

ATHLETE INFORMATION FORM

Guardian Name:	Guardian Name:
Contact Number:	Contact Number:
Email:	Email:
Relationship to athlete:	Relationship to athlete:
Address:	
Ciam	State: Zip:
City:	State: Zip:
211 22	
Athlete Name:	
Athlete DOB (MM/DD/YY):	
Athlete School:	
Trillete Bertool.	
Any cheer experience? If so, who	ere?
Is there anything we should know about your athlete?	
Harry did way have about we	
How did you hear about us:	
Emergency Contact:	
Name:	Contact Number:

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Please contact us for any questions or concerns.

I have read, understand, and agree to the Planned Closures for the 2023-2024 Season at Texas Cheer Allstars.





Please list any planned absences for this summer:
*Choreography Camp dates are listed in the Team Packet if there is a conflict with the current date for the majority of the team the dates will be moved.
Please select the highest level of commitment:
Novice Cheer (5-13): Non Travel, Local Competitions, 1 practice a week
Prep Cheer (5-18): Non Travel, Local Competitions, 1 practice a week
Prep Elite Cheer (5-18) Approx 2-3 Travel Competitions, Local Competitions, 2 practices per week
Elite Cheer (5-18) Approx 2-3 Travel Competitions, Local Competitions, 2 practices per week
Do you want your athlete to be considered to be a crossover Please consider the following information: Crossover refers to an athlete that is on more than one team Crossovers will have to pay Competition Fees for both their primary and secoundary team. Competition Fee total will be determined by the primary and secoundary team the athlete is selected for. There is a potential for an additional uniform cost There will be an additional \$100 Choreography/Music Fee for the secondary team Would you like to be considered to be a Team Representative:
Would you like to be considered to be a Team Representative.
Parent Signature: Date:

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