

Personal Information



Name: _____

Birthdate: _____ Age: _____

Address: _____

Cell Number: _____ E-mail: _____

School District: _____

Parent /Guardian: Name _____

Address _____

Phone number _____

Insurance Carrier: _____

The members of the cheering team are covered under the game insurance. However, in the event of an emergency this information will be needed.

Emergency Contact: Name _____

Phone Number _____

Cheer Member: _____

Medical Information: Recent Injuries _____

Recent Surgeries _____

Medications _____

Allergies _____

Other: _____

Parent Signature

Cheer Team Member Signature

Please mail this form to: Ralph DeMarco 124 Ravine Avenue Johnstown 15905