Cheerleading Application

NAME	G – ID#		
HOME ADDRESS	CITY	STATE	ZIP
PHONE	CELL PHONE	Ξ	
PARENT/LEGAL GUARI	DIAN		
BUSINESS PHONE			
HEIGHT	WEIGHT	SHOE SIZE	
SHIRT	PANTS	OVERALL GPA	
SOCIAL SECURITY #	BIRTH DATE	AGE	
List any injuries or health	problems you have which m	ay affect your ability to	o work?
TUMBLING ABILITY (C	HEER ONLY-LIST SKILLS	S)	
	U WOULD MAKE A STRO		
Do you have a job, class, or	belong to any organization	s which would hinder y	ou from
cheerleader practice Mond	ay-Friday from 5:30 p.m	8:00 p.m	
	ear, there is no guarantee that you		
· · · · •	act (with or with fee waiver). Ren renewals are at the discretions of t		
ve will notify you. Therefore, let it	be understood that you are volunt	eering your services to the U	niversity s
	g the squad, you will be expected heer at all home football games a		
	ng this application, you are say	ing if selected as a memb	
Cheerleading Squad, you are will			-
Cheerleading Squad, you are will Cheerleading Team. In the even	ing to abide by this agreement in it, that you do not adhere to th All ladies must meet weight re	e above agreement, your a	account w

personal insurance during the workshop and tryouts.