

PENSACOLA JUNIOR COLLEGE CHEERLEADER SQUAD APPLICATION

Please PRINT:

Name (First, Last) _____ SS# _____

Age _____ Birthdate _____
M / DD / YY

Night Classes? Y N If so, which nights and times? _____

Are you employed? _____ Number of hours per week: _____

E-MAIL: _____

LOCAL ADDRESS _____

City, State, Zip _____

Local Phone # _____ Cell Phone # _____

ARE YOU A FLYER? _____ ARE YOU A BASE? _____

Dance/teaching/cheer/gymnastics experience and training: _____

Skill Inventory:

Jumps/Leaps/Turns (Circle all that you can perform)

Toe Touch Pike Leaps (Right side Left side) Hurdlers Herkies Double Nine

Other _____

Gymnastics (Check all that you can perform)

Roundoff Back Handspring Standing Back Tuck Roundoff Back Handspring

Other _____

Please list any injuries or health problems: _____

Signature: _____ Date: _____