

CHEERLEADER APPLICATION

Grade Next Year (circle one) **FRESHMAN** **SOPHOMORE** **JUNIOR** **SENIOR**

Name _____ School currently attending _____

Parent's Name _____

Home Address _____

E-mail Address _____ Cell Phone # _____ Student Cell # _____

Student E-Mail _____ Student's Age _____ Birthdate _____

My child, _____, has my permission to be a cheerleader at Elkins High School. I understand and give permission for my child to participate in tryouts at Elkins. By giving my child permission to try-out for the EHS cheerleading program, I am aware of the steps that follow if he/she makes one of the teams. I understand that all forms due to Coach Dominy in room 109 (or online) by the beginning of clinic March 4th, 2024, or my child may not be able to try-out.

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 by the very nature of the activity, cheerleading carried a risk of physical injury or death. No matter how careful the participant and coaches are, how many spotters are used, or what landing surface is used, the risk cannot be eliminated. This risk includes minor injuries such as muscle pulls, dislocation, and broken bones. This risk 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 EHS or any of its personnel responsible in case of any accident or injury at any time.

Candidate's signature DATE

Guardian's signature DATE