

Attach Photo Here



Athlete Information Form

Shirt Size: YS YM YL AS AM AL AXL

Athlete Name: _____ Age: _____ Birthdate: _____

Email: _____ Cell Phone: _____

Do you have any previous cheerleading experience: YES NO

If so, where or which team/level: _____

(The following information is subjective and does not guarantee team placement)

CIRCLE AGE PREFERENCE: MINI 5-8yrs YTH 5-11yrs JR 7-14yrs SR 12-18yrs

PARENT INFORMATION:

Mother: _____ Home Phone: _____

Email: _____ Cell Phone: _____

Father: _____ Home Phone: _____

Email: _____ Cell Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact: _____

Phone: _____ Relationship: _____

Do you have any previous or current medical conditions/injuries: YES NO

Please explain: _____

Please list any existing allergies:
