



Free Trial Date

Free Trial Class:

Entered Proschool:

Email Entered:

Class Selection:

REGISTRATION FORM 2011-2012

(This form must be filled out **COMPLETELY** – **PLEASE PRINT NEATLY** and **attach a copy of your Driver's License**)

ATHLETE INFORMATION

Name _____ Date of Birth _____ Age _____

Street Address _____ City _____ State _____ Zip _____

Home Phone # _____ Neighborhood _____

Cheerleading/Tumbling/Dance/Gymnastics Experience _____

EMAIL for SCA Newsletter (**PLEASE** write neatly) _____

(SCA will not distribute your information to any other party.)

PARENT/GUARDIAN INFORMATION

MOTHER'S INFO

Mother's Name _____

Mother's Street Address _____ City _____ State _____ Zip _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

FATHER'S INFO

Father's Name _____

Father's Street Address _____ City _____ State _____ Zip _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

EMERGENCY CONTACT INFORMATION

Emergency Contact (other than parent) _____

Relationship to Athlete _____ Contact Phone # _____

MEDICAL INFORMATION

Athlete's Physician _____ Phone # _____

Insurance Company _____ Name of Subscriber _____

Relationship to Athlete _____ Policy # _____

Allergies/Medical Conditions _____