

Belvidere Braves Cheerleading Registration K-8

I hereby give permission for _____ to participate in the above sport. I understand that I am responsible for his/her transportation to all practices and competitive events. I understand that all insurance claims will be presented to my own insurance carrier first and to Belvidere Wrestling/Cheerleading second. I have or will sign all conduct forms and waivers, located on the Belvidere Braves Wrestling website at <https://belviderebraveswrestling.com/forms>. Cheerleading and Wrestling forms are the same.

Please Print Child's Name: _____
Date of Birth: _____ Age: _____
Grade: _____ School/Municipality _____
Parent/Guardian #1 Name _____
Address(Email): _____
Address(Home): _____
Phone: _____ Cell: _____ (text? Yes/no)
Parent/Guardian #2 Name _____
Address(Email): _____
Address(Home): _____
Phone: _____ Cell: _____ (text? Yes/no)
Emergency Contact Person: _____ Emergency Contact Phone: _____
Please list Medical Conditions/Allergies/Medications Relevant to Participation: _____
Parent/Guardian Signature _____ Date _____

By Signing above, I hereby attest that we reside in a sending district of Belvidere High School. Checks can be made to Belvidere Braves Wrestling or paid online at our website belviderebraveswrestling.com. Please contact Coach Justin Lutz (908-477-0116) with any questions you may have. Please email completed form to belviderebraveswrestling@yahoo.com.

Checklist for Registration:

1. Email Registration form to belviderebraveswrestling@yahoo.com
2. Write Check to Belvidere Braves Wrestling or pay online at belviderebraveswrestling.com via venmo. Fee is \$65.
3. Email all forms located at <https://belviderebraveswrestling.com/forms>.