

CHEERLEADER APPLICATION



Applicant: _____ Birth Date: _____

Age as of Aug. 31, 2009: _____ Grade as of September 2009: _____ School Attending: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Mother's Name _____

Home Phone: _____ Cell Phone: _____

Email: _____

Mother's Address _____

City/State/Zip: _____

Mother's Employer: _____ Phone: _____

Father's Name _____

Home Phone: _____ Cell Phone: _____

Email: _____

Father's Address _____

City/State/Zip: _____

Father's Employer: _____ Phone: _____

Cheergyms.com Program applying for: (Check all that apply):

| |
|---|
| <input type="checkbox"/> Pyramids (Concord) |
| <input type="checkbox"/> Motions (San Jose) |
| <input type="checkbox"/> Classes |
| <input type="checkbox"/> Privates |
| <input type="checkbox"/> The Club! |
| <input type="checkbox"/> Camp/Clinics |

| |
|---|
| <input type="checkbox"/> All-Stars |
| <input type="checkbox"/> Levels 1 – 4 |
| <input type="checkbox"/> All-American Level 5 |
| <input type="checkbox"/> College |
| <input type="checkbox"/> Half-Year |
| <input type="checkbox"/> Special Needs |

| |
|---|
| OFFICE USE ONLY: Please Initial. |
| <input type="checkbox"/> Medical Information Form |
| <input type="checkbox"/> Liability Release Form |
| <input type="checkbox"/> Yearly Insurance Paid. Date: _____ |
| <input type="checkbox"/> Entered on Computer |
| <input type="checkbox"/> Entered on Mailing List |

I have received and read the "Cheergyms.com Rules and Policies".

Parent Signature: _____ Date: _____

Participant Signature: _____ Date: _____