

Please print the following information clearly.

Return to: \_\_\_\_\_

By: \_\_\_\_\_

Candidate for (check one): \_\_\_\_\_ Cheer

\_\_\_\_\_ Dance

\_\_\_\_\_ Other

Candidate for (check one): \_\_\_\_\_ Varsity

\_\_\_\_\_ Junior Varsity

\_\_\_\_\_ Other

## Personal Information

Name:		Phone:	
Address:			Zip:
Overall GPA:	Grade Level:	Date of Birth:	
Parent/Legal Guardian:			
Employer:		Business Phone:	

## Medical Information

Doctor:	Phone Number:
Dentist:	Phone Number:
Insurance Company:	Policy Number(s)

1. Are you allergic to any medications? \_\_\_\_\_ If so, please list: \_\_\_\_\_

2. Are you currently taking any medications? \_\_\_\_\_ if so, please list: \_\_\_\_\_

3. Are you currently being treated for any injuries? \_\_\_\_\_ If so, please list: \_\_\_\_\_

Other Information:

1. Are you currently a member of any club, organization or team requiring extra practice time?

If so, please list: \_\_\_\_\_

2. List any honors you have received in school: \_\_\_\_\_

3. Please attach a copy of your class schedule.

4. What are the dates that you will be out of town this summer?

5. Please list any obligations that may interfere with attending summer camp.