



ELAC CHEERLEADING APPLICATION 2024-2025

Name:

Last	First	Middle
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Present Address:

Street	City	Zip Code
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Phone:() Cell: () email:

Parent/Guardian Name(s):

Student ID #: - - Birth Date: / / Age:

School Currently Attending: _____

Year in School: HS/SR JR College & Year:

(please circle one)

Current Cheerleading Coach/Advisor:

Phone #: () _____

How did you hear about tryouts? _____

What cheerleading experience do you have? _____

List any and all major health problems:

Medical Insurance Company:

Policy #

Emergency Contact

IN CASE OF EMERGENCY, PLEASE NOTIFY:

1. NAME: PHONE:

ADDRESS:

2. NAME: PHONE:

ADDRESS:

ELAC Cheer 2024-2025 Contract

I have read and understand all the requirements, regulations, and rules regarding the ELAC Cheerleading Team and I agree to abide by them. I will follow and abide by the LACCD Rules, Regulations, District Mandated Health Guidelines, and Student Code of Conduct found on the

ELAC Cheerleader Candidate Questionnaire 2024-2025

1. Why do you want to be a member of the ELAC **Cheerleading** Team?

2. List three attributes you can contribute to the team.

Additional Information

Important Dates:

Sat., Jan 20, 2024

ELAC Cheerleading Team Applications Available Online

Tuesday, Feb 6, 2024

Completed Applications Due, 5:00PM in class/practice

Contact Coach Zepeda (lopezze@laccd.edu) for assistance, available accommodations, or schedule for a separate

