



<u>Staff Use Only</u>
Amt. Paid _____
Date _____
Staff _____

Name of Cheerleader \_\_\_\_\_ Male/Female \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age on November 7, 2009 \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_

*List any medical conditions that we should be aware of:* \_\_\_\_\_

The undersigned parent or guardian grants permission for his/her child to participate in the Boys & Girls Club of Tipton basketball program. As a parent/guardian of a member of the Boys & Girls Club of Tipton, the undersigned agrees to abide by the parent/guardian permission/consent form on the Club membership form.

\_\_\_\_\_  
Parent/guardian Signature

\_\_\_\_\_  
Date