



## 2018-2019 MAX Recreational Cheerleading – Squad Selection

**EVENT INFORMATION:**

- The event will take place at 6 St. Clare Avenue, St. John's
- Co-Ed; Ages 5+
- The per-athlete cost is \$10 + HST = \$11.50

**Please select your event time:**

**Saturday, August 25, 2018**

- Tiny (Age 5-6): 9-10am
- Mini (Age 7-8): 10-11am
- Youth (Age 9-11): 11am-1pm
- Junior (Age 12-14): 2-4pm

**Sunday, August 26, 2018**

- Open (Age 15+): 7-9pm

**ATHLETE INFORMATION:**

Name \_\_\_\_\_ Birthdate (mm/dd/yyyy) \_\_\_\_\_ Age \_\_\_\_\_

Gender:  Female  Male      MCP #  On File \_\_\_\_\_

Do you have experience in the following activities (check any/all that apply):  Cheerleading  Dance  Gymnastics

Does the athlete have any medical (including food and other allergies), physical, or behavioral concerns that our staff should know about? (CONFIDENTIAL)

\_\_\_\_\_

**PARENT/GUARDIAN INFORMATION (Existing MAX Clients):**

1. Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Primary Contact # \_\_\_\_\_ Email \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Primary Contact # \_\_\_\_\_ Email \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION (New MAX Clients):**

1. Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Cell # \_\_\_\_\_ Work # \_\_\_\_\_ Home # \_\_\_\_\_

Email \_\_\_\_\_ Address \_\_\_\_\_

City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Cell # \_\_\_\_\_ Work # \_\_\_\_\_ Home # \_\_\_\_\_

Email \_\_\_\_\_ Address \_\_\_\_\_

City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Email completed form to [info@yourmax.ca](mailto:info@yourmax.ca) or deliver in person to any MAX location. For inquiries, email [info@yourmax.ca](mailto:info@yourmax.ca), call 733-7330 or visit [www.yourmax.ca](http://www.yourmax.ca).

