



# Strongsville Football League

## Application for Cheer Squad Captain 2018 Football Season

### PERSONAL INFORMATION:

Name (Last, First): \_\_\_\_\_ Birth date: \_\_\_\_\_

Present Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ / Cell Phone: \_\_\_\_\_ / Email: \_\_\_\_\_

Primary method of contact (circle one): Home Cell Email

Can you be contacted via "text messages" to cell phone? Yes No

Parent Names: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency contact - Name: \_\_\_\_\_ / Relation: \_\_\_\_\_ / Phone: \_\_\_\_\_

Grade you will be entering for 2017-2018 school year? \_\_\_\_\_ Graduated? Y N Graduated Year: \_\_\_\_\_

School you are attending for 2017-2018 school year? \_\_\_\_\_

GPA on most recent report card: \_\_\_\_\_

Are you older than 18 yrs old? Y N

Are you legally authorized to work in the US? Y N

### CHEERLEADING EXPERIENCE:

Please list all cheerleading experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dance experience:

\_\_\_\_\_  
\_\_\_\_\_

Were you ever a squad captain for the Strongsville Football League? Y N

If yes, please list team name: \_\_\_\_\_

Please list team name if you have a preference for which cheer team you would like to lead this season: \_\_\_\_\_

Are you interested in being paired with another captain? Y N If so, please list preferred co captain: \_\_\_\_\_

Are you interested in leading more than 1 squad this season? Y N

Are you experienced and knowledgeable on choreographing a 2-3 minute half-time dance routine? Y N

Do you have transportation to/from cheer practices, games, additional team building events? Y N



## LEGALITY:

Have you ever been convicted of, plead guilty/no contest to, or had a suspended imposition of sentence for any offense (other than a minor traffic violation)?    Y    N

If yes, please explain: \_\_\_\_\_

(A convictional record will not necessarily exclude you from consideration. This information will be used only for job-related purposes and only to the extent permitted by law. )

## AUTHORIZATION:

*"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.*

*"I authorize investigation of all statements contained here in and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.*

*"I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.*

*"This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by The American with Disabilities Act (ADA) and other relevant Federal and State Laws."*

Date: \_\_\_\_\_ Signature: \_\_\_\_\_