

INSURANCE INFORMATION FORM

Please fill out the information thoroughly and return it to your cheer director immediately. It is extremely important for you to complete this form accurately and submit it quickly. Your child cannot be insured and therefore will not be permitted to practice without out

Thank you for your cooperation.

Mrs. LaRubio 646-220-9220

*Child's full name _____

*Child's Date of Birth **and** Age _____

Home address and zip code _____

Parent's FULL Name _____

*Parent's cell phone number _____

Cheerleader's cell phone number _____

*Parent's email address _____

Cheerleaders email address _____

Emergency contact's full name _____

Emergency contact's phone number _____

Medical Doctor's name _____

Medical Doctor's phone number _____

***Name of Health Insurance** _____

*Health Insurance **Policy Number** _____

Medication that Child is on _____

Medical Conditions _____

*****Members will not be permitted to participate without submitting this form **IN ADDITION TO** the WCC Liability Release Form. Be aware that EVERY cheerleader AND staff member is insured throughout each new season upon registration.

