KT PRODUCTIONS

CHEERNASTICS Registration Form

2022

Andersen Elementary School

Please sign release - Must sign this in order to participate.

Athlete Info

Last Name _____

First Name _____

Address _____

City/State _____ Zip _____

Phone ___-___-_____

DOB ___/___/_____

Age _____ Grade _____

Check One:

- O Beginner (Has never done gymnastics or cheer)
- O Intermediate (Has cartwheel/understands the basics)
- O Advanced (Has proper jumps and clean tumbling)

Parent Info

Mother _____

Phone _____

Email _____

Father _____

Phone _____-_____-_____

Email _____

Emergency # _____

Checks payable to:

KT Dance Productions

PayPal: KTdanceproductions@gmail.com

ApplePay/Zelle: 585-727-0973, Kyle Thompson

Medical History and Information

Present Health Condition: __Poor __Fair __Good __Excellent

Allergies/Medical Concerns ?

_____

_____

_____

Current and previous physical activities and sports participating in:

_____

_____

_____

Other notes or considerations the coach should be aware of ?

_____

Athletic comfortable attire and proper footwear is required for safety purposes.

-Jeans, Dresses, Skirts,or Sandals/Flip Flops or Open toed shoes are NOT ALLOWED.

-Athletic Tee, Bike Shorts/Leggings, Running shoes, Tennis shoes and Cheer shoes are ALLOWED

☐ **My daughter has the appropriate attire and will be wearing what is needed in order to safely participate.**

☐ **My daughter will purchase a Cheer pack including**
-1 Personalized Black T-shirt
- 1 Personalized Black Tank Top
with
-FIRST name across the BACK
- Choice of CHEER or GYMNAST across the FRONT

NAME _____ **SIZE** _____ ☐ **CHEER** ☐ **GYMNAST**

Signed by Parent/Guardian:

_____

Date: _____

(424)431-1241

KTdanceproductions@gmail.com