Thrall ISD Cheerleading Application

Thank you for your interest to join Thrall Cheer. Please fill out the following application and return to the front office by the due date. Please understand that by filling out this application you are not guaranteed a spot on the team, but that you are interested in trying out for the team. Try-outs will be held to select team members.

Student Name:		Student Birthday:					
Student Address:			Stude	ent Phone: _			
		Student Email:					
	(Please use your school email)						
Next Year's Grade Level:	7th	8th	FR	so	JR	SR	
*All 7th and 8th students tr	y ing out w i	ill be trying	out for a	spot on the	middle sc	hool cheer squad	l.
*All Freshman- Seniors will squad if the numbers allow on a JV squad. You will be n	it. Based o	n cheer sco	ores some				
	Pa	rent Guard	lian Inforn	nation:			
Name:		Name:					
Address:		_		Address:			
Phone:				Phone:			
Email:		Email:					
I(Student Name)	underst	and that it	is my resp	ponsibility (to comple	te and submit the	<u>}</u>
application by the rec	luired due	date. Failu	re to do so	may result	in ineligi	bility to tryout.	
Student Signature:					Date:		
Parent Signature:					Date:		