

Parkhurst Academy Eagles Cheerleading Tryout Form

School Year: 2025–2026

Upper School Coach: Ann Wolf

Email: Awolf@parkhurst.org

Elementary Coach: Jennifer Norman

Email:

Student Information

1. Full Name: _____
Date of Birth: _____ Age: _____ Current Grade: _____
Phone #: _____

Parent/Guardian Information

1. Parent/Guardian Name(s): _____
Primary Phone #: _____
Parent Email: _____
2. Parent/Guardian Name(s): _____
Primary Phone #: _____
Parent Email: _____

Academic and Conduct Information

Are you currently eligible (2.0 GPA or higher)? ☐ Yes ☐ No

Have you had any disciplinary events in the past year? ☐ Yes ☐ No

If yes, please explain briefly:

Experience (Check all that apply)

Cheer Experience:

☐ School Cheer ☐ All-Star Cheer ☐ Tumbling ☐ Dance/Gymnastics

If yes, where and how long?

Stunting Experience: ☐ None ☐ Base ☐ Back Spot ☐ Flyer

Tumbling Skills (check all that apply):

- ☐ Forward Roll ☐ Cartwheel ☐ Round-off ☐ Back Walkover ☐ Back Handspring
☐ Back Tuck ☐ Layout ☐ Full Twist ☐ Other: _____

Availability

Please list any known conflicts that could affect your ability to attend practices, games, or summer camp (vacations, jobs, etc.):

Short Answer Section (Optional)

3. Why do you want to be a Parkhurst Academy Eagle Cheerleader?

2. What strengths or qualities would you bring to the cheer team?

Agreement and Signatures

Student Agreement

I understand that cheerleading is a team commitment that requires dedication, responsibility, and school spirit. I will uphold the values of Parkhurst Academy, maintain academic eligibility, and follow all rules and expectations.

Student Signature: _____ **Date:** _____

Parent/Guardian Agreement:

I give my permission for my student to participate in cheerleading tryouts for Parkhurst Academy. I understand the expectations, time commitment, and possible financial responsibilities associated with being a part of the cheerleading team.

Parent/Guardian Signature: _____ **Date:** _____