



MIAMI SOUTHRIDGE SENIOR HIGH CHEERLEADING APPLICATION 2026-2027

BRING THIS COMPLETED APPLICATION WITH YOU TO THE FIRST DAY OF CLINIC

EVENT	DATE	TIME
Mandatory Parent Meeting	March 16	6:40 PM (Auditorium)
Cheer Clinic	March 16 & 17	4:30 PM – 6:30 PM
Cheer Tryouts	March 18	4:30 PM

STUDENT NAME: _____ STUDENT ID: _____

GRADE: _____ CURRENT SCHOOL: _____

REQUIREMENTS TO TRY OUT:

- 2.0 cumulative GPA - No D's or F's in Academics or Conduct - No 3's in Effort
- Must physically attend Miami Southridge Senior High School for the **2026-2027** school year.
- MDCPS Athletic Physical within the past year.
(form is available under the **ACTIVITIES - CHEERLEADER** tab on our website)
- Must attend all 3 days of clinic and tryouts.
- Parent or Guardian **MUST** attend the Parent Information Meeting on March 16 at 6:40 PM
(Parents may **NOT** attend the clinic or tryouts)
- Attach your photo (head shot only)
- One (1) recommendation letter from a current teacher (staple to the back of this form).
- Must wear: Plain White T-shirt, Black Shorts/Leggings, White Socks, White Sneakers, Hair in Ponytail.**

Teachers:

The student named above is interested in trying out for the Miami Southridge Cheerleading squad. Please complete the information below. *(If you have reservations regarding this student representing Miami Southridge, please contact the cheerleading sponsor privately, email is listed below).*

	TEACHER	SUBJECT	GRADES			COMMENTS
			A	E	C	
1						
2						
3						
4						
5						
6						
7						
8						

If you have any questions, please email:

tdias@dadeschools.net

lavandeiradanny@dadeschools.net

**MIAMI SOUTHRIDGE CHEERLEADING CONSTITUTION
CONTRACT AGREEMENT
2026-2027**

I have read the Miami Southridge Senior High School Cheerleading Constitution and agree to abide by all rules and regulations set forth in the constitution.

*The document can be viewed on our website: www.miamisouthridgeshs.com under the **Activities Tab**.*

CHEER CANDIDATE

PRINT LAST NAME

PRINT FIRST NAME

STUDENT ID

SIGNATURE

DATE

Cheerleader Phone: _____

Cheerleader E-Mail: _____

PARENT / GUARDIAN

PRINT LAST NAME

PRINT FIRST NAME

SIGNATURE

DATE

Parent Phone: _____

Parent E-Mail: _____