

UPT CHEERLEADING SQUAD
2019 – 2020

Name: _____

Campus Address: _____

Cell Phone (+area code): _____ (will be used frequently for messages)

Pitt Email Address: _____
(must be PITT Email address – for correspondence)

Class (fresh, soph, etc.): _____ Major: _____

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Parent(s) Name(s): _____

Permanent Address (include city, state, zip, phone): _____

Emergency Contact Name and Phone Number: _____

Insurance Company: _____ Policy # _____

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Date of Birth: _____ Height: _____ Weight: _____

Shoe Size: _____ Bust: _____ Waist: _____

Jean Size: _____ T-Shirt Size: _____ Hoodie Size: _____ Shorts Size: _____

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1. Are you currently allergic to or taking any medications? ___ Yes ___ No If yes, please explain:

2. Are you currently a member of any club, organization, or team which requires practice time?

___ Yes ___ No If yes, explain: _____

3. Are you currently employed for the 2019-2020 school year?

___ Yes ___ No If yes, where, and what hours/days are worked per week?
