St. Benedict Cheerleading Registration Form

Player Information		Coaching Information
Name:		I am interested in helping to coach!
DOB:/		
Grade		I understand that I am responsible for logging
Age:		my 10 hours of volunteer hours in the school
7.86.		office. I have completed all required training.
Medical Conditions or medicines needed:		
		Parent Initials
Please Circle:		
Boy or Girl		
St. Benedict Student or CCD Student		
Parent Information		Payment \$100
		Returned checks will incur a \$35 fee
Parent's Name:		
Cell Phone Number:		Please Circle: Check or Cash (exact cash only)
Cent Horie Humber.		Check of Cash (Chact cash only)
Email:		I understand that, as a parent/guardian of a
Emargana, Contact		student in grades 3 or under, I am required to stay at practices & games and supervise when needed.
Emergency Contact		
Name:		Parent Initials
Cell Phone Number:		
Please Circle: Shirt Size: YS, YM, YL AS, AM, AL, AXL Skirt/Short Size: YS, YM, YL	SPACE LEFT BLANK INTENTIONALLY	Office Use Only Please do not write in this box Squad Girl or Boy Check # Cash Shirt:
AS, AM, AL, AXL		Skirt/Short: