

# WEST LoTHIAN Y-CATS

## Entry form

Name .....

Address .....

Post code ..... Contact Number .....

Age ..... D.O.B .....

Any medical conditions .....

.....

In case of emergency please contact: -

Name .....

Contact Number .....

Parent Guardian Signature .....  
(if under 16)

Date .....

By signing this the Cheerleader has agreed to follow the  
Y-Cats constitution.

This also gives consent that all photographs, audio recordings, and/or video recordings taken may be used for educational, instructional, web site or media promotional purposes. If you do not wish your child's pictures to be used please let this be known on this form.

