

## BSBC REGISTRATION FORM

MY DAUGHTER/SON \_\_\_\_\_ HAS MY PERMISSION TO PARTICIPATE IN THE BARNSTABLE SILVER BULLET CHEERLEADERS. I UNDERSTAND, LIKE ALL SPORTS, THAT CHEERLEADING CAN CAUSE ACCIDENTAL INJURIES AND THAT THE CHEERLEADERS WILL BE DOING SOME STUNTS AND GYMNASTICS. I AM ALLOWING MY SON/DAUGHTER TO PARTICIPATE AT HIS/HER OWN RISK.

PLEASE PRINT CLEARLY

CHILD'S NAME \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ GRADE IN SEPTEMBER 2009 \_\_\_\_\_  
PARENT'S NAME \_\_\_\_\_ PHONE # \_\_\_\_\_  
SIGNED \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
TOWN \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
FAMILY PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_  
MEDICAL INS. CO. \_\_\_\_\_ POLICY # \_\_\_\_\_  
ALLERGIES \_\_\_\_\_  
MEDICATIONS CURRENTLY BEING TAKEN \_\_\_\_\_  
CONTACT, IN CASE OF EMERGENCY \_\_\_\_\_  
PHONE # \_\_\_\_\_ # YEARS IN PROGRAM \_\_\_\_\_

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ADMINISTRATIVE USE ONLY:

Participate /Con.     Registration Con.     Stunt     Emerg.     Code Conduct  
Registration \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_