



Camp Registration Form

Cheerleader's Name:

Age: _____ D.O.B. : _____ Male / Female (circle one)

Home Address:

Cheerleader Cell:

Home Phone:

Parents Information:

Mother's Name: _____ Cell Phone: _____

Father's Name: _____ Cell Phone: _____

Best Email Address for Updates:

Emergency Contact Information:

Name: _____ Phone 1: _____ Phone 2: _____

Medical Insurance Information:

Company: _____ Beneficiary: _____

Group #: _____ Policy #: _____

Family Doctor: _____ Phone #: _____

Reactions to Medications: _____

Circle Form of Payment

Check Enclosed Cash Enclosed

Total: \$100.00