TEXAS ALLSTAR CHEER

(ALLSTAR CHEER & DANCE OF TEXAS, INC.)

REGISTRATION CARD

Emergency Contact and Medical Information for a Child

Child's Name

Date of Birth

M F
Sex

Parent's/Guardian's Name

Parent's/Guardian's Name

Cell Phone

Work Phone

Cell Phone

Work Phone

Address

Address

City, ST ZIP Code

City, ST ZIP Code

Additional Approved Adults to Release for Student for Pickup

Contact Name/Relationship

Primary Emergency Contact

Cell Phone

Phone

Relationship

Contact Name/Relationship

Contact Name/Relationship

Cell Phone

Cell Phone

If for some reason, someone else who is not listed above to with TAC staff in order to provide the person's name

Pick up my child, I understand that I must contact the office & speak Who shall pick up my child. I understand: _____(initial)

Medical Information

Hospital/Clinic Preference

Physician's Name

Phone Number

Insurance Company

Policy Number

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Drug Allergies/Food Allergies/Medical Conditions

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Medications