



REGISTRATION FORM September 2007-September 2008

(THIS FORM MUST BE FILLED OUT COMPLETELY - PLEASE PRINT)

DATE OF REGISTRATION _____

ATHLETE INFORMATION

Athlete's Name _____ Date of Birth _____ CURRENT AGE _____

Athlete's Address _____ City _____ State _____ Zip _____

Athlete's Home Phone # _____ Athlete's Cell Phone # _____

School District _____ Current Grade _____ Athlete's E-mail _____

PARENT/GUARDIAN INFORMATION

Parent Name _____ Parent Email _____

Parent Address (if different) _____ City _____ State _____ Zip _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

EMERGENCY CONTACT INFORMATION

Emergency Contact _____ Relationship to Athlete _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

MEDICAL INFORMATION

Insurance Company _____ Policy # _____

Allergies/Medical Conditions _____

I, the undersigned Parent/Guardian do hereby give consent for the above athlete to participate in the training and activities held at Long Island Cheer, Inc.. I have completely filled out this form in its entirety and attest that all information given is factual

INITIALS _____

Signature of Parent/Guardian

Date

BILLING INFORMATION - (MUST BE FILLED OUT COMPLETELY PRIOR TO PARTICIPATION)

CREDIT CARD INFORMATION:

AMEX VISA MC # _____ EXP DATE ____/____/____

CID# _____ Name (exactly how it appears) on CARD _____

Billing ADDRESS: CHECK HERE IF SAME AS ABOVE

Billing Address _____ City _____ State _____ Zip _____

Billing Email _____

DRIVERS LICENSE # _____ - _____ - _____ STATE _____

I agree to pay the total amount as concluded at registration according to the LI Cheer policy agreement. I hereby authorize LI Cheer, Inc. to charge the above credit card for any outstanding amount owed. I agree to be bound to LI Cheer, Inc.'s terms of use and LI Cheer, Inc.'s instructions for the necessary transaction(s), and agree to follow the instructions for the return of any merchandise. I also agree that I am responsible for 100% of the fee in the event the transaction is cancelled, late or the merchandise is returned.

INITIALS _____

Signature of Parent/Guardian

Date