

13. Do you plan to participate in any sport while at MGCCC? _____

14. Being an MGCCC Cheerleader takes time and commitment. Participation in all scheduled practices, meetings performances, and social appearances is mandatory. Do you have other responsibilities that may make it difficult for you to devote the time necessary to your role as an MGCCC Cheerleader?

Please explain your answer. _____

15. Please state why you want to be a Mississippi Gulf Coast Community College Cheerleader.

16. Emergency Contact Information

Name of Emergency Contact

Relationship to You

(_____)
Phone Number

(_____)
Alternate Phone Number

Applicant Signature

Date

Please return completed application, recommendations, release of liability form and photograph by March 29, 2010 to

MGCCC Cheerleading Coach
PO BOX 548
Perkinston, MS 39573

For additional information, please contact Cheerleading Coach, Shellie Campbell at (662) 312-7719 or (601) 928-6202 or Michelle Sekul at (601)928-6267 (michelle.sekul@mgccc.edu).

RELEASE FROM LIABILITY AND PARENTAL CONSENT FOR MEDICAL TREATMENT

The undersigned parents/guardians of _____ hereby releases, waives, and discharges the Mississippi Gulf Coast Community College from any and all liability to the participant, parents/guardians of the participant, or legal representatives, for any and all loss or damage, and any claim for damages resulting therefrom, on account of injury to participant's person or property.

The undersigned parents/guardians hereby authorize and consent to any medical attention required by the participant as deemed appropriate, while said participant is formally registered in any college sponsored program.

Witness our signature on this _____ day of _____, 200__.

Signature of Participant

Signature of Parent or Guardian

Date of Birth: _____

Session attending: Cheerleader/Mascot Tryouts

Name of School: Mississippi Gulf Coast Community College

Name of person to contact in case of emergency: _____

Relationship of Emergency Contact to You: _____

Emergency Contact Telephone Number: _____

Do you have any allergies? _____

Are you taking special medication? _____

***Parent/Guardian must sign for participants under 18 years of age.**