

Steel City All-Stars Registration Form
(PLEASE complete all information and PRINT clearly)

Cheerleader's Name: _____

Parents Name: _____

Home Phone Number: _____

Parent Cell Phone Number: _____

Athlete Cell Phone Number: _____

Street Address: _____ City: _____ Zip: _____

Age: _____ (as of August 31, 2010) DOB: _____

Parent's e-mail address(s) : _____

Athlete's e-mail address: _____

Any medical conditions: _____

Any allergies or medication taken: _____

Emergency Contact: 1 _____ Phone# _____

2 _____ Phone# _____

Please indicate below as appropriate: (AN ANSWER IS NEEDED ON BOTH QUESTIONS)

My athlete is interested in cross teaming (competing on more than 1 all star cheer team) A primary team will be assigned. The athlete does not get to choose between participation on either team.

YES _____

NO _____

Steel City All Stars WILL travel to 3 away competitions. We will have 1 or 2 teams that will be traveling to 4 or 5 away competitions. Are you willing or wishing to participate in a team that will be traveling to the extra competitions (4 or 5 total)?

YES _____

NO _____