



Acadian Youth Sports Cheering Registration Form



Athlete Name: _____

D.O.B.: _____

Address: _____

Grade: _____

Best Phone: _____

Parent Name: _____

Email: _____

Please notify us of any previous or existing medical conditions below:

Condition	No	Yes	Details, if Yes
Head Injury or Concussion			
Eye or Ear Problems			
Dizzy Spells, Fainting or convulsion			
Tuberculosis, asthma or bronchitis			
Heart Trouble or rheumatic fever			
High or Low Blood Pressure			
Anemia, leukemia or bleeding disorder			
Diabetes, hepatitis or jaundice			
Ulcers, other stomach trouble or colitis			
Kidney or Bladder problems			
Hernia (rupture)			
Surgery or Advised to have surgery			
Allergies or skin problems			
Epilepsy			
Other Conditions not mentioned above			

Medical Insurance Company Name: _____ Group/Policy #: _____

Parent/Guardian Signature: _____ Date: _____