

# Hanover Starz

## Competitive Cheerleading Program Emergency Contact Information Form

Cheerleader's Name: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street City State

Birth Date: \_\_\_\_\_

### Mother/Guardian Information:

Name: \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

Other Phone: (\_\_\_\_) \_\_\_\_\_

### Father/Guardian Information:

Name: \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

Other Phone: (\_\_\_\_) \_\_\_\_\_

### 1<sup>st</sup> Emergency Contact:

Name \_\_\_\_\_

Relationship to Cheerleader \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

Other Phone: (\_\_\_\_) \_\_\_\_\_

### 2<sup>nd</sup> Emergency Contact:

Name \_\_\_\_\_

Relationship to Cheerleader \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

Other Phone: (\_\_\_\_) \_\_\_\_\_

### Insurance Information:

Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

### Allergy Information:

\_\_\_\_\_  
\_\_\_\_\_

### Other Information:

Comments (include any special medical or personal information you would want an emergency care provider to know – or special contact information):

\_\_\_\_\_  
\_\_\_\_\_