

WESTERN CHRISTIAN HIGH SCHOOL

Lady Lancer

Cheerleading Program Tryout Application

A completed Tryout Application and \$40.00 Application Fee are required to tryout for the WCHS *Lady Lancer* Cheerleading Program.

| | |
|---|---|
| Student's Name: | Grade: Date of Birth: |
| Student's Address: (if different from Parents) | Home Phone: () Cell Phone: () E-Mail: |
| Father/Guardian's Name: (Mr. Dr. Rev.) Father's/Guardian's Address: | Father's/Guardian's Home Phone: () Cell Phone: () E-Mail: |
| Mother/Guardian's Name: (Mrs. Ms. Dr. Rev.) Mother's/Guardian's Address: | Mother's/Guardian's Home Phone: () Cell Phone: () E-Mail: |

PARENTAL PERMISSION FORM

My student has my/our permission to try out for a position on the *Lady Lancer* Cheerleading program at Western Christian High School.

We understand that my student must meet the eligibility requirements established by WCHS.

Parent/Guardian

Date