Pre-registration Form – 2016-2017



РНОТО

Athlete Identification:

Date:

Last Name:First Name:	
Gender: □ M □ F	Perincular
Date of Birth :/ Place of Birth:	
Address:	
PostcodeCity:	
Phone Number:	
Email:	
For minors : Information on parent/guardian:	
Last Name:First Name:	
Address (if different):	
Phone Number:	
Email (Used to communicate with UCA):	
I authorise/ I do not authorise my child to go home from practice unaccompanied (Delete as appropriate)	
Emmergency Contact:	
Name: Relationship to Athlete:	
Phone Number:	
I, the undersigned,As parent/guardian:	
- Give permission, in case of emergency, to Ultimate Cheer All-Stars to make all necessary decisions concerning the welfare of my child.	
- Release Ultimate Cheer All-Stars of all liabilities due to an injury.	
- Give permission for the production, reproduction and use of photography of myself/my child for all UCA publications.	d

Signature :