

PRO CHEER

P.O. Box 598 • 84 Pearl Industrial Blvd. • Hoschton, GA 30548 • 706-658-0020
www.goprocheer.com

OFFICE USE ONLY
Registration Fee: _____
Class: _____
Day: _____ Time: _____
Coach: _____

REGISTRATION FORM

PARENT INFORMATION

Mother's Name: _____ Phone Number: _____

Father's Name: _____ Phone Number: _____

Primary Email Address: _____

Address: _____ City: _____ State: _____ Zip: _____

ATHLETE INFORMATION

Athlete 1 Name: _____ Age: _____ D.O.B: ____/____/____ Male / Female

Athlete 2 Name: _____ Age: _____ D.O.B: ____/____/____ Male / Female

EMERGENCY CONTACT

Emergency Contact Name: _____ Phone Number: _____

Relationship to Athlete: _____

GENERAL INFORMATION

Are you currently on a cheerleading squad? _____ School/Association: _____

POLICIES & PROCEDURES

- There is an annual registration fee of \$50 per athlete or \$75 per family of athletes.
- Families registering more than one athlete will receive a discount.
- Pro Cheer reserves the right to cancel or combine classes if the minimum enrollment is not met.
- A \$35 charge will be added to your account for returned checks.
- Pro Cheer assumes no responsibility for accidents or injuries to athletes while on Pro Cheer's premises.

Parent Signature: _____ Date: _____

MEDICAL TREATMENT AND LIABILITY RELEASE FORM

- I understand that by taking part in this, or any cheerleading class or camp, there is a possibility of injury or sickness to my son/daughter. I give my permission for my son/daughter to participate in Pro Cheer classes/camps and do hereby grant permission to the hospital staff members to administer immediate treatment to my child should he/she be injured.
- I furthermore agree to hold harmless Pro Cheer and its officers and staff members for any injury incurred as a result of my son/daughter's participation in the class or camp.
- I give Pro Cheer permission for the use of photographs of my child. I also give permission to use my son/daughter's picture in future advertisements, literature, and/or events that are sponsored and conducted by Pro Cheer.

Physician's Name: _____ Telephone: _____

Insurance Company: _____ Policy Number: _____

Any Allergies or Medications: _____

Parent Signature: _____ Date: _____