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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?** | YESIf 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