Thank you for your interest in joining the KU Spirit Squad.

To try out, the check list below must be submitted by April 15, 2014 to:

Spirit Squad
1651 Naismith Drive
Lawrence, KS 66045

The Spirit Squad (cheer-dance & mascots) The first priorities of the Spirit Squad are 1) supporting our athletic teams on the sidelines, and 2) representing KU Athletics in the community. The athletic department supports the squad competing at UC/UDA nationals, but the opportunity to compete cannot be guaranteed due to the unpredictability of game scheduling. Rules and Regulation are in the tryout paper work for your review should you become a member of our teams. It is important to make yourself knowledgeable about the Spirit Squad and the benefits of becoming a member before you tryouts.

Attendance is mandatory in order to be considered for our teams.

Application Requirements

☐ $30 Application Fee (checks payable to “Kansas Athletics, Inc.”)
☐ Application Form
☐ Copy of Acceptance Letter from KU
☐ Assumption of Risk, Release, Waiver of Liability Form

This waiver is necessary for any possible injuries you might sustain in tryouts. If under 18, you must have a parent sign the Minor Release form. KU will not cover any expenses from injury at tryouts for incoming or returning candidates.

☐ Screening Exam form or a copy of a physical signed by your doctor within 12 months of tryouts
☐ Insurance Information form
☐ Copy of front and back of your health insurance card with your name printed on it.
☐ Copy of your academic transcript or fall semester grades
☐ Dance only please submit a 1 minute video to the address above performing a high-energy jazz routine – Criteria for video is at www.kudance.com/tryouts
Mascots only please submit a 1 minute video to the address above telling us why you want to be a mascot – be creative – Criteria for video is at www.mascots.com/tryouts

Cheer and Dance Candidates = please submit a 1-page essay on “What strengths you’d bring to the team other than skills or your love of cheerleading or dance. This essay can be emailed to catj@ku.edu

CONDUCT

- Candidates are expected to encourage and be supportive of other candidates.
- No food, beverages, or gum are allowed in the facilities other than water bottles.
- No video taping of tryouts.
- Dispose of any trash and help keep our facilities clean.
- All jewelry must be removed for tryouts and workshop.
- Look “game-ready,” with hair and make-up done as you would for a game. Guys should be clean-shaven.

WHAT TO BRING

- Water bottles
- Tryout attire
- Money for lunches and/or snacks. For Saturday, you may bring a lunch or go out during the lunch break.
APPLICATION FORM

Candidate Name: ________________________________
Email: ________________________________
Cell: ___________ Birthdate: ___________ GPA: _____

Parent/guardian Contact Info:
Parent name(s): ________________________________
Parent emails: ________________________________
Address: ________________________________ City, state, ZIP: ________________________________
Home phone: ________________________________ Cell: ________________________________

Education
High School Name: ________________________________
College (if any-years): ________________________________ Career Goal: ________________________________
Community Service: ________________________________

Cheer/Dance Experience
List the organization and number of years you cheered at:
High School: ________________________________
All-Star: ________________________________ College: ________________________________
Previous Coach: ________________________________ Coach phone: ________________________________

Preferences  Rank these in order of which you enjoy most: (1=“Most IMPORTANT”)

☐ Football Games ☐ Men’s Basketball Games
☐ Nationals/Competitions ☐ Public Appearances
☐ Travel to Games ☐ Volleyball Games
☐ Women’s Basketball Games

Is this the only team that you are trying out for? Yes  No
ASSUMPTION OF RISK, RELEASE, AND WAIVER OF LIABILITY

(Minors’ form: to be completed by parent only if tryout participant is under the age of 18)

I, ___________________, am a parent/legal guardian of _________________________, and give my consent for my minor child to participate in tryouts and/or activities (Activity) conducted and/or sponsored by the University of Kansas Spirit Squad. I understand that participation in cheerleading, gymnastics, tumbling, dance, and related activities involves certain risks, and may result in unavoidable injuries due to the height, rotation, and motions involved in a unique environment. 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 participation in the Activity.

I further acknowledge that I have health insurance and will be responsible for any and all medical and related bills that may be incurred by my minor child for any illness or injury that he/she may sustain during the Activity.

I further acknowledge and authorize the employees or agents of the University of Kansas Spirit Squad, Kansas Athletics, Inc. or the University of Kansas to act according to their best judgment in any situation requiring medical attention, whether an emergency or not.

Knowing these facts and in consideration of my minor child’s participation in the Activity, I agree to release and hold harmless the respective officers, directors, representatives, members, agents, employees, coaches, or agents of the University of Kansas, Kansas Athletics, Inc., the coaches and support staff of the Kansas Spirit Squads, the State of Kansas, and its Board of Regents 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 Activity, 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 minor child may incur or sustain during the Activity.

I further acknowledge and authorize the University of Kansas Spirit Squad the right to photograph my minor child and use the photo and/or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication processes, whether electronic, print, digital or electronic publishing via the Internet.

I acknowledge that I have read this Assumption of Risk, 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 for my minor child. I further acknowledge that I have signed this document voluntarily and of my own free will.

_____________________________________  ___________________
Signature          Date

Address:     Phone number:
___________________________  ___________________________(home)
___________________________  ___________________________(cell)
ASSUMPTION OF RISK, RELEASE, AND WAIVER OF LIABILITY – over 18

I, ___________________, give my consent to participate in tryouts and/or activities (Activity) conducted and/or sponsored by the University of Kansas Spirit Squad. I understand that participation in cheerleading, gymnastics, tumbling, dance, and related activities involves certain risks, and may result in unavoidable injuries due to the height, rotation, and motions involved in a unique environment. 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 participating in the Activity.

I further acknowledge that I have health insurance and will be responsible for any and all medical and related bills that may be incurred by me for any illness or injury that I may sustain during the Activity.

I further acknowledge and authorize the employees or agents of the University of Kansas Spirit Squad, Kansas Athletics, Inc. or the University of Kansas to act according to their best judgment in any situation requiring medical attention, whether an emergency or not.

Knowing these facts and in consideration of my participation in the Activity, I agree to release and hold harmless the respective officers, directors, representatives, members, agents, employees, coaches, or agents of the University of Kansas, Kansas Athletics, Inc., the coaches and support staff of the Kansas Spirit Squads, the State of Kansas, and its Board of Regents 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 Activity, 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 I may incur or sustain during the Activity.

I further acknowledge and authorize the University of Kansas Spirit Squad the right to photograph me and use the photo and/or other digital reproduction of me or other reproduction of my physical likeness for publication processes, whether electronic, print, digital or electronic publishing via the Internet.

I acknowledge that I have read this Assumption of Risk, 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.

_____________________________________  ___________________
Signature          Date

Address:     Phone number:
___________________________  ___________________________(home)
___________________________  ___________________________(cell)
INSURANCE INFORMATION

(Also attach a copy of the front and back of your insurance card with your name written on it.)

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
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 _________________________________

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

_____ Ongoing or chronic illness  _____ Surgery

_____ Hospitalized overnight  _____ Passed out or dizziness after exercise

_____ Chest pain during exercise  _____ Heart murmur

_____ High blood pressure  _____ Seizures

_____ Asthma  _____ Concussion or loss of consciousness

_____ Cough, wheezing, or trouble after or during exercise

_____ Racing of your heart or skipped heartbeats

_____ Family member or relative who died of heart disease or sudden death before age 50

_____ Problems with eyes (decreased vision, eyeglasses, and contact lenses)

_____ Orthopedic injuries (sprains, fractures, ligament damage). Please describe:

_________________________________________________________________

PHYSICAL EXAM  BP ______ PULSE ______ HT _______ WT ________

Please check if ABNORMAL and explain at bottom of page:

_____ Eyes/ears/nose/throat  _____ Neck

_____ Lymph nodes  _____ Back

_____ Heart  _____ Shoulder/upper arm

_____ Pulses  _____ Elbow/forearm

_____ Lungs  _____ Wrist/forearm

_____ Abdomen  _____ Hip/upper leg

_____ Genitalia/hernia  _____ Knee

_____ Skin  _____ Lower leg/ankle/foot

EXPLANATION OF ABNORMALS: _______________________________________

_____ Cleared for all athletic activities

_____ Not cleared for all athletic activities

    Reason _______________________________________________________

    Restrictions/Recommendations: ___________________________________

Signature of Examiner: ____________________________ Date: ________________

Printed name of Examiner ____________________________________________