

The Embers Cheerleading Application

CHEERLEADING APPLICATION

Full name: _____ Age/Birthday: _____ / /

_____ Last First M.I. Age Date

Address: _____ Grade: _____

_____ Street address Apt./Unit #

_____ City State Zip Code Phone: _____

Email: _____

Parent First Name: _____ Parent Last Name: _____ Parent Phone: _____

Parent Email: _____

Have you had dance experience? Yes No

Please list your first, second, and third preference on what team to cheer for. (Girls JV, Boys JV, Boys Varsity)

1st: _____ 2nd: _____ 3rd: _____

What are three characteristics that you feel are most important for cheerleaders? Why?

What is your favorite thing about cheerleading and why?

What do you feel you could add to this team? Why?

How would you promote positive relationships in the cheer squad?
