

**Heights HS Cheer/Mascot Application**

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| NAME: | PHONE: |
| ADDRESS: | ZIP: |
| GRADE LEVEL:  | DATE OF BIRTH: |
| PARENT/LEGAL GUARDIAN NAME: | PHONE:Personal Information | EMAIL: |
| EMERGENCY CONTACT OTHER THAN PARENT NAME: | PHONE: | EMAIL: |

Medical Information

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|  |
| DOCTOR: | DOCTOR PHONE: |
| INSURANE CO.: | INSURANE CO.: |

1. Are you allergic to any medications? ❑ YES ❑ NO If so, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Are you currently taking any medications? ❑ YES ❑ NO If so, please list:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Are you currently being treated for any injuries? ❑ YES ❑ NO If so, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Please provide your shirt size. YXL S M L XL 2XL 3XL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Please provide your schedule and have your teacher to initial that you are in good standings to tryout for cheer.

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| Class Period | Subject | Teacher Name | Teacher Recommended Yes or No | Teacher Initial |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |