



Ultimate Cheer Registration Form

Athlete Information:

Name: _____ Date of Birth: _____ (dd/mm/yyyy)

Address: _____
No. Street City Postal Code

Phone: _____
(home) (mobile)

e-mail: _____

Emergency Contact Person Information:

Contact Name: _____ Relationship: _____

Address (if different): _____
No. Street City Postal Code

Phone: _____
(home) (mobile)

Class Name:

Season: Please circle

Spring (Jan –May) **Summer** (Jun – Aug) **Fall** (Sept –Dec)

Class Day(s): Please circle

Mon Tues Wed Thurs Fri Sat Sun

Sizing:

_____ t-shirt _____ shorts

UCC Member? Yes / No

New Membership Fee: _____

Class Cost: _____

Sub-total: _____

GST (5%): _____

TOTAL: _____

PAYMENT OPTIONS:

Cash Cheque – number _____ Debit Card

Credit Card: Visa / Master Card (circle one please) Card No.: _____ Exp. ___/___

 Name on Card: _____ Signature: _____

FOR OFFICE USE ONLY:

Waiver Form on File

Shorts/T-shirt received

Receipt Issued (Receipt No. _____) Initials: _____