



# Ben-Gal Cheerleader Program

## 2011 Junior Cheer Registration Form

Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Dress Size \_\_\_\_\_

T-Shirt Size \_\_\_\_\_

Parent/Guardian Name:

\_\_\_\_\_

Home Phone \_\_\_\_\_

Mom's Work \_\_\_\_\_ (Cell) \_\_\_\_\_

Dad's Work \_\_\_\_\_ (Cell) \_\_\_\_\_

Mandatory Email Address \_\_\_\_\_

(Communication will be by email)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City, State, Zip Code)

### Program Fee:

\$485 Due by September 10, 2011 \*\*No Refunds after this date\*\*

Make Checks Payable to: *1 Cheer* and Mail to:

Charlotte Jacobs, Cheerleader Director

Cincinnati Ben-Gals

One Paul Brown Stadium

Cincinnati, Ohio 45202





# Ben-Gal Cheerleader Program

## Cincinnati Ben-Gals Junior Cheer Program

Medical Release Form

**\*\*THIS FORM MUST BE SIGNED AND PROVIDED TO JULIE RALEIGH BEN-GALS JUNIOR CHEERLEADER COORDINATOR PRIOR TO PARTICIPATION\*\***

NAME \_\_\_\_\_ DATE \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

ANY ALLERGIES TO MEDICINE? IF SO, PLEASE LIST

\_\_\_\_\_

LIST ANY CONDITIONS THAT INSTRUCTORS OR STAFF SHOULD BE AWARE OF:

\_\_\_\_\_

### CONTACTS FOR MEDICAL EMERGENCY

NAME \_\_\_\_\_ TEL# \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

NAME \_\_\_\_\_ TEL# \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

INSURANCE COVERAGE FOR INJURY IS REQUIRED BY ALL PARTICIPANTS. I HEREBY AUTHORIZE ANY MEDICAL TREATMENT WHICH MAY BE ADVISED OR RECOMMENDED.

YES, I HAVE THE REQUIRED INSURANCE

\_\_\_\_\_ (check for YES)

INSURANCE COMPANY \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_

SIGNATURE \_\_\_\_\_



\*\*