| Boyertown Legionette Twirlers | | |
| --- | --- | --- |
| Student Information | | |
| Name: | | |
| Date of birth: | Age: | Phone: |
| Street Address: | | |
| City: | State: | ZIP Code: |
| School District: | Grade: |  |
| Prior Twirling Experience (# of Years): | | |
| Allergies/Medical conditions or other concerns: | | |
| Parent/Guardian Contact | | |
| Name: | | |
| Home Phone: | Cell Phone: | E-mail: |
| Name: | | |
| Home Phone: | Cell Phone: | E-mail: |
| Emergency Contact (other than parent) | | |
| Name: | Phone: | Relationship: |
| Name: | Phone: | Relationship: |
| Signatures | | |
| I give permission to take my child’s picture for advertising and/or organization’s website: Yes ☐ or No ☐ *(Please select one)* | | |
| If I am not available, and a medical emergency arises, the supervising staff has my permission to seek medical help at the nearest emergency facility. Yes ☐ or No ☐ *(Please select one)* | | |
| Parent’s Signature: | | Date: |

| For Legionette’s Use Only:  Group: PINK ☐ BLUE ☐ PURPLE ☐ SILVER ☐ COMPETITION ☐  Baton Size: | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Fall | Paid Date | Amount | Cash/Check/  PayPal |  | Spring | Paid  Date | Amount | Cash/Check/  PayPal |
| Contribution: |  |  |  |  |  |  |  |  |  |
| Uniform: |  |  |  |  |  |  |  |  |  |
| Shoes: |  |  |  |  |  |  |  |  |  |
| Baton/Caps: |  |  |  |  |  |  |  |  |  |
| Other: |  |  |  |  |  |  |  |  |  |
| Season Total: |  |  |  |  |  |  |  |  |  |