Please fill out this form and bring with you to team placement.

**CONTACT/GENERAL INFORMATION**

Athletes name:……………………………………………………

Athletes D.O.B:……………………………Age:………………

Address……………………………………………………………………………………………………………………………………………………........ Tel…………………………………………………..

Travel time to training ………………………………………………

Email address…………………………………………………………………………................................................

We will notify parents/cheerleaders of their new teams through email. Please ensure your email address is correct and written clearly above.

**TEAM INFORMATION**

1st Team (please circle) **CHEER DANCE**

Crossover (please circle) **CHEER DANCE NONE**

Would you like to crossover to a third team (max 3) ………………………………….

Are there any days/times you are unable to train………………………………………………………………….

……………………………………………………………………………………………………………………………………………….

**PAYMENT INFORMATION**

Please notify us how you will be paying for classes (please circle)

10 week term payment **YES NO**

Monthly standing order **YES NO**

Many Thanks Rising Stars Admin