



FYFL/FYCL CHEER CLINIC



REGISTRATION FORM GREEN VALLEY PARK

**\$10 Drop in
\$20/ week(3 days)
\$50 / Month
Or
\$100 for June and July**

ATHLETE INFORMATION

NAME _____
ADDRESS _____
DATE OF BIRTH _____ AGE _____ HEIGHT _____ WEIGHT _____

PARENT OR GUARDIAN INFORMATION

PARENT OR GUARDIAN NAME _____ PHONE NUMBER _____

MEDICAL AND INSURANCE INFORMATION

KNOWN ALLERGIES _____

CURRENT MEDICATIONS _____

PREVIOUS INJURIES _____

HEALTH INSURANCE PROVIDER _____

HEALTH INSURANCE POLICY NUMBER _____

EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT NAME _____

PHONE NUMBER _____

RELATIONSHIP _____

PAYMENT INFORMATION

COST \$

CIRCLE - CASH CHECK CARD VENMO

RECIPT # _____

ACKNOWLEDGMENT, LIABILITY WAIVER & CONSENT

I, the undersigned parent/guardian of the above camper, do hereby grant the authority to the staff of FYFL/FYCL to apply judgment regarding medical assistance in the event of an accident, injury, or illness if they are unable to contact the parent or guardian. I authorize first aid, a medical or surgical diagnosis and treatment which may deem necessary.

I, the undersigned, release FYFL/FYCL and any of its coaches, staff, manager, and/or any parent for any responsibility in case of accident, illness, or injury during my child's enrollment.

I confirm that the information given in this form is true, complete and accurate. I have read, understand and agree to all statements on this form.

PARENT OR GUARDIAN NAME _____

PARENT OR GUARDIAN SIGNATURE _____

DATE _____

Bring completed form to first clinic or fill out the day of. One form may be used for all clinic dates.

