



2016-2017 LSUA Lieutenants
Audition Application

NAME: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

E-MAIL ADDRESS: _____

GENDER: _____M _____F DATE OF BIRTH: _____

CLASSIFICATION: _____ AGE: _____

COLLEGE/CURRENT HIGH SCHOOL: _____

MAJOR: _____ GPA: _____

EMERGENCY CONTACT: _____

RELATIONSHIP TO YOU: _____

CONTACT INFORMATION: _____

PROVIDE ANY MEDICAL CONDITIONS/INJURIES THAT THE SPONSORS SHOULD BE AWARE OF:

PLEASE COMPLETE THE FOLLOWING QUESTIONS:
(print neatly)

1. Why do you want to be a member of the Lieutenants?

2. List the organizations and service opportunities in which you are currently active.

3. List previous cheer/dance training and experience.
(include studio/academy name, length of training, actual years of experience, and style of training for each training and experience)

4. What assets would you bring to the team?

5. What areas of improvement do you anticipate?

In order to audition, all participants **MUST** submit the following before, or on, the day of auditions:

- **Proof of insurance**
- A current transcript
- \$30.00 application fee (checks made out to: PomLine)
- Completed application
- Proof of admission to LSUA (not for preparatory student admission)
- LSUA Lieutenant Consent Release
- Physician's Referral/Consent Release

I have read and certify that all of the above information is true and correct. I have included proof of insurance, a current transcript, the \$30.00 application fee, my application, proof of admission to LSUA, the Consent Release, and the Physician's Referral/Consent Release. I give my permission to the judging panel to verify any/all of my information. I will participate in all activities and practices throughout the year. I will follow the LSUA Lieutenant policies and procedures, as specified.

Signature of Applicant: _____

Signature of Parent/Guardian: _____

Date: _____