



Cheerleading

REGISTRATION SQUAD:

- A
- B
- C

Paid With:

Cash Check

Amount \$ _____

Date: _____

Accepted by _____

Cheerleader Information

Gender of participant: Male Female

_____ First
Name (Please print) Last Name (Please print) Age

_____ Birthdate Grade (going into) School Attending _____

Cheerleaders need a physical every year

_____ Proof and date of last physical

Is it okay to post photos of the cheerleader on our website and/or our social media in a display of team spirit?

Yes No

Please tell us of any physical or medical conditions your child has if any (This includes medications needed and food allergies. Please be specific for the coaches):

Contact Information

Parent / Guardian Name (Please print) Phone Number

Contact Email Address

Emergency Contact Name (Please print) Emergency Phone Number

In case of emergency, do you give permission for Future Riders staff and/or coaches to seek medical attention for your child? Yes No

Other adults allowed to pick up child:

By signing below, you agree that all information you have given us above is correct to the best of your knowledge. You also acknowledge that you have read and understood the concussion information provided, and that you acknowledge the fees due for membership go towards the program itself and are partially refundable.

Date _____ Signature