

## CHEERLEADER APPLICATION

NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

AGE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

WTAMU ADDRESS \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

WTAMU PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_

CLASSIFICATION \_\_\_\_\_ APPROXIMATE GPA \_\_\_\_\_

CHEERLEADING EXPERIENCE \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

STUNTING: BASE \_\_\_\_\_ TOP \_\_\_\_\_ BOTH \_\_\_\_\_

DANCE/GYMNASTICS EXPERIENCE \_\_\_\_\_

\_\_\_\_\_

ARE YOU WILLING TO SCHEDULE CLASSES AROUND CHEERLEADING: \_\_\_\_\_

ARE YOU/WILL YOU BE WORKING? PART-TIME \_\_\_\_\_ FULL-TIME \_\_\_\_\_

I understand that I must be enrolled in twelve hours and maintain a 2.0 GPA each semester while cheering. I also understand that I will reimburse the University for all expenses incurred on my behalf should I quit the squad for any reason during the term of this appointment.

I certify that all information given above is correct, that I qualify for the position of cheerleader and that I am not on scholastic or disciplinary probation. Furthermore, I authorize the department of intercollegiate athletics to verify my academic records.

SIGNATURE \_\_\_\_\_

\_\_\_\_\_  
The above applicant has been found to be for the position of WTAMU cheerleader.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Athletic Department Representative

## **RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**

The following release must be signed by each participant and by a parent or guardian if participant is a minor.

As a student/ prospective student at West Texas A&M University, I have the opportunity to participate in the WTAMU cheerleader squad selection process to be held on \_\_\_\_\_. I am not required to participate in this process and do hereby affirm that my participation is voluntary.

I agree to assume full responsibility for my own safety while participating in this event, and hereby release West Texas A&M University, its Board of Regents, their agents and employees, the Department of Intercollegiate Athletics staff, or any other agent working with the tryouts for any injury that may occur while participating.

I understand that by taking part in the WTAMU cheerleader tryouts there is a possibility of injury or sickness. I do hereby grant my permission to hospital staff members to administer immediate treatment to me/my child should be injured/ill.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Insurance Carrier \_\_\_\_\_

Telephone \_\_\_\_\_ Policy/Group Number \_\_\_\_\_

Any medications allergic to \_\_\_\_\_