

MHS Cheerleading Application

2021-2022

Personal Information	
Student Name:	Phone:
Address:	Zip:
2020 – 20201 Grade Level:	Date of Birth:

Parent Information	
Name:	Phone:
Address:	Zip:
e-mail:	

Medical Information	
Doctor:	Phone:
Dentist:	Phone:
Insurance Co:	Policy No.:

1.) Are you allergic to any medications? Y or N

If so, please list: _____

2.) Are you currently taking any medications? Y or N

If so, please list: _____

3.) Are you currently being treated for any injuries? Y or N

If so, please list: _____

Other Information

1.) Are you currently a member of any club or organization requiring extra practice time? Y or N

If so, please list:

2.) What are the dates you will be out of town this summer? _____

3.) Please list any other obligations that may interfere with attending camp, summer practices or morning practices during the school year: _____
