

EASTSIDE HIGH SCHOOL CHEERLEADING
INFORMATION SHEET

Name _____

Birthday _____/_____/_____ Age _____

Method of transportation to/from games, practices, etc. Please check the primary method:

_____ Drive myself- If yes, do you have a valid night license? _____

_____ Parent

_____ Other – If yes, please list. _____

– Emergency Contact #1

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

– Emergency Contact #2

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

– Emergency Contact #3

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

When will you/did you enter the 9th grade? August _____ (year)

How many total high school credits will you earn this 2010-2011 school year? _____

Allergies? _____

Previous Injuries? _____

Medical Conditions (asthma, etc.)? _____

Medications? Please list any medications that should be kept by the coach. _____

What would you like for the squad to accomplish this year? Be specific! How do you plan on helping the squad achieve this goal? What have you done thus far to help achieve this goal? What are your own personal goals? (use the back of this sheet to complete your answer. _____

I have read and understand the EHS Cheerleading Constitution as presented to me. I agree to abide by all rules, regulations, policies, and procedures stated therein.

Student Signature: _____ Date: _____

I have read and understand the EHS Cheerleading Constitution as presented to me. I will support Eastside High School and the coaches in the enforcement of all team rules, policies, and procedures stated therein.

Parent/Guardian Signature: _____ Date: _____