

**Personal Information Sheet**

Athletes Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Athlete's Home Phone: \_\_\_\_\_ Athlete's Mobile: \_\_\_\_\_

Contact **Email** for all correspondence (e.g. Athlete + both parents/guardians)

Athlete EMAIL: \_\_\_\_\_

Mother/Guardian EMAIL: \_\_\_\_\_

Father/Guardian EMAIL: \_\_\_\_\_

In the event that Highrise Cheerleading is contacted to do promotional events would you like to be on the list to be considered for inclusion in such performances? Yes/No

Father's name: \_\_\_\_\_ Father's Mobile: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Mother's Mobile: \_\_\_\_\_

Allergies & Medical conditions (Please List):

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Do you have Ambulance Cover? Yes/No