



2010 CHEERLEADING APPLICATION

NAME: _____ STUDENT ID OR SS# _____

EMAIL ADDRESS: (PLEASE PRINT LEGIBLY) _____

ADDRESS: _____

CELL PHONE _____ HOME PHONE _____

PARENT'S NAME (S) _____

PARENT'S ADDRESS _____

PARENT'S PHONE(S) _____

HIGH SCHOOL ATTENDED _____

COACH'S NAME AND PHONE _____

MAJOR _____ GPA _____

FRESHMAN __ SOPHOMORE __ JUNIOR __ SENIOR __

CHEERLEADING EXPERINCE (PLEASE INCLUDE UCA,NCA,ETC) _____

HEALTH INSURANCE INFORMATION

POLICY HOLDER _____ COMPANY _____

POLICY NUMBER _____ PHONE NUMBER _____ **YOU MUST BRING YOUR SCHEDULE, TWO COPIES OF INSURANCE CARD, AND RELEASE FORMS TO TRYOUTS. WE WILL NOT HAVE ACCESS TO A COPIER.**