



## REGISTRATION 2020/2021

Athlete  
Name \_\_\_\_\_

Age on Dec/31/2020 - \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Cell \_\_\_\_\_

Email \_\_\_\_\_

Allergies/Injuries \_\_\_\_\_

### I am Registering for

Competitive (June 2019-May 2020)

All star Prep Team (Sept 2019 – May 2020)

Tumbling 10 week session (Fall, Winter, Spring)

Crossover (2 Competitive teams)

Attending Travel Team tryouts

**Years Experience in Cheer/Gymnastics?** \_\_\_\_\_

**How did you hear about us?** FACEBOOK  WEBSITE  FRIEND

Referred by (athlete name) :

Office Use Only:

Payment plan on account: Y/N

IClass pro Account set up: Y/N