



*The University of Kansas*  
*Cheer Squad*  
*Tryout Information Packet 2010*

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We thank you for your interest in becoming a member of one of our teams. The following information will guide you in your quest to get all information in on time.

Cheer Squad Tryouts will be held **to May 8, 2010**  
Requirements posted to [www.kucheer.com](http://www.kucheer.com)

All paperwork must be complete in order to tryout. A Schedule of tryouts times is attached in packet. All applicants must be at tryouts unless prior arrangements have been made.

The following checklist must be turned in prior to tryouts to Spirit Squad office:

- Master Sheet (fill out the top section)
- Application Form
- Copy of Acceptance Letter from KU
- Athlete Release Agreement
- Physical Form that is provided **or one** that shows you have had a physical 6 months prior to tryouts signed by a doctor
- Copy of Insurance Card (front and back)
- A copy of your ARTS Form **or most** recent semester grades
- \$30 Application Fee – Please make checks payable to: KAI

**All forms must be in the Spirit Squad office by April 26, 2010.**

**The Spirit Squad mailing address is:**

1651 Naismith Drive  
223 Allen Fieldhouse  
Lawrence, Kansas 66045

- ❖ Please contact the Spirit Squad Director regarding paperwork requirements, scheduling issues, questions, or other areas of concern at [catj@ku.edu](mailto:catj@ku.edu)



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PLEASE READ ALL INFORMATION CAREFULLY

**General Information**

All documents must be filled out and mailed to the Spirit Squad Office. Please make sure to include all material, forms and fee.

Paperwork:

- ❖ **Athlete Release Agreement** – *This waiver is necessary for possible injury you might sustain in tryouts. Returnees and incoming candidates must have this form complete. If under 18 you must have a parent sign Minor Release form. KU will not cover any expenses from injury at tryouts for incoming or returning candidates*
- ❖ **Physical Form** *provided or a form that is provided by your doctor that shows you have had a physical 6 months prior to tryouts* – Returning candidates do not need this form.
- ❖ **Copy of Insurance Card (front and back)** – *All Candidates must have proof of insurance – Both the front and back of the card with the candidates name printed on the copy.*
- ❖ **A copy of your ARTS Form or most recent semester grades** – *Any confirmation of your grades from fall semester is acceptable, all candidates.*
- ❖ **Copy of Acceptance Letter from KU**

**PHYSICAL**

A current physical is required. The medical form is provided for you to use or you may turn in one that is provided by school or Doctor. These must be signed by **your physician** to indicate your physical ability to be a Spirit Squad member.

**FITNESS REQUIREMENT**

We have no set limits. We do not have minimum or maximum height/weight requirements. There are however, fitness requirements. Spirit Squad members must be in good physical condition to properly wear the uniform and to handle the intense physical training and performing.

**CONDUCT**

Candidates are expected to encourage and be supportive of other candidates. No food or gum chewing is allowed in facilities. Water bottles only- No sodas or juices. No video taping of tryouts.

**WHAT TO BRING**

Water bottles and tryout attire, money for lunches, and/or snacks. You may bring a lunch or go out during the lunch break. Please see that you put all trash in receptacles and help keep our facilities clean. No belly rings or jewelry of any sort is allowed for clinic and tryouts. Please have a “game ready” look, with hair and make-up.



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APPLICATION**

Please attach  
Current Photo

Mail documents by **April 26, 2010** to:  
KU Spirit Squad • 1651 Naismith Dr. • Lawrence, KS 66045

**Candidate Name:** \_\_\_\_\_

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

**Cell:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **GPA:** \_\_\_\_\_

**Social Security #** \_\_\_\_\_ **KU Student #** \_\_\_\_\_

**Permanent Contact Info (parent or guardian)**

**Name(s):** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City, State, Zip** \_\_\_\_\_

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

**Will you have conflicts over the summer? Yes / No (Please explain if yes)**

\_\_\_\_\_  
\_\_\_\_\_

**Education**

**High School Name:** \_\_\_\_\_ (if incoming freshman)

**College (if any-years):** \_\_\_\_\_ **Career Goal:** \_\_\_\_\_

**Community Service:** \_\_\_\_\_

\_\_\_\_\_

**Cheer Experience**

*List the number of years you have Cheerleading experience at where:*

**High School:** \_\_\_\_\_

**All-Star:** \_\_\_\_\_ **College:** \_\_\_\_\_

**Previous Coach:** \_\_\_\_\_ **Coach Contact Phone:** \_\_\_\_\_





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RELEASE AND WAIVER OF LIABILITY

As the parent or legal guardian of \_\_\_\_\_ (tryout participant), I give my consent for him/her to participate in the Spirit Squad tryouts conducted and/or sponsored by the University of Kansas. I understand that participation in Dance and related activities involves certain risks, and may result in unavoidable injuries. The injuries may include muscle strains and tears, broken bones, and severe injuries including, but not limited to, permanent paralysis, or even death. I am fully aware of the risks and possibility of injury involved and acknowledge that I am assuming the risk of such injury by my child's participating in the tryout.

I further acknowledge that I agree to provide health insurance for my minor child and will be responsible for any and all medical and related bills that may be incurred by me for any illness or injury that my child may sustain during the tryout and while traveling to and from the site for the tryout.

I further acknowledge and authorize the employees or agents of the University of Kansas, Kansas Athletics, the University of Kansas, the State of Kansas and its Board of Regents to act according to their best judgment in any situation requiring medical attention, whether an emergency or not, until such time as I am contacted to make decisions concerning my child's treatment. If in the judgment of a physician or designee it is necessary for health care reasons to proceed with treatment without delay, this treatment may proceed without prior notification of the undersigned, although every attempt will be made to notify me in the event of such an injury or illness. I agree that any medical information provided to this camp shall be released to other health care providers who may be providing care.

Knowing these facts and in consideration of my child's participation in the Spirit Squad tryout, I, acting as parent or legal guardian, agree to release and hold harmless the respective officers, directors, representatives, members, agents, employees, coaches, or agents of the University of Kansas, Kansas Athletics, the State of Kansas and its Board of Regents, the coaches and support staff of the Kansas University Spirit Squad program, from any and all liability for negligence or any other claim, demand, action, judgment, loss, liability, cost and expenses (including without limitations, attorney's fees and costs) arising out of or in connection with the tryout, including any claim arising out of or in connection with, whether directly or indirectly, any illness, injury, damage or loss to person or property that my child may incur or sustain during the camp, all activities associated with the camp, and while traveling to and from the site for the camp.

I acknowledge that I have read this Release and Waiver of Liability in its entirety and fully understand its contents. I am aware that this Release contains an acknowledgement of my voluntary and knowing assumption of the risk of illness or injury. I further acknowledge that I have signed this document voluntarily and of my own free will.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
date



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CONSENT AND RELEASE OF PARENT OR GUARDIAN

I acknowledge that I am the participant's parent and/or legal guardian and that I understand the nature of athletic activities and the minor's experiences and capabilities and believe the minor to be qualified, in good health, and in proper physical condition to participate in such Activity. I also acknowledge that the minor is covered under a health insurance policy that shall cover expenses resulting from participation in the above named Activity. I hereby RELEASE ALL CLAIMS that I have or may have in the future on my behalf or the behalf of the minor child AND AGREE TO HOLD HARMLESS KUAC, its officers, directors, employees, agents, or representatives, and the University of Kansas, its officers, directors, employees, agents, or representatives FROM ALL LIABILITY, LOSS, COST, CLAIM, ATTORNEY'S FEES, LITIGATION EXPENSES, OR DAMAGE WHATSOEVER INCLUDING DEATH, SEVERE PHYSICAL INJURY, OR PROPERTY DAMAGE resulting from the minor's participation in the Activity or participation in any related camps or clinics if so selected. I further agree that this release will BIND ME, MY CHILD, my heirs, legal representatives, and assignees.

\_\_\_\_\_  
Printed name of parent or legal guardian

\_\_\_\_\_  
Street City State Zip

\_\_\_\_\_  
Phone number with area code

\_\_\_\_\_  
Parent or legal guardian signature Date  
(only if participant under the age of 18)



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Insurance Information

Parent/Guardian Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

SUBSCRIBER: \_\_\_\_\_ RELATIONSHIP TO CAMPER: \_\_\_\_\_

SUBSCRIBER'S DATE OF BIRTH \_\_\_\_\_ SUBSCRIBER'S EMPLOYER: \_\_\_\_\_

NAME OF INSURANCE COMPANY:

\_\_\_\_\_

CLAIMS MAILING ADDRESS: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_ GROUP NUMBER \_\_\_\_\_

I hereby certify that the answers provided are true, complete, and correct to the best of my knowledge.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date



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SCREENING EXAM FOR ATHLETIC PARTICIPATION

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
 DATE OF BIRTH \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 KNOWN ALLERGIES \_\_\_\_\_  
 DATE OF LAST TETNUS BOOSTER SHOT \_\_\_\_\_  
 CURRENT MEDICATIONS, OVER THE COUNTER DRUGS (INCLUDING VITAMINS),  
 SUPPLEMENTS \_\_\_\_\_

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MEDICAL HISTORY (please check any of the following that you have experienced at anytime in the past):

- |  |   |
|--|---|
| <input type="checkbox"/> Ongoing or chronic illness  | <input type="checkbox"/> Surgery                                |
| <input type="checkbox"/> Hospitalized overnight  | <input type="checkbox"/> Passed out or dizziness after exercise |
| <input type="checkbox"/> Chest pain during exercise  | <input type="checkbox"/> Heart murmur                           |
| <input type="checkbox"/> High blood pressure   | <input type="checkbox"/> Seizures                               |
| <input type="checkbox"/> Asthma  | <input type="checkbox"/> Concussion or loss of consciousness    |
| <input type="checkbox"/> Cough, wheezing, or trouble after or during exercise                              |   |
| <input type="checkbox"/> Racing of your heart or skipped heartbeats  |   |
| <input type="checkbox"/> Family member or relative who died of heart disease or sudden death before age 50 |   |
| <input type="checkbox"/> Problems with eyes (decreased vision, eyeglasses, and contract lenses)            |   |
| <input type="checkbox"/> Orthopedic injuries (sprains, fractures, ligament damage). Please describe:       |   |

FEMALES ONLY: Have you begun menstruation? \_\_\_\_\_  
 Frequency of menses \_\_\_\_\_ Length of menses \_\_\_\_\_

I certify that the above information is complete and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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PHYSICAL EXAM                      BP \_\_\_\_\_ PULSE \_\_\_\_\_ HT \_\_\_\_\_ WT \_\_\_\_\_

Please check if ABNORMAL and explain at bottom of page:

- |  |   |
|--|---|
| <input type="checkbox"/> Eyes/ears/nose/throat | <input type="checkbox"/> Neck                 |
| <input type="checkbox"/> Lymph nodes           | <input type="checkbox"/> Back                 |
| <input type="checkbox"/> Heart                 | <input type="checkbox"/> Shoulder/upper arm   |
| <input type="checkbox"/> Pulses                | <input type="checkbox"/> Elbow/forearm        |
| <input type="checkbox"/> Lungs                 | <input type="checkbox"/> Wrist/forearm        |
| <input type="checkbox"/> Abdomen               | <input type="checkbox"/> Hip/upper leg        |
| <input type="checkbox"/> Genitalia/hernia      | <input type="checkbox"/> Knee                 |
| <input type="checkbox"/> Skin                  | <input type="checkbox"/> Lower leg/ankle/foot |

EXPLANATION OF ABNORMALS: \_\_\_\_\_

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- Cleared for all athletic activities  
 Not cleared for all athletic activities  
 Reason \_\_\_\_\_  
 Restrictions/Recommendations: \_\_\_\_\_

Signature of Examiner: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name of Examiner \_\_\_\_\_

Address of Examiner \_\_\_\_\_

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This exam must be conducted within the twelve months prior to the start of tryouts.



# MASTER SHEET

Candidates fill out this box only

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

High School & City/State: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_ GPA: \_\_\_\_\_

College (if any): \_\_\_\_\_ Year of Graduation: \_\_\_\_\_ GPA: \_\_\_\_\_

Intended Major: \_\_\_\_\_ Career Goal: \_\_\_\_\_

List the number of years you cheered for...

High School: \_\_\_\_\_ All-Star: \_\_\_\_\_ What all-star program? \_\_\_\_\_ College: \_\_\_\_\_

### Standing Tumbling (prelims)

BHS \_\_\_\_\_ / 3

Tuck 1 \_\_\_\_\_ / 3

Tuck 2 \_\_\_\_\_ / 3

BHS Tuck \_\_\_\_\_ / 3

BHS Full \_\_\_\_\_ / 3

Full \_\_\_\_\_ / 3

### Pass Tumbling (prelims)

BHS Series \_\_\_\_\_ / 3

Tuck/Layout/Full \_\_\_\_\_ / 3/5/9

Whip > BHS \_\_\_\_\_ / 2

Full > BHS > Full \_\_\_\_\_ / 2

Arabian > RO BHS \_\_\_\_\_ / 2

1.5xFull > RO BHS \_\_\_\_\_ / 2

Front > RO BHS \_\_\_\_\_ / 2

### Prelim stunts

Stunt 1 with \_\_\_\_\_

Height \_\_\_\_\_ / 5

Technique \_\_\_\_\_ / 5

Feel \_\_\_\_\_ / 5

Stunt 2 with \_\_\_\_\_

Height \_\_\_\_\_ / 5

Technique \_\_\_\_\_ / 5

Dismount \_\_\_\_\_ / 5

Feel \_\_\_\_\_ / 5

### Finals

Stunt Series \_\_\_\_\_ / 40

Interview \_\_\_\_\_ / 10

Potential \_\_\_\_\_ / 10

Tumbling Pass \_\_\_\_\_ / 3

Standing Tumbling \_\_\_\_\_ / 3

Fight Song \_\_\_\_\_ / 5

Finals Stunt \_\_\_\_\_ / 5

Chant \_\_\_\_\_ / 5

Appearance \_\_\_\_\_ / 10

Judge's Average \_\_\_\_\_ / 31

Prelims Total: \_\_\_\_\_

Candidate # \_\_\_\_\_

Overall Total \_\_\_\_\_

# 2010 KU CHEER TRYOUT SCHEDULE

## Saturday May 8

### 10am – 1pm Prelims

10am – Check-in begins (don't show up before 10!)

10:00 - 10:30 – Warm up

10:30 - Introduction

10:40 - Begin prelims as follows:

Everyone will be asked to perform the tumbling skills listed on the tryout Master Sheet. Almost no one will have ALL those skills so don't let the list scare you – it just shows us exactly what tumbling you can and can't do and how well you do each.

You'll then have two attempts at a fairly basic stunt and a more advanced stunt with one of several partners provided at tryouts. The stunts will not be announced until tryouts, but the stunts I'll choose from are listed on our Tryouts page ( <http://www.kucheer.com/tryouts> ). Once everyone finishes their tumbling and stunts, we'll break and announce the finalists around 1:00pm.

### 2pm Finalist's stunt series:

Finalists will perform a fairly basic stunt with multiple partners.

### 3pm Finalist's interviews, photos, fight song, and stunt time

Free stunt time for everyone plus photos, interview, and work on fight song.

3:45pm – returners must stop stunting.

4:30pm – everyone stops stunting.

### 6:30pm Finalist's check in and warm up

7pm-9pm Finalists perform the following elements in front of judges:

1. Tumbling pass
2. Fight song with standing bhs, tuck, or full at the end (on "Hawks!")
3. Optional stunt (no transitions)
4. Chant

Squad selection results will be posted to [kuathletics.com](http://kuathletics.com) no earlier than 5:00pm on Tuesday.