

VARISTY CHEER

Participant Information

Name:		
Address:		
Email:		
Phone Number:		Text: Yes/No
Parent/Guardian Nam	ue/s:	
Address:		
Email:		
Phone Number:		Text: Yes/No
Birthdate:	Top Size:	Bottom Size:
List of your Favorite:		
Food:	Snack:	Color:
Movie:	Beverage:	Music:
Candy:	Thing to do outside of che	eer:
What else?	Foods/Eating preferences:	
	re there physical reasons you	
Any allergies or injuri	es:	Text: Yes/No Text: Yes/No Top Size: Bottom Size: Snack: Color: Music: get o do outside of cheer: Foods/Eating preferences: rt that requires jumping, lifting, squatting, endurance, physical reasons you would not be able to perform the n? Yes/No
Why are you a part of	the Cheney HS Cheer Squad?	Text: Yes/No Top Size: Bottom Size: Snack: Color: Beverage: Music: Thing to do outside of cheer: Foods/Eating preferences: sport that requires jumping, lifting, squatting, endurance, here physical reasons you would not be able to perform the