

Cheerleading Application

Name _____ Date: _____

PARENT CONTACT INFORMATION: (circle one) Grade 2010-2011: 7th 8th

Name: _____

Address: _____ City _____ State _____ Zip _____

Phone: Cell _____ Home _____ Other _____

PARENT EMAIL (We use email as the first means of contact for information.) _____

**EMERGENCY CONTACT INFORMATION:
(IN CASE OF EMERGENCY DURING CLINIC/TRYOUTS)**

Do you have any health problems that your sponsors should be aware of? _____

If yes, please explain: _____

I realize that trying out for cheerleader is voluntary. The clinic provided by Burleson Senior Cheerleaders and the Coaches is also voluntary. My child is fully aware of his/her abilities and limitations. I will not hold Burleson ISD, Burleson Cheerleaders, or the Coaches responsible for injuries or accidents that may occur during the tryout or clinic.

Parent's signature: _____ Date: _____

I am aware of my abilities and limitations. I know that neither the Senior Cheerleaders nor the Coaches will spot tumbling during the tryout clinic. I will not attempt any of the above that I have not successfully done independently at a certified gymnastics facility.

Student's signature: _____ Date: _____

CONSTITUTION:

I understand that as a Kerr Middle School cheerleader, I must follow all requirements listed in the cheerleading Constitution. I am also aware of the financial responsibility involved in cheerleading (uniform and camp). I understand that failure to fulfill responsibilities or follow rules may result in permanent suspension from the squad.

Student Signature

Parent Signature