

Tryout Personal Information

Cheerleader's Name: _____

Please circle which grade you will be in: 6 7 8

What school do you currently attend: _____

Parents/Guardians Names: _____

Address: _____

Home Phone # _____

Work/Cell Phone # _____

Email Address: _____

Emergency Contact Person/ Relationship/Phone: _____

Tryout Permission Form

My child, _____ will be in the _____ grade next year at Porter Ridge Middle School and has permission to tryout for Football and /or basketball cheerleading. I have read the requirements for all PRMS cheerleaders and understand the responsibilities of the cheerleader and parent. If chosen for the squad, we agree to abide by the policy guidelines as set forth. I understand that I am responsible for **all** expenses incurred by my child to participate in this program.

Parent's signature: _____ Phone # _____

Student's signature: _____

_____ **Yes, I am interested in being considered as a coach for one of the middle school football cheerleading squads!**

_____ Cheerleader Tryout Number ***To be assigned at registration***