

2020-2021 DMS Cheerleader Application

Candidate Name: _____ Current Grade Level: _____

Current Teachers:

Language Arts: _____

Social Studies: _____

Science: _____

Math: _____

Homeroom: _____

Please answer the following questions to the best of your ability. Your responses will be weighted in your tryout score during evaluations, but we want you to be open and honest so we can have a better idea of who you are as an individual.

What is one word that teachers would use to describe you? _____

What is one word that your peers would use to describe you? _____

What is something that you feel you are very good at?

What is something that you feel is challenging for you?

Name 2 things you would do to promote school spirit.

What is cheerleading?

What would you do if a member of your squad had a bad attitude at practice or at a game?

What is an idea you would like to see implemented in next year's DMS cheerleading program?

Why do you want to be a member of the DMS Cheerleading Squad?

RETURN THIS SHEET ALONG WITH OTHER REQUIRED DOCUMENTS:

ALL forms are due NO LATER THAN TO BE DETERMINED. Forms must be signed and returned in order to participate in tryouts. Bring all forms to the front office.

I have read, understand, and agree to the following: (Please Initial)

_____ 1. 2020-2021 DMS Cheerleading Tryouts Information/Expectations Document

Candidates Name: _____

Parent Signature: _____

_____ 2. Cheerleading Financial Obligation Form 2020-2021

Candidates Name: _____

Parent Signature: _____

_____ 3. DMS Cheerleading Tryouts Sign-up/ Permission Form

_____ 4. 2020-2021 Cheerleading Application

_____ 5. Hall County Schools Athletic Registration Form (Insurance on back of form must be filled in or purchased with the school in order to try out.)

_____ 6. Pre-Participation Physical Evaluation (2 pages front and back)

Front and back filled out by a physician and signed within the calendar year.

Must be good through the entire cheer season.

Physicals that will expire before February 2021 will not be accepted.

_____ 7. Concussion Awareness Form

_____ 8. One Teacher Recommendation Letter