

Candidate Name _____

Grade _____

DMS Cheerleading Candidate Sign-Up Form

I have read the cheerleading guidelines and I understand the responsibilities and privileges of being a member of the Davis Middle School Cheerleading Program. I promise to abide by these rules and regulations as long as I am a member of the DMS Cheer Program. I understand that, if elected, I am making a commitment to cheer for the entire season, both football and basketball. I promise to hold myself and this program at a high standard and to represent Davis Middle school well wherever I am. **I understand that failure to comply with GHSA Cheerleading guidelines and DMS Cheer guidelines as listed in the Cheerleader Constitution and Behavior Contract will result in disciplinary action, as well as possible suspension or dismissal from the cheerleading squad.**

Candidate Signature: _____ Date: _____

DMS Cheerleading Tryout: Permission Form

_____ has my permission to participate as a member of the Davis Middle School Cheerleading Program. I have read the GHSA Cheerleading Guidelines, DMS Cheerleading Constitution, Behavior Contract, Financial Obligation, and Tryout Information, and I accept ALL of the rules, regulations, and financial obligations. I will assist in every way to see that all of these guidelines are strictly enforced. I understand that if my son/daughter fails to comply with these guidelines, it will result in disciplinary action and possible suspension of dismissal from the cheer program.

I understand that there are certain financial obligations that we must fulfill if my son/daughter qualifies for the cheerleading squad. I also understand that if this money is not raised through the team's fundraising efforts, the remaining balance will be my responsibility.

While I expect school representatives to exercise reasonable precaution to avoid injury, I understand that the school will NOT assume responsibility for any accident/injury that might occur at school, during an event, or away from school grounds. In addition, I authorize school representatives to obtain, through a physician of their own choice, medical treatment necessary for the welfare of my child if he/she becomes injured or ill while in the course of school activities.

Parent/Guardian Signature: _____ Date: _____

ALL forms are due back TBD.