

# University of Delaware Cheerleading Application

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Please print, fill out, attach a recent photo, and send to:

Ben Schreiber  
University of Delaware  
159 A Carpenter Sports Building  
Newark, DE 19716-1910

NAME:		DATE:	
School Classification		GPA:	AGE:
Height	Weight	Shoe Size	MALE/FEMALE (circle one)

There are no height or weight restrictions.  
Applicants will be judged solely on the criteria specified in the tryouts and prerequisites descriptions.

School Address		Home Address	
City	State	City	State
Zip	School Phone	Zip	Home Phone
Parent's Full Name(s)		Your E-mail Address	

<b>Medical Information:</b>	
**Section must be complete in order for this application to be valid.**	
Medical Insurance	Policy Number
List any prior injuries (If none, write none):	
Any physical therapy required? If yes, what? (If none, write none):	
List any medications you are currently taking (if none, write none):	
List any allergies (If none, write none):	

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## **Personal Information:**

1) How did you find out about the University of Delaware Cheerleading Program?

2) Why did you choose to come to the University of Delaware?

3) Why do you want to be a part of the University of Delaware Cheerleading Program?

4) List 2 of your most difficult tumbling skills as well as 2 of your most difficult stunting skills:

5) What do you have to offer the University of Delaware Cheerleading Program?

I certify that all the above information is true. I understand that if this information is incorrect or incomplete I will be excluded from the tryout process.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date