



## Competitive Season 2009-10 Registration Form

### PERSONAL INFORMATION

ATTACH PHOTO ON BACK OF FORM

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Grade School Year 2008/2009: \_\_\_\_\_ School Name: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Home Address: \_\_\_\_\_

City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Cell Phone # (Mom) \_\_\_\_\_ Cell Phone #(Dad) \_\_\_\_\_

Cheerleader Cell Phone # \_\_\_\_\_ Cheerleader e-mail: \_\_\_\_\_

Parents e-mail: (Mom) \_\_\_\_\_ (Dad) \_\_\_\_\_

Emergency Contact Name and number: \_\_\_\_\_

Years of Cheer Experience: \_\_\_\_\_ Prior Cheer Experience: \_\_\_\_\_

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

Are you currently on a squad: Yes or No (Circle One)

If so, name the squad: \_\_\_\_\_

Please circle the following skills that apply to your skill level:

Tumbling      Dance      BHS      Back Tuck      Layout      Full

From a 1 – 5, what gymnastic skill level do you rate yourself. 1 being the lowest and 5 being the highest. (Circle Only One)      1      2      3      4      5