



SHAW UNIVERISTY DEPARTMENT OF ATHLETIC CHEERLEADING QUESTIONNAIRE

This information will be kept confidential.

PERSONAL INFORMATION

Name: _____ Student ID#: _____
Address: _____

Telephone Number: _____ Cell Phone: _____
Email Address: _____
Birth date (MM/DD/YY): _____
Height: _____ Weight: _____

ACADEMIC INFORMATION (For Incoming Freshman/Transfer Students Only)

High School: _____
High School Graduation Year: _____
High School GPA _____
Academic Area of Interest: _____
Academic Hours _____
Last College/University: _____
Current GPA: _____
Academic Hours Transferred: _____
Academic Area of Interest: _____

Submission of false information is subject to dismissal from tryouts and/or cheerleading squad.

MEDICAL INFORMATION (Please attach a copy of your physical form.)

EMERGENCY CONTACT

Mother's Name: _____	Father's Name: _____
Address: _____	Address: _____
City, State Zip Code _____	City, State Zip Code _____
Work Phone: _____	Work Phone: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____

Please send/forward a completed copy of this form to: Head Cheerleading Coach ~ Shaw University Department of Athletics
~ 118 East South Street ~ Raleigh, NC 27601~ Phone: 919-546-8281~ Fax: 919-546-8444