

Application for Cheerleading Tryouts

My child, _____ has my permission to be a cheerleader at Central High School. I understand that he/she must abide by the rules and regulations set forth by the advisor and the principal of Central High School, and be present for all practices and games. I have read the rules and 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 daughter/son to ride with the advisor and/or other parents when necessary. I understand that all forms attached must be completed by March 1st, or my child will not be allowed to tryout. I understand that 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 daughter/son will be evaluated by qualified judges, and we agree to abide by the decision of the judges.

I understand all costs involved as stated in the rules.

I understand by the very nature of the activity, cheerleading and gymnastics carry a risk of physical injury. No matter how careful the participant and coach are, how many spotters are used, or what landing surface is used, the risk cannot be eliminated. The risk of injury includes minor injuries such as muscle pulls, dislocation, and broken bones. The risk also includes catastrophic injuries such as permanent paralysis or even death from landing or falls on the back, neck, or head. I understand these risks and will not hold Central High 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 Central High 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 Central High School. I promise to cooperate and follow the instructions of the cheerleading coach.

Student Signature: _____ Date: ____/____/____

Home Address: _____

School now attending: _____ Grade next year: _____

Please complete the following section. You will need your grades, classes, and teachers from first semester, as well as the signature of your guidance counselor to insure that these are correct. The teachers named below will be asked to complete a teacher evaluation on the applicant that will be added to the tryout scores.

Subject	Grade	Teacher
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

Extracurricular activities _____

Signature of Guidance Counselor to indicate that grades, teachers, and classes have been checked and are correct.