



# 2019 REGISTRATION FORM

Participant Name

Age at Time of Registration Birth Date

Grade at Time of Registration School

Participant Address Street City Zip

Primary Contact Relationship

Employer Cell Phone

E-Mail Address Addt'l Phone

Secondary Contact Relationship

Employer Cell Phone

E-Mail Address Addt'l Phone

OPTIONAL: Additional Contact Relationship

E-Mail Address Cell Phone

**MEDICATION & MEDICAL RESTRICTIONS:**  
Periodically, children request medication. We will provide adult and child strength Ibuprofen, adult and child strength Acetaminophen, Cough Drops, Tums and Benadryl based on suggested packaging dosage without contacting you if your child is age 9 or older upon request from the child. If you know of allergies to any of these medications, or are aware of any concerning medical issues limiting participation in cheer or tumbling activities, please note such restrictions here:

Registration is not complete and not accepted unless and until Participant and all parents/guardians of a Minor Participant read, understand, and sign the Indiana Elite™ Acceptance of Risk Waiver & Release of Liability. Registration fee is never prorated and is due at registration and every May thereafter. Updated registration forms will be required every May as well.

SIGNATURE OF PARENT OR LEGAL GUARDIAN DATE

For office use only

EVAL: \_\_\_\_\_ CLASS/TEAM: \_\_\_\_\_ START DATE: \_\_\_\_\_

PYMT: \_\_\_\_\_ JR: \_\_\_\_\_ MKTG: \_\_\_\_\_ QB: \_\_\_\_\_

