

Cathedral High School Cheer

EMERGENCY CONTACT LIST

Cheerleaders Name: _____

Team: Varsity
please circle one

Junior Varsity

Parent/Guardian Name: _____

Home Address: _____

City: _____

Zip: _____

Home Phone: _____

Mom's cell phone: _____

e-mail: _____

Dad's cell phone: _____

e-mail: _____

Which is the best way to contact you? _____

(In case of an emergency, please contact one of the following persons)

Name: _____

Relationship: _____

Home Phone _____

Cell Phone: _____

Name: _____

Relationship: _____

Home Phone _____

Cell Phone: _____

Name: _____

Relationship: _____

Home Phone _____

Cell Phone: _____

Name: _____

Relationship: _____

Home Phone _____

Cell Phone: _____