



Try-Out Fee
\$35 _____ Siblings \$15 _____

Team Placed

Sibling

Placed _____

TURN IN THE FOLLOWING WITH THIS APPLICATION
TRY-OUT PAYMENT/PLACEMENT FEE APPLICATION, COPY BIRTH CERTIFICATE

Name _____ Height _____ Age As Of 8/31/2025 _____

Grade Next Year _____ Athletes Cell # _____

Parents Cell Phone _____ Email _____

Any Medical Conditions of Previous
Injuries _____

For this 1st season I'd like to limit crossovers to only 2 teams and I want to keep it as simple as possible.

Are you interested in being a crossover for the 2025/2026 **YES OR NO**

TELL US ABOUT YOUR SKILLS.....

Base _____

Backspot _____

Flyer _____

Standing Tumbling _____

Running Tumbling _____

AUTHORIZATION TO PARTICIPATE IN TRY-OUTS AND PLACEMENTS

I give my child, whose name appears above, permission to try-out and be placed for the 2025/2026 Horizon Storm Cheer Team. I understand that the sport of cheerleading is a dangerous sport and will not hold Horizons Storm Cheer and Tumbling its owners or employees liable for any injury incurred as a result of my child participating in the clinic or try-out. Parent/Guardian Signature required if athlete is under 18 years of age.

Parent/Guardian
Signature _____ Date _____