

2018-2019 Athlete Try-Out Form

Athlete's Name: _____

Birthdate: _____

"Cheer Age" - Age as of August 31, 2018: _____

Address: _____

Have you cheered before? YES NO If yes, where? _____

I want to be considered for an exhibition/prep/limited travel team: YES NO

I want to be considered for a competitive team: YES NO

(Circle YES for both if you are willing to go where your athlete will fit best)

I am willing to cross-compete? YES NO

(Cross-competing does incur additional fees)

Which level routine(s) will you be performing for the final evaluation? _____

Mother's Name: _____

Phone: _____

Father's Name: _____

Phone: _____

The **PRIMARY** source of contact for important Shamrock news/updates is sent out via email. Please provide the email address(es) that you would like to receive this information:

Email: _____ Relation to athlete: _____

Email: _____ Relation to athlete: _____

The **PRIMARY** source of contact for booster club payments and invoices is sent out via email. Please provide the email address that will be responsible for your athlete's **booster club account**:

Email: _____ Relation to athlete: _____

The **PRIMARY** source of contact for front office tuition is sent out via email. Please provide the email address that will be responsible for your athlete's **front office tuition**:

Email: _____ Relation to athlete: _____

Emergency Contact: _____ Relation to athlete: _____

Phone Number: _____

Emergency Contact: _____ Relation to athlete: _____

Phone Number: _____

List all current Medications, Allergies, and Injuries:
