

CHS-Cheer Application

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Personal Information

CHEER Name:		
Home Phone:	Cell Phone:	Misc. Phone:
Address:		
Overall GPA:	Current Grade:	Date of Birth:
Mother's Name:		Business Phone:
Father's Name:		Business Phone:

Medical Information

Insurance Company:	Policy #:
Doctor:	Phone:
Dentist:	Phone:

1. Are you allergic to any medications? _____ If so, please list: _____

2. Are you currently taking any medications? _____ if so, please list: _____

3. Are you currently being treated for any injuries? _____ if so, please list: _____

4. Why would you like to be a Cathedral High School Cheerleader? _____

5. Do you have any cheerleading, dance or gymnastics experience? _____

