Pre-registration Form – 2019-2020

PHOTO

Athlete Identification:

Last Name: ……First Name: ……

Team wanted : ☐ Senior (competition) ☐ Junior (competition) ☐ Non-Compete

Gender: □ M □ F

Size Top : ☐ YM ☐YL ☐YXL ☐XS ☐S ☐M ☐L ☐XL
Bottom : ☐ YM ☐YL ☐YXL ☐XS ☐S ☐M ☐L ☐XL

Date of Birth : ……/……/…….. Place of Birth: ……

Address: ……..

Postcode……..……City: ……..

Phone Number: ……..

Email: ……..……..

For minors: Information on parent/guardian:

Last Name: ……..First Name: ……...

Address (if different): ……...

Phone Number: ……..

Email (Used to communicate with UCA): …….....

I authorise/ I do not authorise my child to go home from practice unaccompanied
(Delete as appropriate)

Emergency Contact:

Name: …… Relationship to Athlete:……..

Phone Number:…….

the undersigned, ……As parent/guardian:

- Give permission, in case of emergency, to Ultimate Cheer All-Stars to make all necessary decisions concerning the welfare of my child.
- Release Ultimate Cheer All-Stars of all liabilities due to an injury.
- Give permission for the production, reproduction and use of photography of myself/my child for all UCA publications.
- Certify that my child has been examined by a physician and that he/she is medically fit to practice cheerleading.
- Certify that I have read and approved UCA's rules and the Operating Rulebook.

Date : Signature :