Registration Form

Child Information

Child's Name_____ **Age**____ **Sex M F** **Birth Date** _____
Last First Circle one MM/DD/YY

Address_____
STREET NUMBER APT # CITY STATE ZIP CODE

Home Phone#_____ **Basketball**__ **Cheerleading**__ **Both**__

School_____ **Uniform Size M L XL XXL**

Emergency phone Numbers: Contact person_____**Phone#**_____

Contact person_____**Phone#**_____

Any Medical or Physical Restrictions? Yes__ **No**___ **If Yes please note**_____

Pledge: As a member of Gladiator Sports Inc., I promise to respect and obey all rules, respect all staff members and equipment as well as all fellow players of Gladiator Sports Inc.

Child's Signature:_____ **Date** _____

Parent/Guardian Information

Parent / Guardian_____ **Home / Other Phone**_____/_____

Parent / Guardian_____ **Home / Other Phone**_____/_____

Cell Phone _____ **Email**_____ **Beeper**_____

Parent/Guardian Agreement

1. I hereby certify that I am the parent or legal guardian of _____ (Child's Name) and I am authorized to execute this Registration Form on his/her behalf.
2. I hereby authorize the staff of Gladiator Sports Inc. to act in my behalf in accordance with their best judgment in case of emergency and to obtain necessary medical treatment for my child with the understanding that the family will be notified as soon as possible.
3. I hereby give my child(ren) permission to go home on their own after dismissal **or** my child(ren)

Must be picked by the following 1)_____ 2)_____

4. I agree to participate in fundraisers and raise at least $50.

Parent / Guardian Signature: _____ **Date**_____

ALL REGISTRATION FEES ARE NON-REFUNDABLE