CHEERLEADER APPLICATION FORM

Based on child's age on the June 30th previous to the season the tournament is being played in. (i.e. In 2026 tournament League Age is based on June 30th, 2025)

CHILDS FIRST NAME_____

CHILDS LAST NAME _____

AGE (as of June 30th) _____

CHILDS BIRTH DATE (mm/dd/yy) _____

HOME ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

CELL PHONE (with area code) _____

EMERGENCY CONTACT (with area code) _____

PARENTS ARE YOU A RN/LPN WHO WOULD LIKE TO VOLUNTEER FOR OUR MEDIC POSTION? Y/N

PARENTS FIRST NAME _____

PARENTS LAST NAME _____

EMAIL ADDRESS: _____

FEE PAID Check _____**Check #** _____ **Cash** _____ **Online** _____ **Cash App**_____