



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.

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**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 28, 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 there from, 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.**