

PARTICIPANT INFORMATION

Stingray Sport Center
4680 Morton Road
Johns Creek, Ga. 30022
770-552-0700

Stingray Cheer Company
1431 Cobb Pkwy N
Marietta, Ga. 30062
678-581-9218

Stingray Brands
199 Hickory Lane
Cartersville, Ga. 30120
770-607-0750

Mother/Guardian

First: _____ Last: _____

Father/Guardian

First: _____ Last: _____

Phone Number

Mother/Guardian Cell: _____ Father/Guardian Cell: _____

Emergency Contact Name: _____ Phone Number: _____

Billing Address

Address: _____

City: _____ State: _____ Zip: _____

Email Address

Mother/Guardian: _____ Father/Guardian: _____

Participant Information

First: _____ Last: _____

Birthday: _____

Medical and Insurance Information

Medical Insurance Provider: _____ Policy No./Group No.: _____

Provider Address/City/State/Zip: _____

Provider Number: _____

Is the Participant currently being treated for any type of medical condition? YES or NO (circle one)

If "YES", please explain: _____

Is the Participant allergic to any known medications or suffer from any allergies? YES or NO (circle one)

If "YES", please explain: _____

Is the Participant currently taking ANY medications? YES or NO (circle one)

If "YES", please explain: _____

Are there any other known medical issues or conditions that we should be made aware of?

YES or NO (circle one)

If "YES", please explain: _____

Day: _____
Time: _____
Coach: _____