

CHEERLEADING INFORMATION CARDS

Cheerleader's Name: _____

DOB: _____

Address:

Parent/Guardian's Name: _____

Home Phone: _____ **Cell Phone:** _____

Email address: _____

Parent/Guardian's Name: _____

Home Phone: _____ **Cell Phone:** _____

Email address: _____

Emergency Contact: _____

Relationship: _____ **Phone:** _____

Medical Concerns/Allergies:

Any Additional Information:
