

Valor Elite All Stars – Registration Form

Athlete Name:

Date of Birth:

Age:

Gender:

School:

Grade:

Allergies/Medical Conditions:

Medications:

Parent/Guardian Name:

Phone Number:

Email Address:

Emergency Contact Name:

Emergency Contact Phone:

Program Selection:

All-Star Competitive Team

Cheer/Tumbling Classes

Private Lessons

Open Gym Access

Agreements & Waivers:

I agree to follow all gym policies.

I acknowledge the risks associated with cheer training.

Parent/Guardian Signature:

Date: