

LSU Student ID# _____

Include below **check list:**

Transfer student or incoming freshman; copy of acceptance letter to LSU _____
Copy of Insurance; all applicants must have health insurance _____
Application _____
Participant Medical History _____
Walk-On Physician Physical Clearance Form _____
Coach Evaluation _____



LSU SPIRIT SQUAD TRYOUT APPLICATION

(Please Circle): Male / Female Cheerleading Tiger Girls Mascot

Name _____ Age _____

Address _____

City/State _____

Home Phone (_____) _____

Cell Phone (_____) _____

E-mail _____ (print clearly)

Emergency Contact: _____

Emergency Cell: _____

Education:

High School _____ Class of 20____ GPA _____

College _____ Class of 20____ CUM GPA _____

How many years in college? _____ Major _____

Current # of hours enrolled? _____

If not current student, have you made a campus visit? _____

Other Schools I will be trying out/auditioning at this year:

1. _____
2. _____

Cheerleading/Dance Team/Mascot Experience

Other Interests

Honors/Awards

Will you work while being a student and how many hours a week will you work? _____

For safety and athletic training purposes, please list any prior orthopedic injuries, with dates of injury, and any physical conditions that our staff should be aware of:



LSU Spirit Squads Waiver of Liability

The undersigned is aware of and acknowledges the risks associated with the participation in cheerleading/dancing/mascot activities, including but not without limitation, the risk of catastrophic injury, paralysis and even death. Nevertheless, it is the undersigned's desire to participate in clinics and to try out for the LSU Spirit Squads at Louisiana State University. The undersigned assumes all risk of injury associated with said clinic and tryouts, and specifically agrees to indemnify and hold free and harmless Louisiana State University, its agents and employees, including without limitation the LSU cheerlead, Tiger Girls, mascots, staff, coach, spirit director, and all other members of the Department of Athletics staff, from any and all claims or causes of action arising out of his/her participation in said clinic and tryouts, no matter what the cause. The undersigned further acknowledges and certifies that he/she is at least 18 years of age.

Signature_____ Date_____

If under age 18, this form MUST be signed by a parent or guardian prior to participation.

Parent/Guardian Signature_____ Date_____



Walk-On Physician Physical Clearance Form

Dear Physician

All individuals participating in a varsity sport at Louisiana State University will receive a physical examination prior to any participation in supervised practice or competition. By signing this letter, you have stated that the individual is physically capable of participating in tryouts for their chosen sport. Upon selection to the team, the individual will receive a comprehensive physical examination from

Louisiana State University Team Physicians.

Student's Name _____

Student's Sport _____

Examination to Include

General Examination

Certifying Physician _____

Address _____

City _____ State _____ Zip Code _____

Telephone # _____

Date of Examination _____

Signature of Physician _____

Signature of LSU ATC _____

(To be signed once physician certification is complete)

PREPARTICIPATION MEDICAL HISTORY

1

Name: _____

Sport: _____

Please read the following questions and check the appropriate box to the right.

GENERAL MEDICAL:

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. a. Have you ever had a prolonged medical illness?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Do you have any medical conditions we should be aware of (un-paired organ, reversed organs, etc) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. a. Have you ever been hospitalized overnight?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Have you ever had surgery?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| . Are you currently taking any prescription medications (incl. birth control pills) or nonprescription (over the counter) medications?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you currently or have you ever taken supplements or vitamins to help you gain or lose weight or to improve your performance?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you had a tetanus shot within the last 10 years?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you had the following vaccinations? When? Hepatitis B _____
Menagitis (Menactra)_____ HPV (females)_____ | | |
| 7. Have you been told you are Sickle Cell Trait or Sickle Cell Disease positive?. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you ever been told that you cannot or should not take part in your sport for Medical reasons? (<i>This does not include bone/muscle/joint injuries</i>)..... | | |

ALLERGIES / ASTHMA:

- | | | |
|--|--------------------------|--------------------------|
| 9. a. Do you have any drug allergies?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Do you have foods or stinging insects?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Have you ever had a rash or hives develop during or immediately after exercising? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you have any current skin conditions (rash, acne, warts, fungus or blisters)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. a. Do you cough, wheeze, or have trouble breathing during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Do you have asthma?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Do you have seasonal allergies that require medical treatment?..... | <input type="checkbox"/> | <input type="checkbox"/> |

HEART:

- | | | |
|--|--------------------------|--------------------------|
| 12. a. Have you ever passed out during or after exercise?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Have you ever experienced <i>excessive</i> dizziness during or after exercise?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Have you ever had chest pains during or after exercise?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Do you tire <i>more quickly</i> than your teammates do during activity?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Does your heart frequently race or skip beats?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Have you ever been told you have high blood pressure or high cholesterol?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Have you ever been told that you have a heart murmur?..... | <input type="checkbox"/> | <input type="checkbox"/> |



Spirit Squad Coaches Evaluation

Name of Student: _____

Cheer, Dance, or Mascot (please circle one)

To be filled out by current coach. Please evaluate your athlete and email this form to Pzernott@lsu.edu in the subject header please put "evaluation form".

SCALE:

1-needs work, 5- average, 10- goes above and beyond

1. Rate your athlete on work ethic: 1 2 3 4 5 6 7 8 9 10
2. Rate your athletes ability to take critiques: 1 2 3 4 5 6 7 8 9 10
3. Does this person add value to your team? 1 2 3 4 5 6 7 8 9 10
4. Is your athlete a team player? 1 2 3 4 5 6 7 8 9 10
5. Is your athlete a rule follower? 1 2 3 4 5 6 7 8 9 10

Would you recommend this person for a position on the LSU Spirit Team?
Please consider all areas above. **Yes/ No**

Any reason this person would not be a good representative/team member?

Years worked with participant: _____

Name of Coach: _____

School or Studio/Gym: _____

Signed: _____ Date: _____



Spirit Squad Expectations

The selection process is a 3 part process, including tryout weekend, pre-camp and camp and pre-season, which includes evaluation of cheerleading ability and ability to work well with others.

Team Practices are held up to 4 times per week and are approximately 2-3 hours per session. Workouts and conditioning are done as a team in addition to practice.

Commitment is for a full year, April until April

Must maintain a 2.0 LSU Cum, 12 hours per semester and 24 hours in a year to maintain active status

Random drug testing throughout the year. NO TOLLERANCE policy

Stipends are awarded to members that have a minimum of a 2.3 LSU CUM GPA.
2nd year \$1000 per yr., 3rd year \$1500 per yr., 4th year \$2000 per yr. NO out of state waivers.

Availability during holiday games, including school breaks

TENTATIVE Important Dates:

July 16- 22 Pre-Camp and Camp

Aug 19-26 Pre-Season Practice

ALL Football, Volleyball (Cheer and Mascot), Women and Men Basketball, Gymnastics (Cheer and Mascot), Baseball (TG's and mascot) home events. Away if selected. Keep in mind events scheduled during Fall Break, Thanksgiving, Winter Break, Mardi Gras and Spring Break are included.

Name: _____

Signed: _____

Date: _____

**Official Team Rules will be distributed to newly selected team members at tryouts.