## DSA RAPTORS CHEER REGISTRATION/TRY-OUT FORM

Welcome to DSA Raptors Cheer tryouts!! Please fill out the following form so we have your information on record and able to contact you if need be. Please write clearly.

**Athletes Detail:** 

First Name:	Last Name:		
Male Female Ag	ge (August 31, 2024):	DOB:	
School:	Grade (2024-2025):	Year:	
Street Address:			
	State:		
Home Phone:	Cell Phone:		
Athletes Email:			
Parent/Guardian Detail 1: (Fir	st point of contact for emerge	<mark>encies</mark> )	
First Name:	Last Name:		
Relationship to Athlete:			
Street Address:			
City:	State:	Zip:	
Home Phone:	Cell Phone:		
Email:			
Parent/Guardian Detail 1: (Fir	st point of contact for emerge	<mark>encies)</mark>	
First Name:	Last Name:		
Relationship to Athlete:			
Street Address:			
City:	State:	Zip:	
Home Phone:	Cell Phone:		
Email:			
Emergency Contact other than	n Parent/Guardian Details: (Se	econd point of contact f	<mark>or e</mark> i
First Name:	Last Name:		
Relationship to Athlete:			
Street Address:			
	State:		
Home Phone:	Cell Phone:		
Email:			

## Experience: Check all that apply \_\_\_\_ Never done cheer before \_\_\_\_ Have done cheer Level(s): \_\_\_\_\_ How Long: \_\_\_\_ Team: \_\_\_\_\_ \_\_\_ Gymnastics: Level(s): \_\_\_\_ How Long: \_\_\_\_ Team: \_\_\_\_\_ \_\_\_ Dance: Type: \_\_\_\_\_ How Long: \_\_\_\_ Team: \_\_\_\_\_ How did you hear about DSA Raptors Cheer?

Why do you want to be part of the DSA Raptors Cheer Team:



Office Use	:
	Registration Form
	Birth Certificate
	_ DSA Waiver
	DSA Autodraft Form
	DSA Cheer Packet
	DSA Uniform Order Form (Practice, Competition, Shoes, Bow ETC)