

Adrian College Cheerleading Tryout Registration Form

Local Information

Name:		
Local Street Address:		
City:	State:	Zip:
Phone:	Cell:	
AC ID # or SSN:	Date of Birth:	
Email Address:		

Summer Residence Information

Street Address:		
City:	State:	Zip:
Phone:	Cell:	
Email Address:		

Enrollment Information

Major (if known):	Date of Enrollment:
Minor (if known):	Credit hours completed (5/1/07):

Parent or Guardian Information

Names:		
Street Address:		
City:	State:	Zip:
Phone:	Cell:	
Email(s):		

Emergency Contact

Name of contact:	Relationship:	
Street Address:		
City:	State:	Zip:
Phone:	Cell:	
Email:		

Personal Information

Stunt Position (choose one):	Height:
Standing Tumbling: None Back Handspring Back Tuck	
Power Tumbling: None Back Handspring Back Tuck Layout Twist	
High School Attended:	Competitive: Yes No