



REGISTRATION

Today's Date _____

Athlete's Last Name _____ Athlete's First Name _____

Athlete's Address _____ City _____ Zip _____

Athlete's Email _____ Athlete's Cell _____

Parent's Email _____ Parent's Cell _____

Birthdate: Month _____ Day _____ Year _____ Current Age _____

School _____ Grade now or if summer, grade entering _____

Previous cheer/tumbling/dance experience if applicable: _____

Briefly describe experience and where: _____

I am registering for the following class/es:

Class 1 _____ Day _____ Time _____

Class 2 _____ Day _____ Time _____

Person Responsible for Payments: _____

Does this person have the same contact information as athlete? Yes _____ No _____

If no, provide contact information: Address: _____

Phone _____ Email _____

Has your child had any recent injuries or surgeries? Yes _____ No _____ If yes, explain below:

How did you hear about FAME VALLEY? Referral _____ Drive by _____ Flyer _____ Website _____

Shirt size: (SM-XLG) Youth _____ Adult _____ Spanx size: Youth _____ Adult _____

REGISTRATION PAGE 2

Mother's Name _____

Mother's Place of Employment _____

Work Phone _____ Cell Phone _____

Mother's Email address _____

Father's Name _____

Father's Place of Employment _____

Work Phone _____ Cell Phone _____

Father's Email Address _____

Legal Guardian's Name and Place of Employment _____

Work Phone _____ Cell Phone _____

Email Address _____