

SJCS Jazzy Jags
Fall Cheer Club 2026
Registration Form

Event Address: SJCS
Contact Miss Soria at jsoria@sjcstx.net

Cheerleader Name(s):_____

Select grade(s) in 2026-2027 school year:
- ☐ 2nd
- ☐ 3rd
- ☐ 4th

Student T-shirt Size: ____ (please circle one:) CHILD or ADULT

Please indicate medical concerns or allergies on the lines below.
_____
_____

Parent Name (printed)_____
Parent email:_____ Parent phone number:_____

I understand that there needs to be at least 10 registrants for the club to take place this school year.*
- ☐ Yes

Parent Signature_____

Please complete and return this registration form, the participation waiver attached, and your $100 payment by Monday, September 28th.