

University of Arkansas at Monticello
CHEERLEADER TRYOUT APPLICATION
(Please print legibly)

FULL NAME: _____

SOCIAL SECURITY NUMBER: _____

YOUR AGE: _____

DATE OF BIRTH: _____

YOUR HEIGHT: _____

YOUR WEIGHT: _____

SHOE SIZE: _____

T-SHIRT SIZE: _____

PRESENT ADDRESS: (include dorm and room # or apartment #)

PRESENT PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS:

PARENTS NAMES: _____

PARENTS ADDRESS: _____

PERMANENT TELEPHONE NUMBER & AREA CODE:

DO YOUR PARENTS KNOW YOU PLAN TO TRYOUT? YES NO

DO YOU HAVE MEDICAL INSURANCE? YES NO

ARE YOU EMPLOYED? YES NO

IF YES, WHERE DO YOU WORK

NUMBER OF HOURS PER WEEK:

ARE YOUR HOURS FLEXIBLE? YES NO

CHECK THE APPLICABLE BLANK:

_____ I am currently enrolled in 12 hours or more at UAM

_____ I am currently enrolled in less than 12 hours at UAM

_____ I am currently enrolled in another institution (high school or college)

_____ I am currently not attending school

_____ I hereby release my academic transcript to the UAM Cheerleader
Advisor/Coach.

High School seniors & transfer students MUST submit a current transcript & proof of Intent to enroll in UAM (letter of acceptance or copy of formal application for admittance) with completed cheerleader application.

PRESENT CLASSIFICATION:

- _____ High School Senior
- _____ Freshman
- _____ Sophomore
- _____ Junior
- _____ Senior

COLLEGE MAJOR: _____

I certify that I have no health or physical defects that will hamper my ability to perform as a University of Arkansas Monticello Cheerleader or which might cause my participation to be harmful to my health. If selected, I understand that I must maintain my weight at or below the maximum limitations set for me. I am making a MAJOR PERSONAL COMMITMENT of my non-academic time to UAM Cheerleaders. I further understand that I must be enrolled as a full-time student at UAM. I acknowledge that I may be relinquishing the future privilege to tryout as a UAM Cheerleader should I fail to fulfill by obligation.

Signed: _____ Date: _____