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# 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: \_\_\_\_\_

TRAVEL or NON-TRAVEL (Please circle one)

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

CIRCLE AGE PREFERENCE: TINY4-7yrs MINI 7-9yrs YTH 8-12yrs JR 9-15yrs SR 13-19yrs

PARENT INFORMATION:

Parent 1: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent 2: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mailing Adress: \_\_\_\_\_

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:

\_\_\_\_\_