



# LSU Cheerleading Prospective Recruit Form

**Email to:**

James Kersey - kerseyjc@gmail.com  
Chico Garcia - lsuchico@me.com

**Mail to:**

LSU Athletics  
Attn: Pauline Zernott- Spirit Program  
P.O. Box 25095,  
Baton Rouge, LA 70894

Thank you for your interest in the nationally-respected LSU Cheerleading Program. *If possible*, please include a copy of your acceptance letter and a headshot or photo of yourself for our files. Please complete the following form and return it to one of the contacts provided above.

**Please Print Clearly**

**Contact Information:**

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

Street Address

City

State

Zip Code

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

Name/Relationship

Phone Number

**School Information:**

**High School (If currently attending):** \_\_\_\_\_

Name of school

city/state

**College (If Transferring):** \_\_\_\_\_

Name of College

city/state

**Current Year in School / Grade:** \_\_\_\_\_ **Expected Graduation Date:** \_\_\_\_\_

**Current Unweighted G.P.A.:** \_\_\_\_\_ **ACT / SAT Score:** \_\_\_\_\_

**Current Number of Hours Enrolled (College Transfers):** \_\_\_\_\_

**Have you already applied to LSU?**     **Yes**     **No**

If yes: When? \_\_\_\_\_ Have you already been accepted?     **Yes**     **No**

Have your transcripts been sent?     **Yes**     **No**    If yes: When? \_\_\_\_\_

If attending from out of state, would you require an Out-of-State Waiver to attend?     **Yes**     **No**

**Skills Check List:**

Place an “X” next to the skills that you already have on your own.  
Place a “W” next to the *tumbling skills* you are working on with a spot.

**Standing Tumbling:**

- |  |   |
|--|---|
| <input type="checkbox"/> Back Handspring           | <input type="checkbox"/> Back Handspring Full |
| <input type="checkbox"/> Back Tuck                 | <input type="checkbox"/> Standing Full        |
| <input type="checkbox"/> Back Handspring Back Tuck |   |

**Running Tumbling:**

- |  |   |
|--|---|
| <input type="checkbox"/> Series Tuck   | <input type="checkbox"/> Series Full    |
| <input type="checkbox"/> Series Layout | <input type="checkbox"/> Series Arabian |
| <input type="checkbox"/> Other: _____  |   |

**Co-Ed Stunts:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Hands Liberty   | <input type="checkbox"/> Hands Stretch   | <input type="checkbox"/> Hands Cupie   |
| <input type="checkbox"/> Full-Up Liberty | <input type="checkbox"/> Full-Up Stretch | <input type="checkbox"/> Full-Up Cupie |
| <input type="checkbox"/> Rewind Liberty  | <input type="checkbox"/> Rewind Stretch  | <input type="checkbox"/> Rewind Cupie  |
| <input type="checkbox"/> Other: _____    |  |  |

**Cradles:**

From Liberty, Stretch or Arabesque:

- |                                    |                                      |  |
|------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Full Down | <input type="checkbox"/> Double Down | <input type="checkbox"/> 900 Down (Arabesque Double) |
|------------------------------------|--------------------------------------|--|

**Basket Toss Experience: (Females Only)**

Please list basket tosses you are capable of performing below:

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**For Office Use Only**

- Recruit Form Received      Date \_\_\_\_\_
- Application Received      Date \_\_\_\_\_
- Official Transcripts Received      Date \_\_\_\_\_
- Test Scores Confirmed
  - ACT \_\_\_\_\_      Date \_\_\_\_\_
  - SAT \_\_\_\_\_      Date \_\_\_\_\_

**Camps/Clinics/Visits Attended**

- Fall Stunt Clinic      Date \_\_\_\_\_
- Spring Stunt Clinic      Date \_\_\_\_\_
- Campus Visit      Date \_\_\_\_\_
- Other: \_\_\_\_\_

**Comments:**

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