

LONG VALLEY RAIDERS CHEERLEADING
ASSOCIATION
EMERGENCY CONTACT INFORMATION
2016

CHEERLEADER NAME: _____

SQUAD: (please indicate grade for Flag level and also indicate if this is your child's first year on Flag) _____

PARENTS' NAME(S): _____

ADDRESS: _____

PHONE: HOME: _____ CELL: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT INFORMATION:

NAME: _____

ADDRESS: _____

PHONE: HOME: _____ CELL: _____

INSURANCE COMPANY NAME: _____

NAME OF INSURED: _____

ID#: _____ GROUP # _____

ADDRESS: _____

PHONE: _____