

Customer Information Sheet

Take One Cheerleading Academy



How did you hear about us?

Friend Direct Mailing Newspaper Ad Other _____

Students

<u>Name</u>	<u>Birthdate</u>	<u>Age</u>	<u>Gender</u>	<u>Allergies & Medications</u>	<u>ASC</u>	<u>School</u>
_____	_____	_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	_____	_____	<input type="checkbox"/>	_____

Mother

Mother's Name _____
Home Phone

Home Address _____
Work Phone

(City, State Zip) _____
Cell Phone

(Email Address)

Father

Father's Name _____
Home Phone

Home Address _____
Work Phone

(City, State Zip) _____
Cell Phone

(Email Address)

Billing Contact

(Name) _____
(Phone)

(Address)

(City, State Zip)

(Email Address)

Emergency Contact

(Name) _____
(Phone)

(Address)

(City, State Zip)

(Email Address)

Insurance & Medical Information

Company: _____
(Doctor Name) _____
(Dentist Name) _____
(Hospital Name)

Phone: _____
(Doctor Phone) _____
(Dentist Phone) _____
(Hospital Phone)

Policy No: _____
Group No: _____

(Doctor Address) _____
(Dentist Address) _____
(Hospital Address)

I give the above named permission to participate in the program(s) of Take one Cheerleading Academy. Also, the above named child (his/her legal guardian or parent if under eighteen years of age), agrees to indemnify and hold harmless Take One Cheerleading Academy, it's offices, employees and coaches/instructors from and against all liability, claims, suits, damages, losses, and expeses, including attorney fees, threatened or incurred, and arising from the child's participation in any Take One Cheerleading Academy program, or by reason of any injury or damage to said child or to any person or property occuring during said participation, or from any cause whatsoever. I fully realize that activities at Take One Cheerleading Academy can be dangerous and could result in serious/catastrophic injury or possible death and freely assume that risk. In the event of an emergency, I give permission for Take One Cheerleading Academy to give my child simple first aid and to arrange for transportaion to a hospital and recieve emergency medical treatment.

Signature: _____

Date: _____