

University of Michigan

Cheer Team Tryout Registration

Applicant Information and Local Address		
Name:		
Local Street Address:		
City:	State:	Zip:
Phone:	Cell:	
UMID#:	Date of Birth:	
Email:		
Applicant's Home Address		
Street Address:		
City:	State:	Zip:
Phone:	Cell:	
Email:		
Enrollment Information		
Semester of Initial Enrollment:		
School of Enrollment Fall 2010:		
Major (if known):		
Credit Hours Completed as of May 1, 2010:		
Parent or Guardian Information		
Name(s):		
Street Address:		
City:	State:	Zip:
Phone:	Cell:	
Email:		
Emergency Contact		
Name of contact:		Relationship:
Street Address:		
City:	State:	Zip:
Phone:	Cell:	
Email:		



The University of Michigan
Athletic Medicine Waiver Form
Non-rostered Walk-on Athletes

I, _____ (Please print your name), confirm that I have submitted a copy of a physical examination which was done by a physician in the past six (6) months, stating that I am in good physical health. I fully understand that I am trying out for the University of Michigan Cheer Team on my own free will and that I am responsible for any injuries incurred during such tryouts. I am clearly aware that there are risks associated with this participation and I assume these risks. I further understand that The University of Michigan Athletic Department will not pay for any medical care that is needed as a result of this participation and the Athletic Medicine staff will be responsible only for providing first aid care and referral to an outside physician if deemed necessary.

Signature of Athlete

Signature of Parent if under 18

Date