



WESTVIEW CHEERLEADING

2018-2019 TRY-OUT APPLICATION

PLEASE RETURN THIS FORM TO THE COACHES @ THE END OF THE MEETING TONIGHT!

PLEASE MAKE SURE THIS INFO IS ACCURATE – PARTS OF IT WILL BE USED TO MAKE THE ROSTER ONCE WE SELECT THE TEAM

CHEERLEADER INFORMATION

Name: _____ Birthday: _____
 Current School: _____ Current Grade in School: _____
 Cell Phone: _____ Height: _____ Weight: _____
 Address: _____ City: _____ Zip: _____
 E-mail: _____
 T-shirt Size (circle one): XS S M L

PARENT INFORMATION

Parent's Name: _____ Parent's Cell: _____
 Parent's E-mail: _____
 Parent's Name: _____ Parent's Cell: _____
 Parent's E-mail: _____

PREVIOUS EXPERIENCE

Please check any previous experience that you may have. List where at and the years that you participated:

Cheer: _____
 Gymnastics/Tumbling: _____
 Other: _____

TUMBLING SKILL INVENTORY

Please check all you can perform consistently w/out a spot:

<input type="checkbox"/> Standing Back Handspring (on Cheese Mat)	<input type="checkbox"/> Round off Back Handspring
<input type="checkbox"/> Standing Back Handspring (on Dead Mat)	<input type="checkbox"/> Round off Multiple Back Handsprings
<input type="checkbox"/> Standing Multiple Back Handsprings	<input type="checkbox"/> Round off Back Handspring Tuck
<input type="checkbox"/> Standing Back Tuck	<input type="checkbox"/> Round off Back Handspring Layout
<input type="checkbox"/> Standing Back Handspring Back Tuck	<input type="checkbox"/> Round off Back Handspring Full

TRY-OUT QUESTION

Why do you want to be a Westview High School Cheerleader?

TRY-OUT PARTNER

Name of Try-Out Partner: _____
 *If you do not choose a partner we will assign you one

TEAM ACCEPTANCE

Please place a check next to the teams you would accept a position on if selected:

Varsity Junior Varsity Junior Varsity 2