

DCA Cheer Season 2020-2021 Tryout Form

Athletes Name: _____ Birthday: _____

Parents Name: _____ Parents Phone Number: _____

Parents Email: _____

Athletes Past Cheerleading Experience (Recreational cheer, Allstar, as well as position, etc.):

Athlete can perform these tumbling skills on their own: _____

Athlete has done these stunts before: _____

Anything else athlete wants us to know (awesome motions, great facials, hard worker, ect.):

Practice will be 1 weekday and then 1-2x over the weekend, Friday - Sunday (depending on team). Do you have any conflicts on weekdays in the long term? (Ex: religious ed):



Thank you for choosing to be a part of the DCA family!!