## ANNUAL REGISTRATION FORM



## **REGISTRATION DETAILS**

Athlete's First Name:	Grade Level for School Year:ns/Allergies:		
City : State: Phone: Email:			
Mr. Ms. Sir Madam Parent/Guardian First Name: Address:			
City:	Zip Code:Alternate Number:		
Mr. Ms. Sir Madam Parent/Guardian First Name: Address:			
City: State: State: Email:	Zip Code:		
TEAM PLACEMENT FEE  To be eligible to tryout for Hurricane Cheer Athletics, all athletes must pay the following fees:			
New Member Fee	\$ 25.00		
Tryout Fee	\$ 25.00		

Are you open to being a crossover? YES NO

Do you participate in cheer at your school? YES NO

## COMMITMENT POLICY

weekly practices, tumbling classes, participate in all events during the a expect you do the same. Practice	, competitions, outside appearances, a all-star season We take all the time tha es are mandatory. We expect 100% o	of (June to April). This will be made up of and fundraisers. All athletes must be able to at our squads are together seriously and we commitment from everyone! If we feel that the and day and let everyone know as soon
Signature		Date
DATA PROTECTION S	STATEMENT	
the data provided within the framew	vork of the tryouts. This includes, unles pation at the event and for the draft	RRICANE CHEER ATHLETICS can process is registered participants object, all handling ting of a list of participants which will be
FOR STAFF ONLY		
TEAM	LEVEL	