

SOUTH CENTRAL ATHLETICS



Cheer Fusion All-Star Cheerleading

2007-2008

Registration and Information Card

Cheerleader Info.

Cheerleaders Name _____

Age _____ Grade (07-08 school year) _____

Cheerleaders Birthday _____

Cell Phone (if applicable) _____

Gym / Cheer Experience

Number of year's in gymnastics: _____

Level of tumbling: beginner intermediate advanced (circle one)

Number of years cheerleading: _____

Cheerleading experience: school youth/rec. league all-star (circle one)

Parental Info.

Mother's Name _____

Father's Name _____

Address _____

Address _____

Home phone _____

Home phone _____

Employer _____

Employer _____

Work phone _____

Work phone _____

Cell phone _____

Cell phone _____

Emergency Information

Doctors name _____ Phone # _____

Health Insurance _____ Health Ins. # _____

Please list 2 emergency contacts, other than the mother and father:

Emergency Contact (1) _____ Relation _____

Phone # _____

Emergency Contact (2) _____ Relation _____

Phone # _____