

# 2020-2021 WSH Cheer Form

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

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Parents/Guardian: \_\_\_\_\_

P/G Cell: \_\_\_\_\_ P/G Email: \_\_\_\_\_

Any allergies or medical info I need to be aware of:

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In Case of Emergency, beside P/G info above:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Number: \_\_\_\_\_