

Elkhart Central High School Cheerleading Application

To be completed by student (please print). Return to C219, the athletic office, or to the coaches on the first day of tryouts

Name: _____ **Grade:** _____ **Age:** _____

Address: _____ **City:** _____ **Zip:** _____

Date of Birth: _____ **Phone Number:** _____ **Cell:** _____

My tumbling experience includes (please list skills mastered): _____

My stunting experience includes: _____

Former cheerleading experience includes: _____

I am trying out for the ECHS Cheerleading squad because...: _____

(Use back if needed)

_____ I understand that I may or may not be selected as an ECHS cheerleader
(Initial)

If selected, I will accept a position on: (Check all that apply)

12th
Varsity: _____
JV: _____

10th and 11th
Varsity: _____
JV: _____
Silver: _____

9th
JV: _____
Silver: _____

Cheerleader Signature

Date

