

# THE UNIVERSITY OF VIRGINIA'S COLLEGE AT WISE CHEERLEADING APPLICATION

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Home Address: \_\_\_\_\_

Cell Phone Number: (    )    - \_\_\_\_\_

Email Address: \_\_\_\_\_

## CHEER HISTORY

High School: \_\_\_\_\_

All Stars: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Tumbling Skills/Experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Stunting Skills/Experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Related Skills/Experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## ACADEMIC INFORMATION

H.S. GPA: \_\_\_\_\_ College GPA: \_\_\_\_\_

Have you been accepted to UVa-Wise? \_\_\_\_\_

Fall 2010 Class Schedule: \_\_\_\_\_

MWF \_\_\_\_\_ TR \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# THE UNIVERSITY OF VIRGINIA'S COLLEGE AT WISE CHEERLEADING STATEMENT OF RELEASE

I hereby certify that I have read and comply with the following terms:

- ✓ I understand that cheerleading involves a variety of gymnastics, motions, stunting, and heights. Thus, I also understand that this sport inherently involves some risk of personal injury. I assume the risks involved by participating in this activity, UVa-Wise Cheerleading Tryouts. I also understand that a cheerleading injury can be sometimes serious and involve catastrophic injury, paralysis, and in worst cases, death.
- ✓ I am familiar with the American Association for Cheerleading Coaches and Advisors (AACCA) guidelines for safety in college cheerleading. A copy of these guidelines will be available for review at the tryout event. I will carefully abide by these guidelines.
- ✓ I release The University of Virginia's College at Wise, the Athletics Department, directors, and cheerleading coaches and officials from any legal issue relating to a possibly injury which I may incur by being a participant at tryouts.

## Medical Insurance Information

Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

I, \_\_\_\_\_, have carefully read and agree to abide by the information and requirements lined out in this release statement.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

*If under the age of 18 a parent/guardian signature is required.*

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_