

**WALTON MIDDLE SCHOOL
CHEERLEADER APPLICATION**

FOR MRS. BROWN'S USE ONLY
PHYSICAL EXP.: _____

THIS AND ANY OTHER FORMS MUST BE TURNED IN TO
MRS. BROWN or MRS. THORNTON NO Later than WEDS., APRIL 18TH

Contact Info:

Student Name: _____ Current Grade: _____

Cell Phone Number: _____

Parent/Guardian: _____

Mailing Address: _____

Home Phone: _____ Cell: _____

Work: _____ Other: _____

Parent's E-Mail: _____

You **must** turn in a copy of your current physical with
this form to participate in tryouts.

Please answer the following questions:

1. What do you think makes a great cheerleader?

2. Why do you think you would be a good candidate for WMS Cheer?

**Coaches will be contacting your teachers to complete a teacher
recommendation rating. These ratings will be compiled and taken into
consideration along with your total tryout score.**

Acknowledgement of Rules, Obligations, and Procedures Oath of Walton Middle School Cheerleader Applicant

I will govern myself as an outstanding representative of my school at all times, and I will follow all of the guidelines of the above organization. I further understand that if I am selected I will be required to attend ALL practices and perform at ALL home football games and at girls' and boys' home basketball games for the season. I understand a note will be required to excuse **any** absence. I agree that if chosen I will maintain the required grade point average, attendance requirements and behavioral expectations. Appropriate changes will be made if deemed necessary by the sponsor/coach or school administration.

I understand what is required of me as a potential Walton Middle School Cheerleader. I realize that if I do not fulfill these expectations, I may not be allowed to tryout, or I may be removed from the squad after being selected. An office referral will result in removal from the squad.

Student's Name: _____ Signature: _____

Parent/Guardian Permission Form

I have read the above oath and understand all of the qualifications, general requirements, and obligations of cheerleading squad members. I understand what will be required of my child as a Walton Middle School cheerleader. I realize that if my child does not fulfill these expectations, my child may not be allowed to tryout or may be removed from the squad after being selected.

I give my consent for _____ to tryout for the position of cheerleader. If the above applicant is chosen as a member of the cheerleading squad, he/she also has my permission to participate in all of the required activities of the aforementioned organization.

I understand that I am responsible for payment cheer-wear fees. If for any reason my child is unable to perform his or her duties as a cheerleader, all fees paid will not be refunded.

Parent's Name: _____ Signature: _____