

Cheer Extreme All-Stars Information Card

Athlete's First Name: _____ Athlete's Last Name: _____

Athlete's Home Number: _____ Athlete's Cell Number: _____

Athlete's Age on Aug 31st of this year: _____ Emergency Contact Name/ #: _____

Parent's Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Mom's Cell Number: _____ Dad's Cell Number: _____

Primary Email Address: _____

Athlete's Email Address: _____

Do you wish to be considered for a level 1-3 team that only competes locally? Yes No

Do you wish to be considered for two teams? Yes No

(\$30 additional monthly tuition along with competition fee for each competition attended)

I have read and hereby agree to follow all of the policies and procedures set by Cheer Extreme All-Stars.

Parent/Guardian Signature: _____ Date: _____