

Greater Hartford Cheer LLC Participant Registration Form

ALL PARTICIPANT MUST HAVE THIS FORM FILLED OUT AND COMPLETED PRIOR TO PARTICIPATION AT ANY CHEER CLASS/ CAMP/CLINIC/ PRIVATE LESSONS

PARTICIPANTS NAME _____ DATE _____

AGE _____ DOB _____ GRADE _____ SCHOOL _____

PARENT/GUARDIAN NAME _____

ADDRESS _____ CITY _____

STATE/ZIP _____ EMAIL _____

PRIMARY PHONE _____

EMERGENCY CONTACT (Someone other than parent/guardian listed above)

NAME _____ RELATIONSHIP _____ PHONE _____

MEDICAL INFORMATION

NAME OF INSURED _____

PRIMARY PHYSICIAN _____ PHONE _____

PRIMARY INSURANCE _____ POLICY/GROUP# _____

ALLERGIES _____

SELF ADMINSTERED MEDICATION:: _____

ARE THERE ANY PRE EXISTING SPORTS RELATED INGURIES WE SHOULD BE AWARE OF? (IF YES PLEASE

EXPLAIN) _____

IS THERE ANYTHING PERTAINING TO YOUR/YOUR CHILD'S HEALTH WE SHOULD KNOW?

WHICH HOSPITAL WOULD YOU LIKE YOUR CHILD TRANSPORTED TO IF THERE IS A MAJOR INJURY/EMERGENCY _____ . * Greater

Hartford Cheer LLC will not administer any medication to any participants. *Protocol for our facility with major injury, is 911 and then call parent/guardian or named person above*

OFFICE USE ONLY

TEAM/CLASS/CAMP/NAME: _____ DATE REGISTERED: _____ SESSION COST\$ _____ PAID IN FULL _____ PAYMENT METHOD _____

GREATER HARTFORD CHEER LLC CT HART CHEER