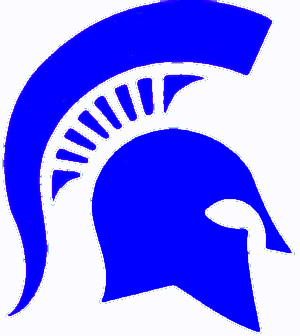
Application for Cheerleading Tryouts

My child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has my permission to tryout for cheerleading at Campbell High School. I understand that he/she must abide by the rules and regulations set forth by the advisor and the principal of Campbell High School, and be present for all practices, games and competitions. Failure to attend a practice will result in dismissal from the squad with no refund. 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 28, 2016, 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 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 Campbell High School or any of its personnel responsible in the case of accident or injury at any time.



*Turn in this page with your packet*

I understand that my daughter 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 am interested in being a cheerleader at Campbell 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 Campbell High School. I promise to cooperate and follow the instructions of the cheerleading coach(es).

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A copy of your most recent grade report should be turned in with this authorization.**

Extracurricular activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Squads you want to be considered for; Rising Freshman must select Freshman, however you may check more than one:

\_\_\_ Varsity Competition/Football/Basketball \_\_\_JV Competition/Football/Basketball \_\_\_ Freshman

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_ Parent or Guardian Date Parent or Guardian Date

*Turn in with tryout packet*

|  |  |
| --- | --- |
|  | |
| **Personal Information** | |
| Full name/ Grade |  |
| Nickname |  |
| Home address |  |
| Home phone |  |
| Mobile or cellular phone |  |
| E-mail address |  |
| Birthday (MM/DD/YYYY) |  |
| Do you drive? |  |
|  | |
| Parent(s) Information | |
| Mother Name |  |
| Email Address |  |
| Cell Phone |  |
|  |  |
| Father Name |  |
| Email Address |  |
| Cell Phone |  |
|  |  |
| Primary Contact for Cheer (can be both) |  |
|  | |
| **Emergency and Medical Information** | |
| In case of emergency, contact |  |
| Emergency contact’s address |  |
| Emergency contact’s phone |  |
| Doctor’s name |  |
| Doctor’s phone |  |
| Doctor’s address |  |
| Medical insurance carrier and member number |  |
| Blood type |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Known medical conditions | | |  | | | |
| Known allergies | | |  | | | |
| Current medications | | |  | | | |
|  | | | | | | |
| **SKILLS INVENTORY** CHECK ALL SKILLS YOU CAN THROW ON THE FLOOR WITHOUT A SPOT. | | STANDING  How Many? | | RUNNING  How Many? | IN SERIES  This means with other tumbling | List any specialty Skills Here |
| Round off | |  | |  |  |  |
| Front flip | |  | |  |  |  |
| Back hand spring | |  | |  |  |  |
| Tuck | |  | |  |  |  |
| Jump (circle one)  Back hand spring or Tuck | |  | |  |  |  |
| Arabian | |  | |  |  |  |
| Layout | |  | |  |  |  |
| Full | |  | |  |  |  |
|  | | | | | | |
| Cheer Experience | | | | | | |
| Where?/ Age | | Stunt Position (circle most experienced) | | | | |
| 1. | | None Fly Base Backspot Frontspot | | | | |
| 2. | | None Fly Base Backspot Frontspot | | | | |
| 3. | | None Fly Base Backspot Frontspot | | | | |
|  | | | | | | |
| Stunting Levels (check most advanced that you are able to hit and stick) | | | | | | |
| Check | Level | | | | | |
|  | 1. none | | | | | |
|  | 1. preps, extensions, straight cradle | | | | | |
|  | 1. Simple one legged stunts (liberty, heel stretch), full twist from two legs, basket toss | | | | | |
|  | 1. Advanced one leg (scorpion, scale, arabesque) full twisting stunts from one leg, toe basket toss | | | | | |
|  | 1. full ups, bow-n-arrow, kick full basket toss | | | | | |