



MOBERLY AREA COMMUNITY COLLEGE CHEERLEADING APPLICATION



Name: _____

Permanent Address: _____
Street City State Zip

Phone #: _____ E-mail Address: _____

Parent/Guardian Name: _____ Phone #: _____

Parent/Guardian Address: _____
Street City State Zip

Previous Cheerleading Experience: _____

Why do you want to be an MACC cheerleader? _____

Other Interests/Activities: _____

High School Attended: _____

Do you plan to be employed while at MACC? _____ Yes _____ No

If yes, how many hours per week? _____

I hereby authorize the release of any information pertaining to my eligibility to participate as a cheerleader. Furthermore, I agree to provide medical/hospitalization insurance on myself, or should I not be covered by any policy of my own or my parent/guardian, I agree to be responsible for any medical expenses incurred as result of cheerleader tryouts, or participation as a cheerleader at Moberly Area Community College. I further agree to abide by all of the college rules and regulations which apply to the acceptance of being an MACC cheerleader.

Applicant's Signature

For more information or questions contact: Student Affairs
Email: cheer@macc.edu
Phone: 660-263-4110 x11270