



Pro Cheer All-Stars
2015-16 Half Year Registration Form

Athlete Name _____

Age (as of 8/31/2015) _____ **D.O.B.** _____

Address _____

City, State, Zip _____ **Home Phone** _____

Parent Name _____ **Parent Cell** _____

Parent E-mail _____

Athlete E-mail _____ **Athlete Cell** _____

Emergency Contact _____ **Emergency Phone** _____

List Current or Previous Gym or All-Star Experience

Please Check:

- EVALUATION FEE of \$150.00 is handed in with Registration Form.
 - *This will insure your spot and carry over as your November Training Fee and USASF Membership.*

Parents Please Read:

- I understand that by taking part in this or any cheerleading class/camp there is a possibility of injury/illness to my daughter/son. Therefore, I give permission for my son/daughter to participate in the Pro Cheer All-Star tryouts and do hereby grant permission to the hospital staff members to administer immediate care to my child should he/she be injured.
- I furthermore agree to hold harmless Pro Cheer and its officers/staff for any injury incurred as a result of my son/daughters participation.
- Permission is granted to use my son's/daughter's picture in future advertisement and literature for Pro Cheer and events sponsored and conducted by them.
- I understand that all evaluation fees, gym tuitions, USASF membership fees, uniform payments, and competition fees are non-refundable.
- I understand fees not made by the 10th of each month are subject to a \$20.00 late fee.

I, _____ (Parent) have read and understand the above information.

Parent Signature _____

Date _____