

## INFORMATION FORM

Athlete's Full Name: \_\_\_\_\_

Age as of August 31,2021: \_\_\_\_\_ Birthdate: \_\_\_\_\_

School for 2021-2022: \_\_\_\_\_

Gender: M F Grade for 2021-2022: \_\_\_\_\_

If you were referred to our gym by anyone, please list their name: \_\_\_\_\_

### **Prior Cheer Experience:**

Has your athlete had previous cheer experience? YES NO

(where): \_\_\_\_\_

Level? \_\_\_\_\_

What stunt positions has your athlete had experience in:

BASE BACKSPOT FLYER N/A

### **Parent Info**

Mother's Name: \_\_\_\_\_

Mother's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Cell: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's address: (If different from above) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's Cell: \_\_\_\_\_

Parent E-mail: \_\_\_\_\_

Alternate Emergency Contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation to child \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State: Zip: \_\_\_\_\_

**Athlete Medical Information**

Do you have any allergies?    YES    NO

If Yes, list allergy and treatment: \_\_\_\_\_

Are you currently on any medication?    YES    NO

If Yes, list medication: \_\_\_\_\_

Have you had any type of surgery in the past year?    YES    NO

If Yes, please describe: \_\_\_\_\_

Have you had any type of head injury?    YES    NO

If Yes, please describe: \_\_\_\_\_

Do you have any chronic injuries or illnesses?    YES    NO

If Yes, please describe: \_\_\_\_\_

List any other information you think we may need: (Health issues, custody issues, etc)

\_\_\_\_\_

In the event your child may need Ibuprofen or Tylenol, do we have your permission to administer such medications?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO    Preferred medication: \_\_\_\_\_

**Insurance Information**

Insurance Carrier: \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Carrier Phone Number: \_\_\_\_\_

Are there any days/times your athlete would be unable to practice weekly?

\_\_\_\_\_  
\_\_\_\_\_

Tell us a little about your athlete:

Favorite snack/candy: \_\_\_\_\_

T-Shirt Size : YXS YS YM YL AS AM AL A2X A3X