

**LMS**  
**Sidelines/Competition Cheerleader Application**

**Student Information**

Student Name: \_\_\_\_\_

Homeroom Teacher: \_\_\_\_\_

Grade Level for 2024-2025: \_\_\_\_\_

Prior cheer experience: \_\_\_\_\_

Other activities and organizations you participate in:

\_\_\_\_\_

Health information/limitations we need to know about?

\_\_\_\_\_

**\*\*\*ATTENDANCE & GRADES WILL BE CHECKED PRIOR TO TRYOUTS\*\*\***

**Parent/Guardian Information (Emergency Contact)**

Parent/Guardian Name:

\_\_\_\_\_

Parent/Guardian Phone Number:

\_\_\_\_\_

Parent/Guardian Email Address:

\_\_\_\_\_

\*\*Please return this form to Coach Prescott by April 10th\*\*