



MCCA Athlete Informational Form 2025

ATHLETE NAME: _____

ATHLETE DOB: _____ ATHLETE AGE: _____

CURRENT GRADE? _____ GOING INTO GRADE: _____

ATHLETE ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____

HOME PH: _____ CELL: _____

WHO DOES ATHLETE PRIMARILY RESIDE WITH? PLEASE CIRCLE ONE

BOTH PARENTS **MOTHER** **FATHER** **OTHER:** _____

PARENT/ GUARDIAN NAME **1**: _____

PHONE/CELL PHONE: _____

PREFERRED EMAIL: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____

PARENT/ GUARDIAN NAME **2**: _____

PHONE/CELL PHONE: _____

PREFERRED EMAIL: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____

EMERGENCY CONTACT NAME: _____

(OTHER THAN PARENTS/GUARDIAN)

PHONE #: _____ RELATIONSHIP TO ATHLETE: _____

COMPETITIVE CHEER FAMILIES BUDGETING FOR THE SEASON:

PAYING IN FULL MONTHLY PAYMENT PLANS RETAINING A SPONSOR

IF RETAINING A SPONSOR, WHO IS YOUR SPONSOR? _____

ARE YOU INTERESTED IN....

COMPETITIVE CHEERLEADING? YES NO MAYBE

COMPETITIVE JUMPS & TUMBLING CLASSES? YES NO MAYBE

CHEER BASICS CLASSES? YES NO MAYBE