HIJH Cheer Conflicts Schedule

Cheerleader Name:_____ Grade:_____

Cheerleader Cell:_____ Cheerleader Email:_____

Parent Name:_____ Parent Cell:_____

Parent Email:_____

*All cheerleaders are **required** to turn this in to Coach Guest no later than **Monday, Oct 7th. You will not be able to try-out if we have not received your forms.**

Please list all **possible** conflicts you may have this season. Coaches will let you know what is excused/unexcused. If it is not on here it will automatically be unexcused.

All Star Gym Name: _____ Squad Name:_____

Coach's Name:_____ Practice Days/Times:_____

DATE/DAYS IF WEEKLY AND TIME	ACTIVITY/REASON

___ I do NOT have any conflicts this season.

Cheerleader Signature _____ Date_____

Parent/Guardian Signature_____ Date_____