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| ZACHARY CHEER ACADEMY REC | | | | | | | | | | | | | | | | | |
| **ZCA Annual Registration Form** | | | | | | | | | | | | | | | | | |
| **Athlete’s Name** | | | | | |  | | | | | | | **Athlete’s Cell Phone:** | | | | |
| **D.O.B.** | | | |  | | | | | | **Age:** | | | | | **School Grade:** | | |
| **Home Address** | |  | | | | | | | | | | | | | | | |
| **Billing Address** | |  | | | | | | | | | | | | | | | |
| **Athlete Gender** | | **MALE** | | | | | | | **FEMALE** | | | | | | | | |
| **Mothers Name** | | | |  | | | | | | **Mother’s Cell** | | | | |  | | |
| **Fathers Name** | | | |  | | | | | | **Father’s Cell** | | | | |  | | |
| **Email Address** | |  | | | | | | | | | | | | | | | |
| **EMERGENCY Contact** | |  | | | | | | | | | | | | | | | |
| **Medical Conditions/ Allergies** | |  | | | | | | | | | | | | | | | |
| **Insurance Information**  **PLEASE PROVIDE COPY OF CARD** | | | **Company** | | | | **Name of Insured** | | | | | **Group Number** | | | | **Policy Number** | |
| **Do you participate in any extra-circular activities?** | | YES  If yes, please list conflicting dates?  If you participate in school cheer, will you be competing? | | | | | | | NO | | | | | | | | |
| **Current level of tumbling:** | 1 | | | | 2 | | | 3 | | | 4 | | | 5 | | | 6 |

PRICE: $150/MONTH

STRETCH CLASS FREE FOR ALL CHEER TEAM ATHLETES