

2005-2006 SHU Cheerleading Information

Personal Info

Full Name: _____ DOB: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

School Address: _____

School Phone: _____

Emergency Info

Emergency Contact Name: _____

Phone: _____ Relationship: _____

Insurance Carrier: _____

Policy #: _____ Policy Holder: _____

Any previous injuries that require on-going attention/treatment: _____

Cheerleading Info

Years of Previous Cheerleading Experience: _____ Years Cheering @ SHU: _____

I have previously cheered for: _____

My tumbling skills are: _____

My stunting skills are: _____

What do you have to offer the SHU Cheerleading Program? _____
