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UTC Spirit Program Application

Please submit application to:
UTC Spirit Coach Attn: Ashli Skiles
601 East Fifth Street
Dept. 7056
Chattanooga, TN 37403

Name: _____

Phone: (_____)_____

Address: _____

City: _____ State: _____

Date of Birth: _____/_____/_____ Sex: ☐ M ☐ F

SSN: _____-_____-_____ Age: _____

Email: _____ Cell #: _____ - _____ - _____

Are you an incoming Freshman? ☐ Yes ☐ No

If yes, then what high school are you graduating from? _____

Are you currently enrolled at UTC? ☐ Yes ☐ No If yes, classification? ☐ Freshman ☐ Sophomore ☐ Junior

Are you currently enrolled at a different university? ☐ Yes ☐ No

If yes, then at what school are you currently enrolled? _____

Years of Dance Experience: _____

List all dance experience

_____

_____

_____

_____

I, _____ have completed the above information and declare it to be true and accurate. Further, I understand that my participation in clinics and tryouts for any University of Tennessee @ Chattanooga Spirit Team is at my own risk. I hereby release the University of Tennessee at Chattanooga Student Development Department, the University of Tennessee at Chattanooga, and the spirit Coach for any liability, for any injury, accident, or illness which may occur as a result of my participation in the tryout.

_____ _____ _____/_____/_____

Participant Signature **Parent Signature if Participant is under the age of 21** **Date**

This application must be postmarked by **Wednesday, March 25th.** You must include a copy of your acceptance letter (if applicable), INSURANCE CARD, and application form. Please also include an application processing fee of $25(no personal checks, **money orders only**). Make payable to the University of Tennessee at Chattanooga. **After being processed**, an EMAIL confirmation will be sent confirming location, directions, etc.

Checklist: Application _____ $25 Fee _____ Transcript _____ Acceptance Letter _____ Insurance Card _____ H. Harmless_____