OUR SPRING TRYOUTS REQUIRE A VIDEO AS THE FIRST STEP

DEADLINE IS MARCH 15, 2016

TWO WAYS TO SEND IN VIDEOS AND PACKETS

1. UPLOAD/SEND TO cheermsu@ath.msu.edu BY USING www.wetransfer.com
2. Or send in DVD to MSU CHEER AT 223 Kalamazoo St Room 248 East Lansing, MI 48824

*Please send videos/paperwork altogether, if using wetransfer.com, you can scan in your paperwork and upload that with video*

HOW TO SET UP VIDEO:

Introduce yourself

- Name
- High School or College
- Why do you want to be a MSU Cheerleader?

Tumbling Skills (Show up to your highest level, minimum required Standing Tuck and RO Handspring Tuck)

- Standing tuck, preferred on hardwood
- Handspring Tuck
- Round-off Handspring Tuck
- Round-off Handspring Layout
- Round-off handspring Full
- Specialty pass

Stunting Skills- Co-ed Preferred

- Toss Chair
- Toss Extension
- Walk-in hands
- Toss/Hands Stretch Full Down
- Stunt of your choice

Cheer/sideline

- Should be game/ crowd oriented
- Displaying motion placement/sharpness
- Natural Voice and presence
- If you attend our clinics, we can teach you collegiate cheers/sidelines

Fight Song/Dance

- Should demonstrate rhythm, coordination, and spirited attitude
- If you attend our clinics, we can help teach you collegiate Band Chants

Other details:

- Videos should NOT exceed 4 minutes
- Send video and paperwork all together
- Make sure to follow layout correctly
- If you have any questions, please email cheermsu@ath.msu.edu with the subject line VIDEO TRYOUTS
First ___________________ Middle ___________________ Last ___________________

Current Address: ____________________________________________________________

Cell Phone Number: ______________________ Birthdate: __________________________

MSU E-mail Address: ________________________________________________________

MSU Student Number: ___________________ Class Standing (in Fall): ________________

Additional E-mail: __________________________________________________________

High School Name: __________________________________________________________

Parent/Guardian Information:

Name: ______________________ Phone: ______________________

Address: ________________________________________________________________

{Tumbling Skills/Experience: CIRCLE ALL THAT APPLY}

Standing Tumbling: Back Handspring Back Tuck Back Handspring Back Tuck

Running Tumbling: Round-off Handspring-> Tuck Layout Full

Partner Stunting Skills/Experience:

________________________________________________________________________

________________________________________________________________________

Other Experience and Accomplishments Related to Cheerleading:

________________________________________________________________________

________________________________________________________________________

Other extra-curricular activities you expect to be involved with (include club sports, professional societies and Greek organizations):

________________________________________________________________________

________________________________________________________________________

Height ____ft_____ in

Weight__________
MICHIGAN STATE UNIVERSITY
WAIVER OF MEDICAL LIABILITY

Date of birth____________________

1. I, ____________________________, will be participating in a tryout with the cheerleading team sponsored by the Michigan State University Athletic Department. I presently have no injuries or illnesses that might prevent me from participating in the tryout.

   Participant Signature_________________________________________Date____________________

   Parent/Guardian Signature (if under 18)_________________________________________Date____________________

2. In the event of an injury occurring during the tryout, I will not hold Michigan State University responsible in any way.

   Participant Signature_________________________________________Date____________________

   Parent/Guardian Signature (if under 18)_______________________________Date____________________

3. I have current medical insurance that will cover any costs incurred due to injury sustained during the tryout.

   Participant Signature_________________________________________Date____________________

   Parent/Guardian Signature (if under 18)_________________________________________Date____________________

4. I do not have current medical insurance that will cover any costs incurred due to injury sustained during the tryout.

   Participant Signature_________________________________________Date____________________

   Parent/Guardian Signature (if under 18)_________________________________________Date____________________

EMERGENCY CONTACT INFORMATION:

Name______________________________________________________________

Evening Phone Number______________________________________________

Cell Phone Number__________________________________________________
Grades/MSU Status Release Form

For current Michigan State students:
I, ______________________________, give permission to the Michigan State Athletic Department to obtain my grades for the Summer 20__ semester.

______________________________  __________________
Signature                      Date

For incoming freshman or transfer students:
I, ______________________________, give permission to the Michigan State Athletic Department to obtain my grades for the Summer 20__ semester and/or my Michigan State student status for the Fall 20___ semester at Michigan State University

______________________________  __________________
Signature                      Date

______________________________  __________________
Signature of parent/guardian if under 18  Date

**Must be accepted to Michigan State University by the first day of Spring tryouts or you will be asked to tryout in the fall tryout process**
L ____________, I am a student-athlete in the sport(s) of ___ at Michigan State University ("MSU")

I am aware that participation in intercollegiate athletics at MSU involves the risk of personal injury. I am also aware that if I have sickle-cell trait. I am at an increased risk for serious illness or injury including death especially during physical exertion. I have seen the NCAA’s educational video regarding sickle-cell trait and have been informed of these risks. I understand that the likelihood of having sickle-cell trait is 6-8% if my heritage is African, Middle-Eastern or Indian (non-Native-American Indian). and it is .06-.08% if my heritage does not fall within those categories.

I understand that the NCAA and MSL strongly recommend that EVERY student-athlete be tested for sickle-cell trait. However I also understand that I am under no obligation to be tested for sickle-cell trait.

Notwithstanding the above if I refuse sickle-cell trait testing and if MSU believe in its reasonable judgment. that I exhibit symptoms of sickle-cell trait. MSU may require testing for my safety and may withhold me from practice and/or competition until I agree to sickle-cell trait testing.

I have had an opportunity to ask questions concerning sickle-cell trait and testing for sickle-cell trait and to discuss the risks associated with participation in intercollegiate athletics at MSU if I possess sickle-cell trait understand the risks involved if I choose NOT to be tested for sickle-cell trait and I knowingly assume these risks.

Please check ONE of the boxes below:

☐ I AGREE to be tested for sickle-cell trait (you must complete this test before tryouts)

☐ I DO NOT AGREE to be tested for sickle-cell trait

If I chose NOT to be tested for sickle-cell trait. I agree that in consideration for being granted the opportunity to participate in intercollegiate athletics at MSU without agreeing to be tested for sickle-cell trait. and in recognition of the risks associated therewith. I for myself my executors. administrators and assigns. do hereby release and forever discharge Michigan State University and its Board of Trustees. its administrators. faculty members. employees. agents and students from any and all liability for losses. damages. injuries or costs. including. but not limited to. those injuries described above. that may arise out of or that may in any way be related to my athletic participation without testing for sickle-cell trait.

I understand that this release means that. among other things. I am giving up my right to sue MSU for am such losses. damages. injury or costs that I may incur because of sickle-cell or sickle-cell trait.
I represent that I am at least 18 years old and that I have read, understand, and agree to be legally bound by the foregoing agreement. I waive and release (if I am under the age of 18 a parent or legal guardian must sign this form.

DATE___________________

STUDENT-ATHLETE'S NAME PRINT____________________________________________________

STUDENT-ATHLETE'S SIGNATURE ______________________________________________

SPORT(S) ______________________________________________________________________

(If under age 18)

PARENT / LEGAL GUARDIAN NAME (PRINT) __________________________________________

PARENT / LEGAL GUARDIAN SIGNATURE __________________________________________
CHECKLIST

☐ Video max. 4 min
☐ Tryout Application
☐ Tryout Fee of $20
☐ Waiver of Liability
☐ Grade/Enrollment Release
☐ Sickle-Cell Form
☐ Photo
☐ Pre-Participation Health History Form (separate attachment)
☐ Proof of a recent Physical (must be after 10/18/2015)

If you are invited to Formal Tryouts, you will receive a packet of information via email by April 1\textsuperscript{st}.

Dates for Formal Tryouts
(Tentative times-subject to change)
April 15\textsuperscript{th} 6-8:30pm (first cuts)
  April 16\textsuperscript{th} 12-2:00pm
  April 17\textsuperscript{th} 9-2:00pm

*You must be able to attend these dates/times to tryout in the Spring, we have fall tryouts for those that cannot make the spring tryouts*