **Parent/Guardian Information** Click or tap here to enter text. Parent/Guardian 1: Click or tap here to enter text. Name: Address: Click or tap here to enter text. Cell Phone #: Click or tap here to enter text. Click or tap here to enter text. Work Phone #: Click or tap here to enter text. Click or tap here to enter text. Email: Click or tap here to enter text. City: Parent/Guardian 2: Click or tap here to enter text. Gender: ☐ M ☐ F DOB: // Cell Phone #: Click or tap here to enter text. Cell Phone #: Click or tap here to enter text. Work Phone #: Click or tap here to enter text. Click or tap here to enter text. Email: Email: Click or tap here to enter text. **Medical Information**

Please list any physical/psychological limitations, health conditions, injuries, or weakness that may affect the athlete's participation and/or performance:

Click or tap here to enter text.		
'		

Allergies:Click or tap here to enter text.	Insurance Carrier: Click or tap here to enter text.			
Medications:Click or tap here to enter text.	Policy #: Click or tap here to enter text.			
Click or tap here to enter text.				
Emergency Contact #1: Click or tap here to enter text.	Emergency Contact #2: Click or tap here to enter text.			
Relationship: Click or tap here to enter text.	Relationship: Click or tap here to enter text.			

## **Athlete Evaluation Form**

Name: Click or tap here to enter text.							Headshot photo		
Age as of August 31, 2017: Click or tap here to enter text.									
Gender: □ M □ F DOB: //									
Emirate of residence	ce: Click	or tap here to e	nter text.						
Have you cheered	lave you cheered before? □ Yes □ No How many years?								
Please list previous	s teams	and division/	level:						
Click or tap here to e	nter text.								
Click or tap here to e	nter text.								
Click or tap here to e	nter text.								
Stunting experienc	•	k all that app □Base	ly): □Back spo	nt .	□Flyer		□Front spot		
			•		⊡i iyei		□1 Tont 3pot		
Mastered skills with	nout a s	pot (Check a	ıı that appıy)						
□No tumbling	□Bac	k bend	□Back walk over			☐Standing back handspring			
□R/O BHS	□R/C	BHS Series	□Standing BHS Series		ries	□R/O BHS tuck			
□R/O tuck	□Froi	nt punch	□Standing back tuck		k	□Standing BHS tuck			