



**X-Cel Athletics Cheer and Tumble Academy, LLC Registration Form, home of Step 1 Allstars North 2016-2017**

Athlete's Last Name: \_\_\_\_\_ Gender: \_\_\_\_\_

First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (mm/dd/yy)

Athlete age on 8/31/2016 \_\_\_\_\_ School Grade \_\_\_\_\_ (for 2016/2017 year)

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Parents/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Email address of those receiving emails (multiple if needed)

Athlete Cell phone # ( ) \_\_\_\_\_

Father's Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Do all parties accept text messaging? Yes No

Emergency Contact if parent cannot be reached \_\_\_\_\_

Home \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship to Athlete: \_\_\_\_\_

Preferred Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Preferred Dentist \_\_\_\_\_ Phone Number \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Phone Number \_\_\_\_\_

Insurance: \_\_\_\_\_ Policy Number \_\_\_\_\_

Please continue on next page.

Please check any that are applicable. Medical History:

Condition	Explanation /Date Occurred	Medications Taking
Fractured/Broken Bones		
Asthma		
Diabetes		
Hemophilia		
Hyperactivity		
Allergies		
Any other Condition we should be aware of		

How did you hear about our program? \_\_\_\_\_

I/We attest that the above statements are true to the best of our knowledge

\_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian                      Parent/Guardian

\*Each Member must pay a yearly registration fee of \$38 \_\_\_\_\_ Date \_\_\_\_\_

(office note:- Full Season athletes registration fee is included in monthly fees)