



# REGISTRATION FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Last school grade completed \_\_\_\_\_ Male/Female \_\_\_\_\_

## SPORT CHOICE

Cheerleading    Football    Volleyball    Ninja Warrior    Basketball

Guardian(s) name \_\_\_\_\_

Phone \_\_\_\_\_

In case of emergency, contact \_\_\_\_\_

Phone \_\_\_\_\_

Special concerns (allergies, medications, medical conditions, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Name of Parent or

Guardian \_\_\_\_\_ (Print name)

Date \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_