

Bridgetown Youth Cheerleading Association - 2010 Registration Form

CHILD'S INFORMATION

Name (First, Middle, Last):		
Home Address (Street, City, Zip):		
Home Phone:		Date of Birth:
School Grade as of Sept 1:	School Attending:	District:

MOTHER/GUARDIAN INFORMATION

Name (First, Middle, Last):		
Home Address (Street, City, Zip):		
Home Phone:	Work Phone:	Cell Phone:
Email:	Relationship to Child:	

FATHER/GUARDIAN INFORMATION

Name (First, Middle, Last):		
Home Address (Street, City, Zip):		
Home Phone:	Work Phone:	Cell Phone:
Email:	Relationship to Child:	

OTHER CHEERLEADER(S) IN BYCA/FOOTBALL PLAYER(S) IN OHLH

Name/Grade/Team:

MEDICAL INFORMATION

Does Your child have any of the following:
<input type="checkbox"/> Asthma <input type="checkbox"/> Seizures <input type="checkbox"/> Heart Disorder <input type="checkbox"/> Food Allergies <input type="checkbox"/> Bee Sting Allergy <input type="checkbox"/> Medicine Allergies
If yes, please explain:
Anything else we should know concerning your child's medical history or current health?

FOR BYCA USE ONLY

Date of Registration:	Amount Paid:	Receipt Number:
Grade:	Coach:	
<input type="checkbox"/> Football Squad Only	<input type="checkbox"/> Football and Competition Squad	