



Cheer Application

Name Phone Number

Address Email

City State Zip Code Current GPA

Have you been admitted to WWCC? Yes No

Select One Age: Height: Weight:

Experience:

Medical Problems or Injuries over the past five years with date:

Insurance Company: Policy#:

By checking the box below I hereby give my approval for my son/daughter to tryout for the Western Wyoming Community College Cheer Squad. The check in the box below indicates also that I release Western Wyoming Community College as well as the Western Wyoming Community College Cheer Squad Coach, Clinic instructors and administration from any responsibility related to injury.

By placing a checkmark in the box to the left, I agree to the above statement.

Date:

By checking the box below I agree that I have read the Tryout Policies and Conduct and I understand the tryout requirements as outlined by the Western Wyoming Community College Cheer Squad Coach and Administration. I will abide by these rules and any other deemed necessary throughout the tryout.

By placing a checkmark in the box to the left, I agree to the above statement.

Date:

Fill out the tryout application and submit it online below or mail the form by March 24th to: PO Box 428 E476, Rock Springs, WY 82902.

Make sure you include a recent still photo of yourself and provide the appropriate insurance numbers and medical release signatures. You can email the photo to cheer@wwcc.wy.

