



Year: _____
Level/Div: _____
Birthdate: _____
Grade: _____

Cheerleader Athlete Identification Card

Team Affiliation:	_____
Athlete Name:	_____
Athlete Address:	_____ _____
City:	_____
School:	_____
Phone Number:	_____
Medical Conditions:	_____

TEAM CONFIRMATION OF INFORMATION

Player is registered currently with team as noted above and we certify that the information on this card is accurate. This player meets all conference eligibility requirements as referenced in the MVFL Constitution to participate during the current season.

Cheer League Rep: _____ Date: _____

Certification of this card requires one signature from another MVFL Organization.

Organization: _____ Signature: _____ Date: _____

Photo: