

YMS CHEERLEADING

EMERGENCY CONTACT FORM

2025-2026

STUDENT'S NAME _____

BIRTHDAY _____

SCHOOL _____ **25/26 GRADE** _____

PARENT/GUARDIAN'S NAME _____ **RELATIONSHIP** _____

NUMBER _____ **(H W C)** **NUMBER** _____ **(H W C)**

EMAIL ADDRESS _____

PARENT/GUARDIAN'S NAME _____ **RELATIONSHIP** _____

NUMBER _____ **(H W C)** **NUMBER** _____ **(H W C)**

EMAIL ADDRESS _____

LIVES WITH _____

PERTINENT MEDICAL INFORMATION/ALLERGIES:

THE FOLLOWING ADULTS HAVE PERMISSION TO PICK UP MY CHILD FROM PRACTICE AND GAMES:

NAME: _____ **PHONE:** _____

NAME: _____ **PHONE:** _____

NAME: _____ **PHONE:** _____

NAME: _____ **PHONE:** _____