

Salisbury Cheer Team
Emergency Information Sheet

Cheerleader Information

Name: _____ Phone: _____
Email: _____ Birth date: _____
Address: _____ Grade: _____
_____ AHC: _____

Emergency Information

Emergency Name: _____ Relation: _____
Emergency Phone Day: _____ Evening: _____
Emergency Name: _____ Relation: _____
Emergency Phone Day: _____ Evening: _____

Health Concerns

Allergies: _____
Injuries: _____

I give my child, _____ permission to be participate on the
Salisbury Cheer Team.

Parent Signature

** In the event of injury, parents will be contacted immediately; however, if coaching
staff feels it is an emergency, ambulance will be called at your expense.

Parent Signature