

Steel City All-Stars Registration Form

Cheerleader's Name: _____

Phone Number: _____

Cell Phone Number: _____

Address: _____

Age: _____ DOB: _____

Parent's e-mail address: _____

Athlete's e-mail address: _____

Insurance carrier: _____ Policy holder: _____

Policy #: _____

Any medical conditions: _____

Any allergies or medication taken: _____

Emergency Contact: 1 _____ Phone# _____
2 _____

As a member and representative of Steel City All-Stars, I understand all of the rules and regulations presented to me in this packet regarding my behavior and responsibilities. I know I am accountable for abiding by them. I will therefore always try to present myself in the best interest of my team and the gym. I understand it is important to be honest and respect all team members, coaches, and parents at all times. I accept responsibility for my actions and realize that my actions will reflect upon my current position as an SCA team member.

I have read the team manual and understand the financial and time commitment involved in being part of SCA competitive team. I agree to abide by the program guidelines.

Athlete's signature _____ Date _____

Parent's signature _____ Date _____

Please list if you wish to be a part of the boosters and if you would like to be a board member.

Name- _____

Position- _____

Please list if you would like to be a team parent.

Name- _____

