

2010-2011

Competitive Team Registration Form



**Athlete Info:**

Name \_\_\_\_\_ Age \_\_\_\_ D-O-B (dd/mm/yyyy) \_\_\_\_\_ Gender \_\_\_\_\_

**(Only complete the following information if it has changed or if you are New to UCCD)**

Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Health Card Number \_\_\_\_\_

**Parent Info: (if under 18)**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Are you registering for the Ultimate STAR program? \_\_\_\_\_ (Optional, \$75 per month)

**Team Tryout Info:**

Have you had prior cheerleading experience? \_\_\_\_\_ How many years have you been at UCCD? \_\_\_\_\_

If new to UCCD, how did you hear about UCCD? \_\_\_\_\_ Who referred you? \_\_\_\_\_

**Checklist:**

\_\_\_\_ Account Up To Date

Notes:

\_\_\_\_ Waiver on File

\_\_\_\_ Registration Fee

Amount: \_\_\_\_\_ Method of Payment: \_\_\_\_\_

\_\_\_\_ Fee Agreement Form

**\$125 at tryouts. \$150 June – August. \$200 September - May**

\_\_\_\_ Pre-Authorized Payment Form/Paid in Full

Notes:

\_\_\_\_ Choreography Fee

Amount: \$100 Method of Payment: \_\_\_\_\_

\_\_\_\_ Camp Fees

Amount: \$75 Method of Payment: \_\_\_\_\_

Office Use Only:

Date Form Received \_\_\_\_\_ Received By \_\_\_\_\_

Skill Evaluation By: \_\_\_\_\_

Skill Level: \_\_\_\_\_

Tumbling Skills: \_\_\_\_\_

Suggested Team: \_\_\_\_\_

\_\_\_\_\_