

## **Strongsville Football League**

## Application for Cheer Squad Captain 2022 Football Season

## **PERSONAL INFORMATION**

-				Birth date:
Current Address:				Zip:
Home Phone:	Cell:		Email:	
Primary method of contact (c	circle one): Ho	me	Cell	Email
Can you be contacted via "tex	xt messages" to cell	phone? Y	N	
Parent Name:			Pho	ne:
Emergency contact – Name_		Rela	ntion:	Phone:
Grade you will be entering fo	r 2021-2022 school	year	If alread	y graduated, list year:
school you are attending for 2021-2022 school year?				overall GPA:
Are you older than 18 years o	old? Y N	Are y	ou legally auth	orized to work in the US? Y N
CHEERLEADING EXPERIENCE:	: Please list all cheerlea	ading experience (p	ast or present- e	xample: SHS, JV Basketball, Varsity Football)
DANCE EXPERIENCE:				
LEADERSHIP EXPERIENCE:	n for the SFL? Y	<b>I</b> If yes, what co	aches have you	
LEADERSHIP EXPERIENCE: Have you worked as a captair Grade level you would like to	n for the SFL? <b>Y N</b> work with:	N If yes, what co	aches have you oach preference	worked with:
LEADERSHIP EXPERIENCE: Have you worked as a captair Grade level you would like to a	n for the SFL? <b>Y</b> work with:	N If yes, what co Ceographing a 2-3-	aches have you oach preference minute half-tim	worked with:e?e dance routine? YN
LEADERSHIP EXPERIENCE:	n for the SFL? Y N work with: wledgeable on choro	If yes, what co  eographing a 2-3- es, games, and ac	aches have you oach preference minute half-tim	worked with:e?e dance routine? YN



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: