
MASON YOUTH FOOTBALL CHEERLEADING (MYFC)
Personal/Medical Information

Please Print

Cheerleader's Name: _____

Grade in Fall 2010: _____

Are you a returning cheerleader from the 2009 season? ___Yes ___No

If yes, coach's name _____

Do you want to cheer for the same coach/squad? ___Yes ___No

Do you have a sibling who will play Mason Youth Football in 2010? ___Yes ___No

If you have a sibling that will play Mason Youth Football, do you want to cheer for his/her team? ___ Yes ___ No.
If no, you will be placed on a squad in your age group.

Football Sibling's Full Name _____

Sibling's grade in Fall 2010 _____ Football coach's name _____

Do you have a sibling who will cheer for MYFC in 2010? ___Yes ___No

Sibling's grade in Fall 2010 _____ Cheerleading coach's name _____

If you have a sibling that will cheer for MYFC, do you want to cheer on his/her squad? ___Yes ___No.
If no, you will be placed on a squad in your age group.

Note: Mascots must cheer for or with sibling's team/squad

Medical information:

Please list all medical conditions (allergies, asthma, existing conditions, medications...etc) or other special information that the coach of MYFC should be made aware of:

Preferred Doctor _____ Phone No. _____

Preferred Dentist _____ Phone No. _____

Emergency Contact _____ Phone No. _____

Emergency Contact _____ Phone No. _____

NOTES: