

# Kowboy Cheer Tryout Application

*Please print the following information clearly. Return to Coach Flanegin, Room 306, no later than 3:25 p.m., May 1.*

To be completed by applicant:

Name: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Address (including city, ST, zip): \_\_\_\_\_

DOB: \_\_\_\_\_

Email address: \_\_\_\_\_

Current school: \_\_\_\_\_

To be completed by guidance counselor:

Applicant's current grade level: \_\_\_\_\_ Applicant's overall GPA weighted: \_\_\_\_\_ Applicant's overall GPA unweighted: \_\_\_\_\_

Counselor's signature: \_\_\_\_\_

To be completed by parent/legal guardian:

Name: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Medical Information:

1. Are you allergic to any medications? \_\_\_\_\_

If so, please list: \_\_\_\_\_

2. Are you currently taking any medications? \_\_\_\_\_

If so, please list: \_\_\_\_\_

3. Are you currently being treated for any injuries? \_\_\_\_\_

If so, please list: \_\_\_\_\_

Medical insurance provider: \_\_\_\_\_ Provider phone: \_\_\_\_\_

Policy number: \_\_\_\_\_

Applicant Release:

I, the undersigned, have read the tryout information sheet regarding Kowboy Cheer. As a representative of Osceola High School, I understand and agree to abide by them if selected as a Kowboy Cheerleader for the 2009-2010 school year.

Signature of Applicant: \_\_\_\_\_

Parental Release:

I, the undersigned, have read and fully understood the tryout information sheet regarding Kowboy Cheer. I further understand that this is an extracurricular activity and that attendance at all practices, games, special functions, and summer camp (July 13-16) is a requirement of the elected cheerleader. I hereby give consent to my son/daughter to tryout for Kowboy Cheer and recognize his/her responsibilities and requirements as a leader of his/her school. I understand that, if chosen, my son/daughter will be required to pay for summer camp, a uniform, shoes, campwear, a duffel bag, a warm-up, accessories (briefs, socks, bows), and competition fees (if applicable). We give our permission for our child to receive medical attention in the event that we cannot be present or reached for any reason. I agree to hold harmless Osceola High School, its staff, and the Osceola District School Board for any injury as a result of participation in these events.

Signature of Parent: \_\_\_\_\_

Date: \_\_\_\_\_