

WALLACE STATE HANCEVILLE

2019-2020 Cheerleading Tryout Packet

Thank you for your interest in becoming a 2019-2020 Wallace State Cheerleader! We are extremely excited about this upcoming year and are thrilled you want to be a part of it. Tryouts will be held on April 26th and 27th in the Wellness Center on the Wallace State Campus. On Friday, April 26th, the tryout clinic will begin at 4:00 PM and Saturday, April 27th, doors open at noon and tryouts begin at 1:00 PM. Mandatory practice to follow! **GIRLS:** Please wear form fitting attire and **GUYS:** Please wear athletic shorts with polo shirt tucked in on the day of the tryout, April 27th. Both in school colors and look Game Day Ready! The Wallace State Cheerleaders have a clean, modest look. All guys should be clean shaven and girls should stray away from heavy makeup. Please tuck your shirt in for the tryout!

Please read the checklist below. You will be required to have all paperwork and payment in hand at registration on April 26th. If you have any questions, please feel free to email me at stefany.keisler@wallacestate.edu or call at 256.352.8277. I look forward to seeing you there! Thank you!

Stefany Keisler

CHECKLIST:

- Apply to Wallace State Community College
<http://www.wallacestate.edu/admissions/apply-online>
- Fill out FAFSA (required to receive any WS Cheerleading scholarship)
<https://fafsa.ed.gov>
- Fill out Scholarship Application Form
(Attached Below)
- Physical (Attached Below)
- Release of Liability Form (Attached Below)
- \$35 Tryout Fee (Due at registration on April 26th)



2019-2020

Wallace State Cheerleading Release of Liability Form

April 26, 2019

Please Print

Name _____

Address _____

City _____ State _____ Zip _____

Phone Number(s) Home _____ Cell _____

E-mail _____

Date of Birth ____/____/____ ____ Male ____ Female Height ____ Weight

High School _____

I, _____ have completed the above information and declare it to be true and accurate. Further, I understand that my participation in clinic for Wallace State Community College Cheerleader is at my own risk. I hereby release Wallace State Community College Athletic Department, Wallace State Community College, and the coach (es) for any liability, for any injury, accidents or illness which may occur as a result of my participation in the clinic or tryout.

Signature _____ Date ____/____/____

Parent's Signature _____ Date ____/____/____

If you are under the age of 18, you must have a signature of your legal guardian.