<u>University of Arkansas at Monticello</u> CHEERLEADER TRYOUT APPLICATION (Please print legibly)

FULL NAME:				
SOCIAL SECURITY NUMBER:			_	
YOUR AGE:YOUR HEIGHT:	DATE OF BIRTH	:	_	
SHOE SIZE:	YOUR WEIGHT: T-SHIRT SIZE:		_	
PRESENT ADDRESS: (include d	orm and room # or apartment	#)		
PRESENT PHONE:	CELL PH	IONE:		
EMAIL ADDRESS:				
PARENTS NAMES:				
PARENTS ADDRESS:				
PERMANENT TELEPHONE NU	MBER & AREA CODE:			
DO YOUR PARENTS KNOW Y		YES	NO	
DO YOU HAVE MEDICAL INSURANCE? ARE YOU EMPLOYED?		YES YES	NO NO	
IF YES, WHERE DO YOU WOR NUMBER OF HOURS PER WEE		ILS	110	
ARE YOUR HOURS FLEXIBLE?		YES	NO	
I am currently enro I am currently enro I am currently not a	lled in 12 hours or more at Uz lled in less than 12 hours at U lled in another institution (hig	JAM gh school or co	0 /	

PRESENT CLASSIFICATION:	
High School Senior	
Freshman	
Sophomore	
Junior	
Senior	
COLLEGE MAJOR:	
I certify that I have no health or physical defects that as a University of Arkansas Monticello Cheerlead participation to be harmful to my health. If selection weight at or below the maximum limitations of PERSONAL COMMITMENT of my non-academ understand that I must be enrolled as a full-time st may be relinquishing the future privilege to tryout fulfill by obligation.	er or which might cause my ed, I understand that I must maintain et for me. I am making a MAJOR ic time to UAM Cheerleaders. I further udent at UAM. I acknowledge that I
Signed:	Date:

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.