

Howell Competitive Cheer
Athlete Information

Name:		Date of Birth:
Street Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	
Email:		

Parent or Guardian Information

Name:		
Street Address:		
City:	State:	Zip:
Home Phone:	Work Phone:	Cell Phone:
Email:		

PLEASE COMPLETE FOR BOTH PARENTS IF APPLICABLE

Name:		
Street Address:		
City:	State:	Zip:
Home Phone:	Work Phone:	Cell:
Email:		

Emergency Contact

Name of Contact:	Relationship:	
Street Address:		
City:	State:	Zip:
Home Phone:	Work Phone:	Cell Phone:

Health Information

Allergies: (Please list all allergies, including bugs, medicine, etc.)	
Previous Injuries: (Please list all injuries and specific location)	
Family Doctor:	Phone:

