Steel City All-Stars Registration Form

(PLEASE complete all information and PRINT clearly)

Cheerleader's Name:		
Parents Name:		
Home Phone Number:		
Parent Cell Phone Number:		
Athlete Cell Phone Number:		
Street Address:	City:	Zip:
Age: (as of August 31, 2012) DOB:		
Parent's e-mail address(s) :		
Athlete's e-mail address:		
Any medical conditions:		
Any allergies or medication taken:		
Emergency Contact: 1	Phone#	
2	Phone#	

Please indicate below as appropriate: (AN ANSWER IS NEEDED ON BOTH QUESTIONS)

My athlete is interested in cross teaming (competing on more than 1 all star cheer team) A primary team will be assigned. The athlete does not get to choose between participation on either team.

YES _____ NO _____

PLEASE SELECT ONE:

_____ My athlete will be competing on full year travel team(s) – which will mean participation in 3 - 4 travel competitions.

_____ My athlete will be competing on full year limited-travel team(s) – with 1 away competition at the end of the season.