



FOR OFFICE USE ONLY	Check
Registration Fee	
Proof of Acceptance	
Proof of Insurance	
Headshot	

Florida State University Cheerleading Try-out Form

PERSONAL INFORMATION:

Name: _____ SS#: _____ DOB: _____
 Year in School (Fall): _____
 If incoming Freshman – High School Attended: _____
 All-Star Team: _____
 Current Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____
 Email Address: _____

Sizing Information: (For Uniform Purposes Only)

Female:
 Nike T-Shirt: _____ Nike Sports Bra: _____ Nike Stamina Cheer Shoes: _____ Bloomers: _____
 Nike Warm-Up (Men's Size): _____ Varsity Top Size: _____ Varsity Skirt Size: _____
 Male:
 Nike T-Shirt: _____ Nike Shorts: _____ Nike Shoes: _____ Nike Warm-Up: _____
 Shell Top: _____ Pants: _____

Parent Information:

Name (s): _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____
 Email Address: _____

Emergency Contact:

Name: _____
 Phone Number: _____
 Relationship to Cheerleader: _____

Medical Information:

Insurance Carrier: _____ Policy #: _____ Group #: _____
 Please list any and all allergies or medical issues that the coaching staff and medical staff should be aware of:

I, _____, am participating in the Florida State University cheerleading tryouts and this form legally releases all obligations and responsibilities for the medical treatment of myself, in the event of illness or injury during this tryout and if I make the team, any squad related activities. Furthermore, the school and/or its employees are not liable for any injury incurred during tryouts or school related activities. In the event of an emergency occurring while I am participating in school related events, I grant permission, or if under 18, my son or daughter, to the school and/or its employees to secure medical treatment.

Participant Signature: _____ Date: _____
 Parent/Guardian Signature (if under 18): _____ Date: _____