

**Cheerleader Application
Wallace State College - Hanceville**

**Office: 256-352-8250
Fax: 256-352-8228**

Please Print or Type

Name _____

Address _____

City _____ State _____ Zip _____

Phone Number(s) Home _____ Cell _____

E-mail _____

Date of Birth ____ / ____ / ____ Height _____ Weight _____

High School _____

Classification (please circle one): In-coming Freshman Freshman Sophomore

GPA _____ Social Security Number _____

I, _____ have completed the above information and declare it to be true and accurate. Further, I understand that my participation in clinic and tryouts for Wallace State Community College Cheerleader is at my own risk. I hereby release Wallace State Community College Athletic Department, Wallace State Community College, and the coach(es) for any liability, for any injury, accidents or illness which may occur as a result of my participation in the clinic or tryout.

I also understand and agree to follow the requirements of the Wallace State College cheerleading squad (listed below).

- a. attend all cheerleading functions
- b. maintain a 2.25 GPA (incoming freshmen must have a 2.50 high school GPA)
- c. must be able to devote fifteen (15) hours or more per week to cheerleading activities.
- d. maintain excellent physical condition including weight and body fat requirements.
- e. will attend summer camp.

Signature _____ Date ____ / ____ / ____

Parent's Signature _____ Date ____ / ____ / ____

**Mail to: Wallace State Community College
Attention: Rob Metcalf
P.O. Box 2000, Hanceville, AL 35077-2000.**