

GLENVAR MIDDLE SCHOOL TRYOUTS 23-24

APPLICANTS NAME: _____ GRADE: _____

APPLICANTS PHONE NUMBER (_____) _____ - _____

ADDRESS: _____

PARENT NAME: _____

PARENT PHONE NUMBER: (_____) _____ - _____

PARENT EMAIL: _____ @ _____

ALT PARENT NAME: _____

ALT PARENT PHONE NUMBER: (_____) _____ - _____

ALT PARENT EMAIL: _____ @ _____

ALLERGIES: _____

INJURIES: _____

I GIVE PERMISSION FOR MY CHILD TO TRYOUT FOR THE GLENVAR MIDDLE
SCHOOL CHEERLEADING SQUAD ON
5/2/2023 AND 5/3/2023 AT 3:30-6:30

****I UNDERSTAND THAT MY CHILD MUST HAVE A CURRENT VHSL PHYSICAL ON
FILE WITH MS. WAKELAND IN THE MIDDLE SCHOOL****

PARENT/GUARDIAN SIGNITURE: _____

**PLEASE TURN INTO THE FRONT OFFICE AS SOON AS POSSIBLE OR TO COACH
PARRISH BEFORE TRY OUTS!**