



Cheer Eruption All-Stars 2019-2020
 ATTACH WALLET-SIZE PHOTO TO FORM
 \$25 TRY-OUT FEE

ATHLETE TRY-OUT# _____

REQUIRED – Which type of team are you interested in? – PLEASE CHOOSE ONE

Regional (compete locally within the Tri-State area). _____

Travel out of the tri-state areas such as Florida (Summit) and Tennessee, as well as the Regional Tri-State area. _____

ATHLETE

INFORMATION:

Name _____ Date of Birth _____ Age as of 8/31/19 _____

Address _____ City _____ State _____ Zip _____

Home Phone # _____ Cell Phone # _____

Cheered Before? YES _____ NO _____ If so, where? _____ What Level _____

PARENT GUARDIAN INFORMATION:

Parent Guardian Name _____ Email _____

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

Parent Guardian Name _____ Email _____

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

BILLING/CONTACT INFORMATION:

Billing Address _____

City _____ State _____ Zip _____

EMERGENCY CONTACT INFORMATION (OTHER THAN PARENT)

Name _____ Relationship to Athlete _____

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

INSURANCE INFORMATION

Insurance Carrier _____ Policy # _____

Carrier's Phone# _____ Group# _____

Medical Conditions/Allergies _____

I allow my child to be given the following medication(s), if necessary while at CEA: Tylenol ___ Ibuprofen ___ Aleve ___

T-SHIRT SIZE (PLEASE CIRCLE ONE) YOUTH – SMALL MEDIUM LARGE ADULT – SMALL MEDIUM LARGE X-LARGE 2XL

I, _____, the undersigned Parent/Guardian/Athlete do hereby consent for the above athlete to participate in team try-outs, training, and activities held at Cheer Eruption All-Stars and accept responsibility for all costs incurred by myself or my athlete. I have completely filled out this form in it's entirety and attest that all information given is factual.

Signature **Date**

Office Use Only:
 Try-Out Payment Received on ____/____/____ Method: Cash _____ Credit Card _____ Ck# _____