



Hawks Cheerleading Club REGISTRATION FORM

Program	
Date/Time	

PLEASE PRINT CLEARLY

Name _____	Home Phone _____
Address _____	Athlete's Cell Phone _____
_____	Birth Date _____
City _____ Postal Code _____	Age as of May 31, 2008 _____
Emergency Contact Name _____	Phone Number _____
Alternate Contact _____	Phone Number _____
School as of Sept 2008 _____	Athlete Email Address _____
Parent/Guardian's Name _____	
Home Phone _____	Cell # _____
Email _____	
Parent/Guardian's Name _____	
Home Phone _____	Cell # _____
Email _____	
Pick up instructions _____	

For Office Use ONLY

Absence Record

Date of Absence	Reason Given	Doctor's Note Rec'd		Comments (Discrepancies)
		Yes	No	
		Yes	No	
		Yes	No	
		Yes	No	
		Yes	No	
		Yes	No	
		Yes	No	
		Yes	No	

Injury Record

Date of Injury /Notification	Coach Request Doctor Referral/Note	Injury Form Completed		Occurrence /Repeated Injury									
		Yes	No	1	2	3	4	5	6	7	8	9	10
		Yes	No	1	2	3	4	5	6	7	8	9	10
		Yes	No	1	2	3	4	5	6	7	8	9	10
		Yes	No	1	2	3	4	5	6	7	8	9	10
		Yes	No	1	2	3	4	5	6	7	8	9	10
		Yes	No	1	2	3	4	5	6	7	8	9	10

Disciplinary Record

Date of Infraction	Discussion Date	Present For Discussion (List All)	Follow up Required / Comments

Program Withdrawal

Date of Removal	Removal from Program by		Reason for Removal
	Athlete / Parent	Head Coach	