

# ELITE™

## CHEERLEADING & DANCE

### NATIONAL CHAMPIONSHIPS

Please complete all sections below. Make sure that this form is signed by your parent or guardian. We require each person attending the competition to complete this form. **NO ONE CAN PARTICIPATE WITHOUT THIS FORM, AND IT MUST BE MAILED IN TO THE ELITE OFFICE NO LATER THAN MARCH 23, 2007.**

#### **PARTICIPANT INFORMATION**

Participant's Name \_\_\_\_\_

Competition Location \_\_\_\_\_

Competition Date \_\_\_\_\_

Home Address \_\_\_\_\_

Participant's School/Organization Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Participant's Grade \_\_\_\_\_

Participant's Date of Birth \_\_\_\_\_

Parent's Day Time Phone • **Father** • **Mother** • **Guardian** \_\_\_\_\_

#### **MEDICAL & INSURANCE INFORMATION**

Insurance Company \_\_\_\_\_

List Any Medications Currently Taking:

Address \_\_\_\_\_

\_\_\_\_\_

Medical Insurance Policy # \_\_\_\_\_

Present Condition/Illness Being Treated with the Above Medication:

Family Physician \_\_\_\_\_

\_\_\_\_\_

Phone (      ) \_\_\_\_\_

\_\_\_\_\_

List Any Medication Participant is Allergic To:

\_\_\_\_\_

\_\_\_\_\_