

**2019-2020**  
**York Jr. High School Cheerleader Tryouts**  
**(Parental Permission Form and Application for Cheerleader Tryouts)**

**Name:** \_\_\_\_\_

**Grade next fall:** \_\_\_\_\_

**Age:** \_\_\_\_\_      **Birth Date:** \_\_\_\_\_

**School Attending Now:** \_\_\_\_\_

**Parents' Names:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Parent email address:** \_\_\_\_\_

**\*Student's Google Docs information (we will post cheers and dance videos through google docs)**

**Student Conroe ISD username:** \_\_\_\_\_

**STU number:** \_\_\_\_\_

**I have read and understand all of the tryout information and rules. I agree to abide by these rules during the cheerleader tryout process.**

**Candidate Signature:** \_\_\_\_\_

**I have read and understand all of the information and rules. I give my child permission to try out for the York Jr. High Cheerleader Squad.**

**Parent Signature:** \_\_\_\_\_

**Conroe Independent School District  
2019-2020 Cheerleader Tryout  
Cheerleader Participation & Medical Release Form**

My child \_\_\_\_\_ has my permission to be a cheerleader at York Junior High School; I understand that he/she must abide by the 2019-2020 rules and regulation set forth by the coaches and administration of YJH. I understand that my daughter/son will be evaluated by qualified judges and we agree to abide by the decision of the judges and coaches. I authorize the YJH cheerleading coaches to give permission for any emergency medical services deemed necessary for my child. I understand that any medical expense incurred will be my responsibility. I understand by the very nature of this activity, cheerleading carries risk of physical injury or death. No matter how careful the participants and coaches are, how many spotters are used, or what type of landing surface is used, the risk cannot be eliminated. The risk of injuries includes minor injuries such as muscle strain, dislocation, and broken bones. The risk also includes catastrophic injuries such as permanent paralysis or even death from landing or falling on the back, neck, or head. I understand these risks and will not hold YJH or any CISD personnel responsible in the case of accident or injury at this time.

The following pre-existing medical condition or allergic reactions to medications are provided for your information:

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The Release and Permission for is effective while my child is participating in the 2018-2019 YJH cheerleader tryout process and training clinic.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2019

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Signature (parent/legal guardian)

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Signature (Candidate)