

PKHS Spirit Teams Personal Information Sheet

Personal Information

Name: _____

Main Phone: _____ Secondary Phone: _____

Address: _____ City: _____

E-Mail Address: _____

Grade: _____ Date of Birth: _____

Parent/Legal Guardian: _____

Parent Phone: _____ Secondary Phone: _____

Parent E-mail Address: _____

Medical Information

1) Allergies: _____

2) Current Medications: _____

3) Previous injuries that may impact performance: _____

Other Information

1) Are you currently a member of any club/organization/team that may interfere with cheerleading?

2) Why do you want to be a cheerleader at PK? _____

3) List any cheer/dance/gymnastics experience you have: _____

