

Ringgold High School Cheerleading Tryout Application
Please print legibly!

Name _____

Birth date _____

Address: _____

Home Phone: _____

Cell Phone: _____

Parent E-mail: _____

2016-17 Grade level: _____

In case of emergency, please contact:

Relationship: _____

Emergency Phone: _____

Please list any allergies or medical problems of which we should be aware:

For which squad(s) are you trying out? Varsity FB/Comp____ Varsity BBall _____

What prior experience do you have in cheerleading?

What assets can you bring to the Ringgold High School Cheerleading program?

I, _____, state that the above information is accurate. I have read the information and understand what is expected of me should I be chosen as a Ringgold High School cheerleader.

Applicant's Signature

As parent/guardian of _____, I state that I understand the expectations of the Ringgold High School cheerleaders.

Parent/Guardian Signature

***Please return this form, an IC grade report, a current physical and your \$15 tryout fee to Coach Fleming by the first day of tryouts. You will NOT be allowed to participate if all of these items are not turned in on April 18, 2016.**