

Cheer Fusion, Inc. Registration Form

Registration Date: _____ Registered Service(s): Class Team Private Lessons

Family Name: _____ (the Family Name is used to group & identify related participants for billing and communication purposes)

Participant Name: (first) _____ (last) _____ Birth Date/Age: _____ / _____

Participant Name: (first) _____ (last) _____ Birth Date/Age: _____ / _____

Participant Name: (first) _____ (last) _____ Birth Date/Age: _____ / _____

Contact/Address Information

Relation:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Guardian		
Name:	_____	Home Phone: () _____	Cell Phone: () _____
Address:	_____	City: _____	Zip: _____
*Mail Bills to this Address: <input type="checkbox"/> **Send Information to this Email: _____			
Relation:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Guardian		
Name:	_____	Home Phone (if different from above): () _____	Cell Phone: () _____
Address (if different from above):	_____	City: _____	Zip: _____
*Mail Bills to this Address: <input type="checkbox"/> **Send Information to this Email: _____			
Relation:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Guardian		
Name:	_____	Home Phone (if different from above): () _____	Cell Phone: () _____
Address (if different from above):	_____	City: _____	Zip: _____
*Mail Bills to this Address: <input type="checkbox"/> **Send Information to this Email: _____			

*Check the box if the contact is responsible for payment of services and should receive bills regarding same. **Please note at least one billing address must be specified.**

Important email communications regarding services specific to you will be sent to the email address provided. Email content may include schedule changes or confirmations, inclement weather notices, and announcements. If you do not want a contact to receive email communications, leave the field blank. **Please note at least one email address must be provided. We do not spam our customers.

NO, please do not include our contact information in the Team Roster distributed internally only (team members only).

Emergency Contacts (in the event of an emergency when the Parent/Guardian cannot be reached)

Name: _____ Contact Phone: () _____ Relation: _____

Name: _____ Contact Phone: () _____ Relation: _____

Medical Information (if registering more than one member, please specify who is on medication and/or has medical conditions)

Current Medications: _____

Other Medical Conditions/Food Allergies: _____

Doctor: _____ Dr. Phone: () _____

Medical/Hospital Insurance Company: _____ Insurance Phone: () _____

Policy Holder's Name: _____ Policy Number: _____