

CHSCDA MEMBERSHIP FORM

NAME: _____

SCHOOL: _____

SCHOOL ADDRESS: _____

SCHOOL PHONE: (____) _____ - _____ EXT NUMBER: _____

HOME ADDRESS: _____

HOME PHONE: (____) _____ - _____ CELL PHONE: (____) _____ - _____

EMAIL ADDRESS: _____

NUMBER OF YEARS COACHING CHEERLEADING or DANCE: _____

CHEER or DANCE BACKGROUND/EXPERIENCE:

ARE YOU A TEACHER or ADMINISTRATOR AT YOUR SCHOOL? YES NO

What department does your cheer/dance program report to?

ATHLETICS ACTIVITIES OTHER: _____

What is the name of the administrator that is responsible of your cheer/dance team?

NAME: _____ EMAIL: _____

ARE YOU AACCA SAFETY CERTIFIED? YES NO

ARE YOU FIRST AID SAFETY CERTIFIED? YES NO

ARE YOU CPR SAFETY CERTIFIED? YES NO

HAVE YOU EVER ATTENDED A STUNT SAFETY/EDUCATION CLASS? YES NO

WHAT TYPE OF INFORMATION/HELP ARE YOU MOST INTERESTED IN RECEIVING AT THE CHSCDA'S COACHES CONFERENCE?