All:

We are very excited to introduce you to New York Xtreme, Inc., a not-for-profit, tax-exempt, 501(c)(3) organization. New York Xtreme, Inc. was established to fill what we see as a void in athletic activities made available to youth living in New York City. Specifically, our goal is to create affordable and fun but challenging sports activities for girls living in the community. Involvement in competitive sports plays a key role in youth development, academic achievement and self-esteem.

2015-2016 was the inaugural season for Xtreme Stars Cheer, a competitive cheer program for girls ages 8-18. Led by their accomplished coaches, Xtreme Stars Cheer will be competing at US All Star Federation sanctioned events. Being part of a competitive cheer program not only helps these young ladies become stronger mentally, physically and emotionally, it also teaches healthy competition, teamwork, leadership and integrity, which translate into lifelong skills. A core focus of New York Xtreme, Inc. and Xtreme Stars Cheer is to help the young girls in the community achieve their full academic and athletic potential through their participation in competitive cheerleading combined with mentoring services and academic counseling.

The girls will practice approximately 6 hours a week. We practice 2 weekday evenings and Saturday mornings. Cheerleaders and parents must recognize that this is a commitment to a competition squad and dedication and dependability is key.

We are excited about this endeavor and are looking forward to this upcoming cheer season. Please feel free to contact either of us with any questions.

Sincerely,

Leigh K. Hughes and Courtney C. Phelps

Co-Directors

New York Xtreme, Inc.

NYXtremeCheer@gmail.com

646-548-5094/678-464-1001

Participant Registration Form

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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 City State Zip
Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Parent/Guardian Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Cell Phone: Mother: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A Yearly Registration/Insurance Fee of $225.00 (non-refundable) is due upon registration. I Acknowledge that I will be responsible for a monthly tuition payment due on the 1st of every month. I understand that a $10.00 **LATE FEE** will apply if payment is not received within 10 days.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Signature of Parent/ Legal Guardian or Participant Date

Participant’s Medical Information:
1. Do you have any existing medical problems: \_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_ No
If Yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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2. Do you have to use medication on a regular basis? \_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_ No
If Yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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3. Do you have any known allergies? \_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_ No
If Yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Insurance Comp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Insurance Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Medical Care Authorization:

In the event the Participant should become injured or ill while involved in an activity associated with NY Xtreme, Inc., we hereby authorize NY Xtreme, Inc., and its agents to arrange for whatever emergency care is deemed necessary and reasonable at the time, including transportation to a local Emergency Department. We also agree to be solely responsible for all expenses and costs related to such emergency treatment and agree to indemnify NY Xtreme, Inc., for any expenses or costs it may incur in such treatment.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Signature of Parent or Legal Guardian Date

Registration Requirements

All documents and forms must be completed in their entirety and submitted prior to athlete participation. No exceptions. All documents must be legible and current.

* NY Xtreme Participant Registration form\*
* NY Xtreme Athlete Information Sheet\*
* Copy of the official Birth Certificate
* Most recent Physical
* Immunization Records
* Fees Payment Schedule Agreement
* Xtreme Cheer Stars Handbook Participant Agreement

\*Registration form and Athlete Information Sheet can be submitted online at [www.leaguelineup.com/nyxtremecheer](http://www.leaguelineup.com/nyxtremecheer).