

ELAC CHEERLEADING APPLICATION 2024-2025

Name:

Street City Zip Code Phone:() Cell: () email: Parent/Guardian Name(s):	Last	t	First	М	Middle	
Phone:() Cell: () email: Parent/Guardian Name(s): Student ID #:	Present Address:					
Parent/Guardian Name(s): Student ID #:		Street		City	Zip Code	
Student ID #:	Phone:()		Cell: ()	email:		
School Currently Attending:	Parent/Guardian	Name(s):				
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:	Student ID #:		Birth Da	nte: / / Age		
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ADDRESS:2. NAME:PHONE:				PHONE:		
2. NAME: PHONE:			1			
			I	PHONE:		

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 Cheer 2024-2025 Contract

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, 2024ELAC Cheerleading Team Applications Available OnlineTuesday, Feb 6, 2024Completed Applications Due, 5:00PM in class/practiceContact Coach Zepeda (lopezze@laccd.edu) for assistance, available accommodations, orschedule for a separate

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