



Year: \_\_\_\_\_  
Level/Div: \_\_\_\_\_  
Birthdate: \_\_\_\_\_  
Grade: \_\_\_\_\_

## Cheerleader Athlete Identification Card

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

### TEAM CONFIRMATION OF INFORMATION

Certification of this card requires one signature from another MVFL Organization

Cheer League Rep: \_\_\_\_\_ Date: \_\_\_\_\_

**We certify that the information on this card is accurate and that said player meets all conference eligibility requirements to play in MVFL and on this team**

Cheer League Rep: \_\_\_\_\_ Date: \_\_\_\_\_

