

Membership Form _____ to _____.

Cherry Bomb Brawlers Junior Roller Derby

Skater Name: _____

Number: _____ (if non, leave blank)

Legal Name:		Birthdate
Physical Address (for coach use only):		
Health Insurance (Plan Name/Number):		
Contact 1 Name:	Relationship:	Number:
Contact 2 Name:	Relationship:	Number:

Preferred Email Address: _____

Medications Currently Taking:
Food/Drug Allergies:
Serious Medical Conditions (seizures, fainting, diabetes, etc.)

By signing this, we acknowledge that we have read, understood, and agree to the following:

- 1) Cherry Bomb Brawler Basic Information
- 2) Roller Derby Waiver and Acknowledgement
- 3) Member Code of Conduct
- 4) Parent Code of Conduct
- 5) Non-Compete Clause & Video/Photo Release
- 6) Concussion Information
- 7) Are You at Risk for Injury Handouts
- 8) CBB Policies & Bylaws

Skater Signature: _____

Date: _____

Printed Name (Parent/Guardian): _____

Signature (Parent/Guardian): _____

Date: _____