Cheerleader/Mascot Application

CIRCLE ONE:	CHEERLEADER MASCOT		
APPLICANT'S NAME:		FIRST	
LOCAL			
ADDRESS:	/ A DT		
CITY	STATE	ZIP	
EMAIL:			
LOCAL PHONE			
SOCIAL SECUR	ITY#:		
BIRTH DATE:	\$	SEX: MALE OR FEMALE	
AGE:	FRESHMAN SOPHO	MORE JUNIOR SENIOR	
EXPERIENCE:	ERLEADING/MASCO	-	
PARENT'S INFO	rage/Current School (GI DRMATION (PLEASE)	USE FIRST NAMES)	
ADDRESS:	C/APT.#		
CITY	STATE	ZIP	
*REFERENCE (1	NON RELATIVE)		
NAME:		Phone:	
ADDRESS:	ET/APT.#		
CITY	STATE	ZIP	
*Your reference will b	e contacted.		
APPLICANT'S SIGNATURE		Date:	

Texas A&M University-Kingsville

Letter of Understanding

\$25.00 Application Fee must be submitted with form.

Copy of Medical Insurance

I, _____, submit this application for cheerleader/mascot tryouts. My academic classification is/will be _____ and my TAMUK grade point average/current school (GPA) is _____. I am a full time student with a minimum of twelve hours and will remain a full-time student for the academic year. In submitting this application I understand and agree to the following:

1) Academic standing will be verified by Cheerleading coach. A 2.0 GPA or an acceptance letter to Texas A&M University-Kingsville is required prior to tryouts. Academic probation disqualifies me from trying out.

2) A copy of personal primary medical insurance must accompany this application. Coverage must remain throughout the year if selected.

3) Two letters of recommendation must accompany this application.

4) I understand that Cheerleader/Mascot Tryouts and clinics are to be attended at the designated times.

5) If selected, summer camp is mandatory. Failure to attend summer camp will result in dismissal.

6) I agree to follow all safety guidelines deemed necessary by the Cheerleader Coach.

I understand and accept that failure to meet any of the above items will result in my disqualification from consideration/participation. I also agree that if selected, I will fully abide by the Cheerleader Rules and Regulations.

I accept and understand that the decision of the judges will be final!

Name (Print)				
Signature			Date	
Social Security Num	ber	Tel	ephone	
Address				
City	State	Zip		
Email	Birthday			
Classification				