

SOUTH FLORIDA ATHLETIC CLUB

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Mctyre Park
3501 SW 56th Avenue
Pembroke Park, Florida 33023
(954) 274-7803

Name _____ Date of Birth _____ Age _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell _____

Name of Child's School _____

Parent's (Guardian) Name _____

Work Phone _____ Other Phone _____

Emergency Contact _____ Phone _____

Family Doctor _____ Phone _____

Allergies or Pre-existing Medical Condition and/or Medications taken (Asthma, Heat Conditions, etc.) _____

1. I, undersigned parent/guardian understand and agree that, South Florida Athletic Club is a non-profit organization, which provides children a fair and safe environment.
2. To ensure a quality program and experience parent participation is much appreciated.
3. I parent/guardian grant permission for my child to be photographed. _____
4. I must provide an authentic copy of my child's birth certificate and a medical examination form. _____
5. **No REFUNDS** will be issued after the first Game.
6. Fee of \$200.00. **Personal Checks, Cash or, Money Order is accepted.** There will be a \$25.00 charge for returned checks.

PARENT/GUARDIAN SIGNATURE

DATE