



Infinity B.O.L.D. Elites
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www.womenenuff.org

2019 – 2020 SUMMER/FALL FORMS CHECKLIST
Complete and Return

- Registration Forms
- Infinity B.O.L.D. Elites Participant Contract and Parental Consent Form
- Infinity B.O.L.D. Elites Time and Commitment Letter signed by both parent/guardian and participant
- Infinity B.O.L.D. Elites Physical Fitness and Medical History Form. Page 1 completed by parent/guardian, page 2 completed by physician.
- Payment: Season Uniform(s) Donation \$100.00 (due by August 1, 2019)

CHEER & DANCE AGE MATRIX
2019-2020 Traditional Season

DIVISION	AGES	INCLUSIVE BIRTH DATES
NEWLY B.O.L.D.	15, 16, 17	Must be this age on or before 6/24/19
TOO B.O.L.D.	18 - 21	Must be this age on or before 6/24/19

NOTE: Teams are determined by the number of participants and are on a first-come first-serve basis. Your child will be placed on the appropriate level team based on these factors.

Thank you for your interest in the 2019-2020 Infinity B.O.L.D. Elites Inside/Out Cheer and Dance Program. There will be items you will be required to purchase at the beginning of and throughout the season. In the event that there is hardship, please contact Youth Services at infinityboldelites@womenenuff.org and we will work, as best we can, on ensuring no one is left behind.

2019-2020 FAMILY CONTACT INFORMATION

The Infinity B.O.L.D. Elites utilize both website updates and a text message system to keep you up to date with important information. Practice cancellations and changes are communicated via the text message system. Please provide the following information so that we can contact you with all important communications. This information remains private for use only by the Infinity B.O.L.D. Elites organization. If you have an interest or idea on how you could help the Infinity B.O.L.D. Elites in a volunteer capacity (coach, webmaster, committee chair, etc.), please let us know.

Athlete's Name: _____ Age as of 6/24/2019: _____

Grade (Fall **2019** School Year): _____ School: _____

Athlete's Cell # (if applicable): _____

Parent's/Guardian's Name: _____

Email: _____

Cell: _____

Volunteer Interest: _____

Other Parent's/Guardian's Name: _____

Email: _____

Cell: _____

Volunteer Interest: _____

UNIFORM SIZING (Please circle)

Top Size:	YM	YL	YXL	AXS	AS	AM	AL	AXL
Bottom Size:	YM	YL	YXL	AXS	AS	AM	AL	AXL