**BLACK ICE CHEERLEADING AND GYMNASTICS ACADEMY**

**Personal Information Details**

Full Name: ……………………………………………………

Date of Birth: ……………………………………………….

Year at school:……………………………………………….

Allergies/Medical Conditions (Please explain):

……………………………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………………

Does the cheerleader have medication they keep with them? YES/NO

(Please explain)

………………………………………………………………………………………………………………………………………………

Emergency contact

Name: ………………………………………………………………………

Contact phone number: …………………………………………….

Contact email address: ………………………………………………………………………………………………………….

Relationship to cheerleader: ……………………………………..

**Welfare notes: Please read as this is very important**

Are you happy with us to take photographs of your child: YES/NO

Are you happy for us to post photographs on our Warwick and Black Ice Social media pages: YES/NO

Parent/Guardian Signature: …………………………………………….

Date: …………………………………………………