Application for Cheerleading Tryouts

* This is a suggested application for tryouts. It is up to the school, administration, and coach to ensure that the suggested application includes any school or team specific information. Varsity Spirit is providing this application as a template for you to review and create a tryout application specific to your school.

Participan	t Name:						
Date of Birth: What grade will you be entering during the next school year?							
Address:							
Phone: Emergency Contact:							
		_					
Experienc	e/Skills						
Cheerlead	ing Experience:	Y/N	How many years	?			
Please exp	olain:						
NA/le est terrore	bline skille (if e no	Baalda Valansan ka	2				
wnat tum	bling skills (it app	llicable) do you ha	ve?				
Stunt Posi	tion:						
	cle the stunt posit e, please circle N,		comfortable with. If you	u do not have any			
N/A	Тор	Back spot	Main Base	Side Base			
What mak	es you a great fit	for this team?					

Class Information		
as well as the signature of yo	g section. You will need your grades, cour guidance counselor to ensure that the asked to complete a teacher evaluations.	hese are correct. The
Subject	Grade	Teacher
 1. 2. 3. 4. 5. 6. 		
7. Extracurricular activities:		
Signature of Guidance Counse and are correct:	elor to indicate that grades, teachers &	& classes have been checked
Signature	/ Date	

Participant Waiver

My child,	has my permission to be a cheerleader at
	and that he/she must abide by the rules and regulations set
forth by the advisor and the princip	oal of (SCHOOL NAME) School and be present for all practices
and games. I have read the rules a	nd regulations and understand that the violation of any of
these rules may lead to temporary	or permanent suspension from the squad. I understand and
give permission for my child to ride	e with the advisor and/or other parents when necessary. I
understand that all forms attached	must be completed by (DATE) , or my child will not be
allowed to tryout. I understand tha	at my child must attend all practices (unless excused by the
advisor) and tryout sessions, or my	child will not be considered for a cheerleading position.
I understand that my child will be	evaluated by qualified judges, and we agree to abide by the
decision of the judges.	
I understand all costs involved as s	tated in the rules.
I understand by the very nature of	the activity, cheerleading and gymnastics carry a risk of
physical injury. No matter how care	eful the participant and coach are, how many spotters are
used, or what landing surface is us	ed, the risk cannot be eliminated. I understand these risks
and will not hold (SCHOOL NAME)	School or any of its personnel responsible in the case of
accident or injury at any time.	
Parent or Guardian	Date
	//
Parent or Guardian	Date

I am interested in being a cheerleader at **(SCHOOL NAME)** School. I understand the risks stated above. If elected, I promise to abide by the rules and regulations set forth by the advisor and the principal of **(SCHOOL NAME)** School. I promise to cooperate and follow the instructions of the cheerleading coach.

Student Signature:	Date://
Home Address:	
School now attending:	Grade next year: