



YMCA Competition Cheerleading

Registration Form and Questionnaire

Name _____ DOB _____ Grade (2011-2012) _____

Address _____ City _____ Zip _____

Main Contact Phone _____

Mother's Name _____

Mother's Work Phone _____ Mother's Cell Phone _____

Mother's Email _____

Father's Name _____

Father's Work Phone _____ Father's Cell Phone _____

Father's Email _____

Emergency Contact Name _____ Phone _____

Has your child previously been involved in competitive cheerleading? (circle one) Y N

If YES: How many seasons? _____ What team? _____ What Level? _____

Has your child participated in organized youth cheerleading of any type other than competitive cheer? (circle one) Y N

If YES: Please describe _____

What is the highest tumbling skill level your child has mastered? (i.e. cart-wheel, round-off, back hand-spring) _____

What other sports or activities does your child participate in, and on what days/times? _____

Would you be interested in being a team parent, volunteer coach, or on the fundraising committee? _____

Signature of Parent/Guardian

Date

.....and now, LET'S CHEER