

SJCS JAZZY JAGS SPRING CHEER CLUB 2026 REGISTRATION FORM

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

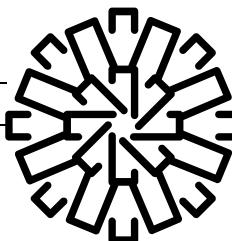
Cheerleader Name(s): _____

Select grade(s) in 2025-2026 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 \$125 payment by Wednesday, January 28th.

Please note: Spots are confirmed once all of the above forms and payment have been submitted.

