



Lawson State Community College
Cheerleader Application

For Official Use:
No. \_\_\_\_\_
Score \_\_\_\_\_

CONTACT INFORMATION

Social Security # \_\_\_\_\_

LSCC Student # \_\_\_\_\_

Form with fields: First Name, Last Name, Date of Birth, Street Address, City, State, Zip Code, Cell Phone, Home Phone, Email Address.

EMERGENCY CONTACT INFORMATION

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Do you have transportation? [ ] Yes [ ] No

If no, will you have a way to practice, games, etc.? \_\_\_\_\_

\*It is your responsibility to have transportation, not your teammates or coaches.

SCHOOL INFORMATION

LSCC Students: Current GPA \_\_\_\_\_ Major \_\_\_\_\_

Returning Cheerleader [ ] Yes [ ] No How many years? \_\_\_\_\_

If not, have you ever been a cheerleader for any other team? [ ] Yes [ ] No

If yes, what team? \_\_\_\_\_ How many years? \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Number: \_\_\_\_\_

High School Students: Current GPA \_\_\_\_\_ Have you ever been a cheerleader on a team? [ ] Yes [ ] No

If yes, what team? \_\_\_\_\_ How many years? \_\_\_\_\_

Contact Person: \_\_\_\_\_ Number: \_\_\_\_\_

## MEDICAL INFORMATION

|  |  |
|--|--|
| Medical Insurance:                               | Policy Number:   |
| List any prior injuries:<br>1.<br>2.<br>3.<br>4. | List any medications you are currently taking:<br>1.<br>2.<br>3.<br>4. |
| Any physical therapy required? If yes, what?     |  |
| List any allergies:                              |  |

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## SIZING INFORMATION

Female       Male      \_\_\_\_\_ Height      \_\_\_\_\_ Weight

Shoe Size (exact): \_\_\_\_\_

**Please Circle Your Size:**

|          |    |   |   |   |    |     |
|----------|----|---|---|---|----|-----|
| Top      | XS | S | M | L | XL | XXL |
| Bottom   | XS | S | M | L | XL | XXL |
| Skirt    | XS | S | M | L | XL | XXL |
| Jumper   | XS | S | M | L | XL | XXL |
| Dress    | XS | S | M | L | XL | XXL |
| Tights   | XS | S | M | L | XL | XXL |
| Bloomers | XS | S | M | L | XL | XXL |

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I certify the information given on this application to be true. I understand that if this information is false I will be excluded from the tryout process.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICANTS, DO NOT GO BELOW THIS LINE**

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### Required Fees

**\$20.00 Tryout Fee**     Yes     No

Coach Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Official Use:

No. \_\_\_\_\_

Coach's Signature  
\_\_\_\_\_

## SKILLS INFORMATION

Place an "X" next to the skill you are capable of performing  
Place a "W" next to the tumbling skill you are working on with a spot

### Position

Flyer       Base       Back Spot       Front Spot

### Standing Tumbling

Back Handspring \_\_\_\_\_       Back Handspring Full \_\_\_\_\_  
 Back Handspring Tuck \_\_\_\_\_       Standing Full \_\_\_\_\_  
 Back Handspring Back Tuck \_\_\_\_\_

### Running Tumbling

Back Handspring series       Series Layout \_\_\_\_\_  
 Series Tuck \_\_\_\_\_       Other \_\_\_\_\_  
 Series Full \_\_\_\_\_

### Stunts

Hands to Liberty       Hands Stretch       Hands Cupie  
 Toss Extension (Co-ed or All-Girl)       Toss Liberty       Toss Cupie  
 Full-up Liberty (Co-ed or All-Girl)       Full-up Arabesque       Full-up Cupie  
 Full-up Extension       Rewind Liberty

### Cradles

Bump Down  
 Full Down  
 Double Down

### Basket Toss Experience

Please list all basket tosses you are capable of performing below (Flyers Only):

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**Lawson State Community College**  
Cheerleader Tryout Consent Form

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Month/Day/Year

**Participant's Risk/Precautions**

I understand that this activity involves risk. I further acknowledge and understand that due to the nature of this activity, which involves inversion and rotation of the body, there is a possibility that I may sustain physical illness or injury (minimal, serious, or catastrophic), in connection with participation. I further acknowledge and understand that I am assuming the risk of such physical illness or injury by my participation, and I further release Lawson State Community College and its representatives from any claims for personal illness or injury that I may sustain during participation in this activity.

**Waiver of Liability**

If an accident should occur, I take full responsibility for any medical supervision or care that may be necessary and will not hold Lawson State Community College, Coordinator or Lawson State Community College Cheer Coach responsible for any financial compensation due to an injury incurred during the LSCC Cheerleader tryouts.

I have read the above information in its entirety. I understand that Lawson State Community College and the Lawson State Community College, Coordinator or Cheer Coach are not responsible for any injuries sustained during this event. I hereby give my consent to participate in the Lawson State Community College Cheerleader tryout.

**Insurance Information**

Name of Insurance Company: \_\_\_\_\_

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

Participants Signature: \_\_\_\_\_

Participants Printed Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

**Lawson State Community College**  
***Cheerleader Questions***

1. Why do you want to be a member of the Lawson State Cheerleader Team?
  
2. If you make the team, how do you plan on managing your time and balancing your academic, cheering, and personal commitments (work, etc.)?
  
3. **If you are currently on the 2013-14 team**, how did you contribute as a member? (include an example)
  
4. **As a potential new member of the team**, what/how would you contribute to the team?
  
5. How would your past coaches and/or teachers describe your work ethic?
  
6. What are some of your hobbies (other than cheering)?
  
7. What does responsibility and accountability mean to you? Why is being responsible and accountable important when you are part of a team?
  
8. How do you adapt to change and give an example of a time you dealt with change?
  
9. How do you accept criticism and give an example of a time you were criticized and how did you handle it?

## Photo/Video Release Form

I, \_\_\_\_\_, hereby give permission for images of myself, captured during regular and special Lawson State Community College activities through video, photo, and digital camera, to be used solely for the purposes of Lawson State Community College promotional material and publications, and waive any rights of compensation or ownership thereto.

Name of Participant \_\_\_\_\_  
(Please Print Real Name)

Signature \_\_\_\_\_ Date \_\_\_\_\_