

WCC TIGERS SPECIAL NEEDS CHEER
PERSONAL INVENTORY

First and Last Name of Cheerleader _____

Age /Grade /Date of birth _____

Present School's Name _____

Parents full Name(s) are _____

Home Address and Zip code _____

Home Phone # _____

Both Parents' cell phone #'s _____

Parent's emails _____

Child's Disability _____

Indicate ANYTHING that our cheer staff should be aware of in order to keep your child *safe and comfortable* during the activity. _____

Indicate any cheer, gymnastics, dance, or socialization class, which your child may have participated in or is in now.- (when and where)

Your child wants to become a cheerleader

because _____

and You support her idea

because _____

