

# Mississippi State University

*Please complete this form and the Waiver and Release Form*

Full Birth Name:	<input type="text"/>	Age:	<input type="text"/>
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Name:	<input type="text"/>	Fall 2017 Enrollment:	<input type="text"/>
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Email address:	<input type="text"/>	Please mark the following:	<input type="text"/>
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Cell Number:	<input type="text"/>	All Girl	<input type="text"/>
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Parent(s) Name:	<input type="text"/>	Coed	<input type="text"/>
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Parent Cell:	<input type="text"/>	Pom Squad	<input type="text"/>
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Parent Email:	<input type="text"/>	Mascot	<input type="text"/>
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Previous Experience:			
<input type="text"/>			

Previous Coach's Name:	<input type="text"/>
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Contact Number:	<input type="text"/>
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Please write a short paragraph as to why you want to be a member of the MSU Spirit Groups:			
<input type="text"/>			