

ATTACH PHOTO
HERE

ATHLETE INFORMATION FORM

Shirt Size: YXS YS YM YL YXL AXS AM AL
AXL 2XL

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 LEVEL PREFERENCE: 1 2 3 4 5 6

CIRCLE AGE PREFERENCE: Tiny (4-7) Mini (7-9) Youth (8-12) JR (9-15) SR (13-19)

PARENT INFORMATION

Parent/Guardian 1: _____ Relationship: _____

Email: _____ Cell Phone: _____

Parent/Guardian 1: _____ Relationship: _____

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: _____