

WSU SPIRIT SQUAD

Tryout Application

(Please type or print)

Trying Out For: **CHEER** **DANCE** **MASCOT**

Name: _____

Permanent Address: _____

Phone#: _____

Current Address: _____

Email Address: _____

Have you been admitted into WSU? Yes No

Age: _____ Year in School Fall Semester _____

Experience: _____

(please use reverse side if more space is needed)

Why Weber State? _____

If you were chosen as a non scholarship member, would you stay on the squad? Yes No

Are you receiving any other WSU scholarships? Yes No

Will you be a full time student (registered for a minimum of 12 credit hours)? Yes No

Cumulative GPA _____ Spring Semester GPA (for current WSU students) _____

Medical problems or injuries over the past five years (including dates):

(if injured in the past year, you must obtain a medical release from your physician in order to tryout)

Medical Release Form:

I _____, have Medical and Dental Insurance with

Clinic Participant

_____ / _____ which effectively covers any medical

Medical Insurance Co.

Policy Number

costs incurred as a result of participation in the Weber State Spirit Squad Clinics and Tryouts. I acknowledge the potential risk of injury related to physical activity associated with participation in the Weber State Spirit Squad Clinic and Tryouts. The University, squad advisor, coach, and clinic instructors will not be held liable for any injuries that may occur. Further, I will provide proof of insurance in the event of an accident or injury.

Signature: _____ Date: _____

For Office Use Only: <input type="checkbox"/> Admitted <input type="checkbox"/> Application <input type="checkbox"/> Tryout Fee Paid

