



ASSOCIATION STAMP

BBPW STAMP

Big Bend Pop Warner, Inc.

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**BIG BEND POP WARNER
CHEERLEADING and DANCE REGISTRATION FORM**

(ALL INFORMATION MUST BE ACCURATE & COMPLETE - PLEASE PRINT)

CHILD'S NAME: _____ HOME #: () _____
LAST MIDDLE FIRST

ADDRESS: _____ CELL#: () _____
NUMBER STREET CITY STATE ZIP

E-MAIL _____

MALE: ___ FEMALE: ___ DATE OF BIRTH: ___/___/___ PHYSICAL DATE _____

YEARS OF CHEERLEADING / DANCE: _____ SQUAD LAST YEAR: _____ AGE ON 7/31/19: _____

DIVISION PREFERRED: _____

SCHOOL IN FALL 2019: _____ GRADE IN FALL 2019: _____

HEALTH INSURANCE PROVIDER: _____ GROUP #: _____ POLICY #: _____

FATHER/GUARDIAN (include last name if different):	MOTHER/GUARDIAN (include last name if different):
NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____ <small>DOB(MM/DD) forBBPW only</small>
CITY & ZIP: _____	CITY & ZIP: _____
PHONE: _____	PHONE: _____
BUSINESS PHONE: _____	BUSINESS PHONE: _____
CELL PHONE: _____	CELL PHONE: _____
E-MAIL: _____	E-MAIL: _____
VOLUNTEER COMMITMENT: <input checked="" type="checkbox"/> Team Parent <input checked="" type="checkbox"/> Concession Stand <input type="checkbox"/> Snacks <input type="checkbox"/> Other _____	VOLUNTEER COMMITMENT: <input checked="" type="checkbox"/> Team Parent <input checked="" type="checkbox"/> Concession Stand <input type="checkbox"/> Snacks <input type="checkbox"/> Other _____

**CASH, CERTIFIED CHECK OR MONEY ORDER ACCEPTED ONLY- NO PERSONAL CHECKS
TO BE COMPLETED BY LEAGUE OFFICIALS:**

REGISTRATION DATES:

Cheerleader Registration Fee: \$125.00 or \$100.00 (sibling) Circle _____ (SIGNED BY LEAGUE OFFICIAL)

Cash _____ Check # _____ Money Order# _____ Date Paid _____ Sponsor another cheerleader/player \$ _____

PLEASE CIRCLE SIZES BELOW:

Top: **YS** **YM** **YL** **AX** **AM** **AL** **AXL** **A2XL**

Bottom: **YS** **YM** **YL** **AX** **AM** **AL** **AXL** **A2XL**

COPY OF BIRTH CERTIFICATE EQUIPMENT LIABILITY (signed) MEDICAL HISTORY/PHYSICAL FORM

PARENTAL CODE OF CONDUCT (signed) PARENTAL CONSENT (signed)