

WARRIOR ATHLETICS REGISTRATION

Family Name: _____

Parent/Guardian

Contact #1: First Name: _____ Last Name: _____

Relationship: _____ Home#: _____ Cell# _____

Work#: _____ Email: _____

Contact #2: First Name: _____ Last Name: _____

Relationship: _____ Home#: _____ Cell# _____

Work#: _____ Email: _____

Athlete Information

First Name: _____ Last Name: _____

Gender: Male/Female Birth Date: ___/___/___

Athlete Email: _____

School: _____ Grade: _____

Class 1: _____

Class Name Day Time

Class 2: _____

Class Name Day Time

EMERGENCY AND MEDICAL PERMISSION FORM

ATHLETE NAME: _____ BIRTH DATE: _____

HOME ADDRESS: _____ ZIP CODE: _____

HOME PHONE: _____ ATHLETE CELL: _____

FATHERS NAME: _____ PHONE: _____

MOTHERS NAME: _____ PHONE: _____

EMERGENCY CONTACT: _____ PHONE: _____

FAMILY PHYSICIAN: _____ PHONE: _____

FAMILY DENTIST: _____ PHONE: _____

PREDERRED HOSPITAL: _____

IN AN EMERGENCY, WOULD YOU GIVE PERMISSION FOR WARRIOR ATHLETICS TO TAKE YOUR CHILD TO THE NEAREST HOSPITAL, DOCTOR, DENTIST?

YES _____ NO _____

SPECIAL MEDICAL PROBLEMS AND/OR INSTRUCTORS

** DUE TO THE PHYSICAL NATURE OF CHEERLEADING AND TUMBLING, I DO REALIZE AN INJURY COULD OCCUR DURING CLASS. I DO ASUME MEDICAL RESPONSIBILITY FOR MYSELF OR MY CHILD.

SIGNATURE: _____ DATE: _____