

Registration Form

**Stingray
Sports Center**



- Allstar Cheerleading
- Tumbling Class
- Trampoline & Tumbling
- Outside Cheer Team

Class \$ _____ Annual Reg Fee \$ _____

Day (Circle One) Time: _____

M T W Th

CLASS:

Trial Date: _____

Participant Information

Student Name _____ Home Number: _____

Address _____

City, State Zip _____

Age _____ DOB _____ Gender (Circle One) **M F**

Parent/Guardian Information

Mother's Name _____

Work Telephone _____

Email Address _____

Cellular Phone _____

Father's Name _____

Work Telephone _____

Email Address _____

Cellular Phone _____

Emergency Contact _____

Relationship _____

Telephone Number _____

Medical Information

Primary Care Physician _____

Telephone Number: _____

Insurance Carrier _____

Policy Number: _____

Allergies _____

List all previous injuries and/or physical limitation(s) _____

List all current medications: _____

Authorization

Video and Photography Release. I understand that my child's photograph/video may be taken during the course of class instruction or during a special event. I hereby grant my permission for the resulting video and /or photograph to be used for any and all publicity and printing purposes

Notice of Termination: I understand that Stingray Sports Center Programs requires written notice by the 15th of the month prior to terminating a monthly class. One class attended for any month constitutes ownership of that class spot for the entire month.

I understand that in any activity the potential exists for injury, minimal to catastrophic.. Stingray Sports Center, it's employees agents, officers and directors shall not be responsible for losses and damage associated with participation in any activity, exhibition, competition, recital or clinic or travel to or from any event in which the above named is involved. I hereby release Stingray Sports Center staff to render first aid in the event of any injury or illness, to see medical assistance if deemed necessary and to transport to a medical facility or to call an ambulance.

Parents Signature _____

Date: _____

Method of Payment

Check Number: _____ Cash: _____ Credit Card _____ MC Visa AMEX Other