

Student Information Sheet and Acceptance of Cheerleading Guidelines

Personal Information:

Name_____

Address_____

Parent/Guardian_____ Cell phone_____

Email address (Parent):_____

Medical Information:

Doctor_____ Phone Number: _____

Please list any allergies or other medical information that we should be aware of:

I have read and understand the Owen J Roberts Cheerleading Guidelines. I agree to follow these guidelines accordingly.

I understand the financial and time commitment that I am responsible for should I be chosen for the Owen J Roberts Cheerleading Squad.

I understand the try out process and accept decisions made by coaches

Signature_____ Date_____

Parent/Guardian Signature_____ Date_____