



STUDENT INFORMATION

Today's Date: \_\_\_\_\_

Referred By: \_\_\_\_\_

Student's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail \_\_\_\_\_

Sex: M F Age \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade 2008-2009 \_\_\_\_\_

Are there any medical conditions to which we should be alerted? \_\_\_\_\_

Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

Dentist \_\_\_\_\_ Phone # \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Dad's Name \_\_\_\_\_ Place of Business/Occupation \_\_\_\_\_

Mom's Name \_\_\_\_\_ Place of Business/Occupation \_\_\_\_\_

How did you learn about Camp Cheer 2008? \_\_\_\_\_

Has this student ever been enrolled in Gymnastics or Cheerleading before? No  Yes

PAYMENT INFORMATION

Name of Person to be billed? \_\_\_\_\_ Relationship \_\_\_\_\_

Camp T-Shirt \$12.00 each..... Size \_\_\_\_\_ \$ \_\_\_\_\_

Tuition (full payment required)..... \$ \_\_\_\_\_

TOTAL ENCLOSED (payment by check is preferred)  Check # \_\_\_\_\_  Cash  Credit/Debit \$ \_\_\_\_\_