TUSKEGEE UNIVERSITY
Cheerleader/Stunt Man Tryout Information

Administrative:

<table>
<thead>
<tr>
<th>Returning TU Student Athlete</th>
<th>New to TU Athletics</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Financially cleared</td>
<td>• Financially cleared</td>
</tr>
<tr>
<td>• CGPA 2.00 or better</td>
<td>• Sickle Cell Test Lab Work-Up with results; Physician letters are NOT sufficient.</td>
</tr>
<tr>
<td>• Athletic physical within the last six (6) months of the tryout date</td>
<td>• Athletic physical within the last six (6) months of the tryout date</td>
</tr>
<tr>
<td>• Copy of current insurance card (front/back)</td>
<td>• Copy of current insurance card (front/back)</td>
</tr>
<tr>
<td>• Signed commitment letter (Student and Parent/Guardian)</td>
<td>• Signed commitment letter (Student and Parent/Guardian)</td>
</tr>
<tr>
<td>• Completed application/signed release form (Student and Parent/Guardian)</td>
<td>• Completed application/signed release form (Student and Parent/Guardian)</td>
</tr>
<tr>
<td>• Application fee ($30.00; NO REFUNDS)</td>
<td>• Application fee ($30.00; NO REFUNDS)</td>
</tr>
</tbody>
</table>

***ALL SUBMISSIONS MUST BE MAILED TO THE ADDRESS ON THE CHECKLIST ***
*** INCOMPLETE APPLICATION PACKETS WILL BE DISCARDED ***
*** SUBMISSIONS MUST BE RECEIVED BY AUGUST 13, 2018 @ 4:30pm ***
*** NO EXCEPTIONS/NO EXCUSES ***

Skills:

- Strong, precise correct cheer motions
- Jumps (L/R Herkie, L/R Hurdler, Toe-Touch, Double Toe-Touch, Pike)
- Cheer/Chant/Dance (material to be taught)
- Vocal clarity and volume

** Students must be comfortable with any tumbling skills they attempt to perform on a basketball court without a spotter.**

**You may be asked to stunt during the try out sessions**

Required items (IF you make squad):

- Shorts – Red and Black (girls- at least mid-thigh; guys – knee length)
- Black bottoms – Full and Capri length leggings (girls); sweatpants (guys)
- Tuskegee T-Shirts – Red and Gold
TUSKEGEE UNIVERSITY
Mascot Tryout Information

Administrative:

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*** NO EXCEPTIONS/NO EXCUSES ***

Skill:

Prepare a 2-3 minute routine/skit displaying your creativity and talents (ability to engage the crowd, dance, humor, etc.). Your presentation should be entertaining and crowd pleasing as well as appropriate. Bring your own music and props (if necessary).

Required items (IF you make squad):

- Shorts – Red and Black (girls- at least mid-thigh; guys – knee length)
- Black bottoms – Full and Capri length leggings (girls); sweatpants (guys)
- Tuskegee T-Shirts – Red and Gold
TUSKEGEE UNIVERSITY
Cheerleader/Stunt Man/Mascot Tryout Application Packet Check List

*** ALL SUBMISSIONS MUST BE MAILED TO THE ADDRESS ON THIS CHECKLIST ***
*** INCOMPLETE APPLICATION PACKETS WILL BE DISCARDED ***
*** SUBMISSIONS MUST BE RECEIVED BY AUGUST 13, 2018 @ 4:30pm ***
*** NO EXCEPTIONS/NO EXCUSES ***

Mail signed commitment letter, completed application, signed release form, recent athletic physical, sickle cell test lab work-up with results, copy of current insurance card (front and back) and non-refundable $30.00 application fee (cashier’s check/money order, NO PERSONAL CHECKS) to:

Mrs. Ardelia M. Lunn
Tuskegee University Counseling Center
Wellness Center Building
1200 W Montgomery Rd, 516 University Ave
Tuskegee, AL 36088

*** ALL SUBMISSIONS MUST BE MAILED TO THE ADDRESS ON THIS CHECKLIST ***
*** NO EXCEPTIONS/NO EXCUSES ***

PLEASE USE THIS CHECK LIST TO DOUBLE-CHECK YOUR APPLICATION PACKET

(1) ___ Cheerleader/Stunt Man/Mascot Commitment Letter (signed by student and parent/guardian, regardless of age).

(2) ___ Completed Cheerleader/Stunt Man/Mascot Application

(3) ___ Signed Release for Personal Injury and Damage (signed by student and parent/guardian, regardless of age)

(4) ___ Recent athletic physical (within the last six (6) months of the tryout date) signed by physician. Physical forms (2) are included in the application packet.

(5) ___ Sickle Cell Test Lab Work-Up with results. Physician letters are NOT sufficient. (not applicable for returning TU Student Athletes)

(6) ___ Copy of current insurance card (front and back)

(7) ___ $30.00 Application Fee (NO REFUNDS)

*** SUBMISSIONS MUST BE RECEIVED BY AUGUST 13, 2018 @ 4:30pm ***
*** NO EXCEPTIONS/NO EXCUSES ***
Dear Prospective Student Athlete,

Congratulations on your acceptance to Tuskegee University!!! We are excited to hear that you are interested in becoming a member of the cheerleading squad. Below you will find some general information about the commitment required to be a Tuskegee University Cheerleader/Stunt Man/Mascot. To be a great team, we need **student athlete and parent/guardian commitment**. Understand that this means you will likely miss planned personal engagements if chosen to be a member of the squad (cheer/stunt man/mascot). **Missing required appearances (games, practices, events, etc.) can result in forfeiture of your position on the squad and/or a fine.**

The following information will help you and your parent/guardian make an informed decision about completing the tryout process. After reading the information, you and your parent/guardian will need to sign and date in the specified areas. Tuskegee University Cheerleaders/Stuntmen and Mascot are required to:

1. Cheer at **ALL** football and basketball games, as well as other events deemed by the advisor.
2. Cheer during extended season play for football and basketball, as well as participate in cheerleading competition which may occur during scheduled school breaks (Thanksgiving, Christmas, spring break, etc.) and other non-athletic related events.
3. Make scheduled squad appearances as deemed by the advisor.
4. Participate in community service projects.
5. Attend **ALL** squad functions on time and prepared. Refer back to the **bold print** in the first paragraph of this letter.
6. Be upstanding citizens of the University at **ALL** times.

**Student:** I have read and understand the general required commitment I will be making if chosen to be a Tuskegee University Cheerleader/Stunt Man/Mascot, and will fully accept the responsibility and accountability related to such.

__________________________
Student Signature

__________________________
Date

**Parent/Guardian:** I have read and understand the general required commitment I and my student will be making if he/she is chosen to be a Tuskegee University Cheerleader/Stunt Man/Mascot, and fully agree to support the Cheerleader Advisor (and staff) in helping my student to be responsible and accountable as such.

__________________________
Parent/Guardian Signature

__________________________
Phone

__________________________
Date
Please check all that apply:  Cheer ____  Stunt Man ____  Mascot ____

(Please Print Clearly)

Name_______________________________________  Male_______  Female_______

Home Address______________________________________________________________

City___________________________  State _____________  Zip Code_________________

Phone (____) _______ -___________  Alternate Phone (____) _______ -___________

Email Address______________________________________________________________

Birthday_____/_____/_______  Student ID # (if known) __________________________

Classification____  Major_________________________________________  Shirt/Short Size ___/____

Previous Cheerleading/Stunting Experience: (Not applicable for mascot applicants)

Level (Must have at least one to try out. Circle all that apply):  High School  All Stars
  College

Skill:  Flyer  Base  Back  Tumbler

List stunting ability (base – main or second; flyer – full cradle, bow and arrow, tuck basket, etc.) and college level tumbling skills (minimum being a backhand spring).

____________________________________________________________________________________

____________________________________________________________________________________

Are you currently being treated for any injuries (If yes, list) _______________________________

____________________________________________________________________________________

Emergency Contact Information:

Name/Relationship_______________________________________________________________

Phone ________________________________________________________________
EFFECTIVE YEAR: 2018-2019

TUSKEGEE UNIVERSITY

WALK-ON TRYOUTS/EVALUATIONS

RELEASE FOR PERSONAL INJURY AND DAMAGE

All physical activity has risks that may range from a fall, to muscle and ligament damage, to circulatory or heart disorders. Consequently, you must be sure that your health is adequate to participate in the strenuous, vigorous physical activity involved in athletic summer camp. It is your responsibility to check with the physician of your choice about your health status and if there is any question regarding your fitness for participation. If you, at any time during participation, experience any distress or have any questions regarding your participation, notify your coach or athletic trainer. Tuskegee University provides no athletic accident insurance for tryouts. YOU MUST PROVIDE YOUR OWN COVERAGE/HEALTH INSURANCE.

WHEREAS the undersigned voluntarily desires to participate in a Tuskegee University athletic walk-on tryout/evaluation; and

WHEREAS the undersigned is duly aware of the risks and hazards that may arise through participation in said activity and that participation in said activity may result in loss of life, limb, property, or all three, of the undersigned.

THEREFORE, it is agreed as follows:

THAT in consideration of being allowed to participate in said activity, the undersigned hereby voluntarily assumes all risks and accident or damage to his/her person or property and all risks of liability or demands any kind sustained, whether caused by negligence of Tuskegee University agents or employees, or otherwise; and

THE undersigned further voluntarily agrees that the above release shall be binding upon their heirs, administrators, executors, and assigns, of the undersigned; and

THE undersigned hereby affirms having accident insurance coverage and having adequate health status to participate in strenuous physical activity. The undersigned further acknowledges that the undersigned has the right to refuse to attempt, or to withdraw from physical activity for any reason. The undersigned accepts the responsibility to report any injury, distress, preexisting condition that may impair performance, or other problems to the coach or the athletic trainer.

THE undersigned, by signing this release, hereby certifies that the undersigned has read and fully understands and agrees with the conditions herein provided.

Name: ____________________________ Date of Birth: ___/___/__________
(Print)

Name: ____________________________ Date: _______________________
(Participant's Signature)

Parent/Guardian Signature (regardless of age): ________________________ Phone ____________________
**Preparticipation Physical Evaluation**

**HISTORY FORM**

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

<table>
<thead>
<tr>
<th>Date of Exam</th>
<th>Date of birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sex</th>
<th>Age</th>
<th>Grade</th>
<th>School</th>
<th>Sport(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**Medicines and Allergies:** Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking.

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Do you have any allergies?**

- [ ] Yes
- [ ] No

If yes, please identify specific allergy below.

- [ ] Medicines
- [ ] Pollens
- [ ] Food
- [ ] Stinging Insects

Explain "Yes" answers below. Circle questions you don’t know the answers to.

**GENERAL QUESTIONS**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Has a doctor ever denied or restricted your participation in sports for any reason?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Do you have any ongoing medical conditions? If so, please identify below: Aside from allergies, please include medications, dietary supplements, and other conditions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Have you ever spent the night in the hospital?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Have you ever had surgery?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**HEART HEALTH QUESTIONS ABOUT YOU**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Have you ever passed out or nearly passed out during or after exercise?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Does your heart ever race or skip beats (irregular beats) during exercise?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Has a doctor ever told you that you have any heart problems? If so, check all that apply:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- High blood pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- High cholesterol</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- A heart murmur</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- A heart infection</td>
<td></td>
<td></td>
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<tr>
<td>- Kawasaki disease</td>
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<td></td>
</tr>
</tbody>
</table>

**HEART HEALTH QUESTIONS ABOUT YOUR FAMILY**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**BONE AND JOINT QUESTIONS**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Have you ever had any broken or fractured bones or dislocated joints?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?</td>
<td></td>
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<tr>
<td>20. Have you ever had a stress fracture?</td>
<td></td>
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<tr>
<td>21. Have you ever been told that you have or you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)</td>
<td></td>
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<tr>
<td>22. Do you regularly use a brace, orthotics, or other assistive device?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. Do you have a bone, muscle, or joint injury that bothers you?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. Do any of your joints become painful, swollen, feel warm, or look red?</td>
<td></td>
<td></td>
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<tr>
<td>25. Do you have any history of juvenile arthritis or connective tissue disease?</td>
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</tr>
</tbody>
</table>

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete __________________________ Signature of parent/guardian __________________________ Date __________
**Preparticipation Physical Evaluation**

**Physical Examination Form**

**Physician Reminders**

1. Consider additional questions on more sensitive issues
   - Do you feel stressed out or under a lot of pressure?
   - Do you feel sad, hopeless, depressed, or anxious?
   - Do you feel safe at your home or residence?
   - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
   - During the past 30 days, did you use chewing tobacco, snuff, or dip?
   - Do you drink alcohol or use any other drugs?
   - Have you ever taken anabolic steroids or used any other performance supplement?
   - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
   - Do you wear a seat belt, use a helmet, and use condoms?

2. Consider reviewing questions on cardiovascular symptoms (questions 5–14).

**Examination**

<table>
<thead>
<tr>
<th>Height</th>
<th>Weight</th>
<th>Male</th>
<th>Female</th>
<th>BP</th>
<th>Pulse</th>
<th>Vision R 20/</th>
<th>L 20/</th>
<th>Corrected</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
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<tr>
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**Medical**

- **Appearance**
  - Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperflexity, myopia, MVP, aortic insufficiency)

- **Eyes/ears/nose/throat**
  - Pupils equal
  - Hearing

- **Lymph nodes**

- **Heart**
  - Murmurs (auscultation standing, supine, +/- Valsalva)
  - Location of point of maximal impulse (PMI)

- **Pulses**
  - Simultaneous femoral and radial pulses

- **Lungs**

- **Abdomen**

- **Genitourinary (males only)**

- **Skin**
  - HSV lesions suggestive of MRSA, tinea corporis

- **Neurologic**

**Musculoskeletal**

- **Neck**

- **Back**

- **Shoulder/arm**

- **Elbow/forearm**

- **Wrist/hand/fingers**

- **Hip/thigh**

- **Knee**

- **Leg/ankle**

- **Foot/toes**

- **Functional**
  - Duck-walk, single leg hop

---

☐ Cleared for all sports without restriction  
☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for

☐ Not cleared
  - ☐ Pending further evaluation  
  - ☐ For any sports  
  - ☐ For certain sports

Reason

Recommendations

---

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) ___________________________ Date ___________ Address ___________________________

Phone ___________________________ Signature of physician ___________________________

MD or DO

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