

CHARLESTON SOUTHERN UNIVERSITY

2010-2011

Personal Information:

Full Name: _____ Date of Birth: _____
Cell Phone Number: (____) _____ Dorm and Room: _____
Email: _____
Student ID#: _____ School Year: _____
Do you plan to work during school? _____ How many hours a week? _____
T-shirt size ____ Sweatshirt size ____

Permanent (Parent) Mailing Address:

Street Address: _____
City/State/Zip: _____
Home Phone: (____) _____ Other Phone: (____) _____
Parent (s) Names: _____

Emergency Contact:

Name: _____ Relationship to you: _____
Phone: (____) _____ Optional Phone: (____) _____

History:

List any prior injuries and whether physical therapy was required and how long:

Allergies: _____

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I. Cheerleading: (Please give a brief description of your experience in the following areas)

A. High School: _____
of years _____

B. Amateur/All Star Squad: _____
of years _____

C. Collegiate: _____
of years _____

D. Instructing: _____
of years _____

