| Boyertown Legionette Twirlers |
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| 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 | PaidDate | Amount | Cash/Check/PayPal |
| Contribution: |  |  |  |  |  |  |  |  |  |
| Uniform: |  |  |  |  |  |  |  |  |  |
| Shoes: |  |  |  |  |  |  |  |  |  |
| Baton/Caps: |  |  |  |  |  |  |  |  |  |
| Other: |  |  |  |  |  |  |  |  |  |
| Season Total: |  |  |  |  |  |  |  |  |  |