

UTM CHEERLEADER TRYOUT APPLICATION

Name: _____ Age: _____ M/F: _____

Have you been accepted to UTM: YES NO

(If so what grade will you be in?) _____

Birthdate: _____ GPA: _____ ACT Score: _____

Your Address _____

City _____ State _____ Zip _____

Your Email Address: _____ Your Cell # _____

Height: _____ Weight: _____ Shoe Size: _____

T-shirt Size: _____ Short Size: _____

Previous School Where you Cheered: _____

List position when stunting: _____

List any prior injuries: _____

List any medications that you are currently taking: _____

Did you take gymnastics? _____ If so, how many years: _____

List highest standing tumbling skill: _____

List highest running tumbling pass: _____

What do you have to offer the UTM Cheerleading program? _____

Signature

Date