



Goflamescheer.com
goflamescheer@gmail.com
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CONTACT INFORMATION

Participant's Name _____

School _____

Age _____ Date of birth _____ Grade Level _____

Address _____

City _____ State _____ Zip _____

Participants Email Address _____

Participants Phone Number _____

Parent/Legal Guardian's Name _____

Phone _____ Email _____

Emergency Contact Person

Name _____

Relationship _____

Address _____

Phone # _____

Participant's Allergies: _____

Participant's Medical Conditions: _____

Name of Participant's Physician _____

Phone _____

Attach the following:

- BIRTH CERTIFICATE
- SPORTS PHYSICAL