



2017-2018 FIERCE ATHLETE APPLICATION

Athlete's Name: _____ **Grade:** _____

Age of August 31, 2017 : _____ **How did you hear about us?** _____

DOB: _____ **E-mail:** _____

Address: _____ **Home phone:** _____

City/State/Zip: _____ **Cell:** _____

School Attending: _____ **School District:** _____

LIST ANY MEDICAL CONDITIONS: _____

If an athlete requires an inhaler or any necessary medications-Fierce must have it on hand for emergencies. If an athlete is asthmatic-he/she must have an inhaler in their possession at all times.

Mother's Name: _____

Home Phone: _____ **Cell Phone:** _____

E-mail: _____ **2nd E-mail:** _____

Address: _____

City/State/Zip: _____

Mother's Employer: _____ **Phone:** _____

Father's Name: _____

Home Phone: _____ **Cell Phone:** _____

E-mail: _____ **2nd E-mail:** _____

Address: _____

City/State/Zip: _____

Father's Employer: _____ **Phone:** _____

TUMBLING SKILLS:

STANDING TUMBLING: _____

RUNNING: _____

STUNT SKILLS:

FLYER: _____

BACK SPOT: _____

BASE: _____

APPLYING FOR: (CHECK ALL THAT APPLY)

_____ **LEVEL 1 TEAM**

_____ **LEVEL 2 TEAM**

_____ **LEVEL 3 TEAM**

_____ **LEVEL 4 AND ABOVE**

Please understand that an athlete must meet the stunt and tumble skill level to be considered for an upper level team. IF AN ATHLETE WISHES TO BE ON A HIGHER LEVEL TEAM HE/SHE WILL HAVE TO ATTEND TUMBLING CLASSES TO ATTAIN THE

OFFICE USE ONLY: APPLICANT HAS RECEIVED ,SIGNED, AND READ THE FOLLOWING:

_____ **MEDICAL WAIVER FORM**

_____ **LIABILITY RELEASE FORM**

_____ **FIERCE GYM PARENT POLICY**

_____ **FIERCE POLICY AND CONTRACT FORM**

INFORMATION HAS BEEN RECORDED:

_____ **FIERCE BOOKKEEPING SYSTEM**

_____ **FIERCE PLATFORM/E-MAIL AND ALL ATHLETE INFORMATION**

MOTHER SIGNATURE: _____ **DATE:** _____

FATHER SIGNATURE: _____ **DATE:** _____

GUARDIAN SIGNATURE: _____ **E-MAIL :** _____

ATHLETE SIGNATURE: _____ **DATE:** _____