

OFFICE USE ONLY: 3rd Base Flyer	TEAM PLACEMENT:
Athlete Height (with shoes):	Athlete Height Extension:



2018 – 2019 Athlete Information



Athlete Full Name:					
Date of Birth (mm/dd/yy): / /			Age on August 31, 2018:		
Health #:			Athlete Cell:		
Medical Information: (please list known medical conditions or allergies):					
School:			Grade in Fall:		
Athlete Preferred Placement: (please circle all that apply) <small>*flyer must provide photos of air positions: arabesque; heel stretch; scorpion; bow & arrow</small>			Third	Base	Flyer*
Circle your age group(s):	Senior (age 12-18)	Junior (age 11-14)	Youth (age 8-11)	Mini (age 5-8)	

Parents/Guardians Information: Please provide Primary and Secondary contact				
Primary Contact (first and last name):				
Relationship to Child:			Preferred Phone #:	
Primary Email:				
Secondary Contact (first and last name):				
Relationship to Child:			Preferred Phone #:	
Mailing address:				
Emergency Contact Name & Cell Phone Number <small>(will only be used if Primary and Secondary Contacts cannot be reached).</small>				

How did you hear about our program: _____

PLEASE TURN OVER

Waiver and Rules and Regulations agreement

I, the undersigned parent/guardian do hereby grant permission for my son/daughter to train at Airbourne Cheer Athletics at Weyburn Gymnastics Club. I acknowledge, understand and agree that by participating in cheerleading/training, there is a possibility of physical injury/illness and that my son/daughter is assuming risk of such injury/illness by his/her participation. In order that my son/daughter may receive the necessary medical treatment in the event of injury/illness, I hereby authorize the coaches and staff of Airbourne Cheer Athletics and/or Weyburn Gymnastics Club to facilitate medical treatment for my son/daughter for such injury/illness sustained during time in the gym or related gym events including but not limited to practices, camps, and/or competitions. We also waive and absolve Airbourne Cheer Athletics and/or Weyburn Gymnastics Club, the coaches, advisors, sponsors, parent volunteers, the staff and/or volunteers of any of the venues in which we practice or perform any and all liability and responsibility for said injury/illness. I authorize Airbourne Cheer Athletics and/or Weyburn Gymnastics Club to use photographs and/or video recordings taken of me/my child at any cheerleading event for promotional purposes. The mediums may include website, Facebook page, newspaper articles, and/or press releases.

Parent/Guardian Signature: _____ **Date:** _____

FOR OFFICE USE ONLY:

Registration Fee Amount: \$ _____ Staff Initials: _____

Payment Method: Cash / Cheque # _____ Checked by: _____

Registered in Database Staff Initials: _____ Checked by : _____

Cheer Placement Checklists Tumbling: _____ Stunting: _____

Staff Recommendation: _____

Team Placement Notification by Phone done by: Staff initials: _____

NOTES: