TUSKEGEE UNIVERSITY
TRYOUT APPLICATION PACKET
(Cheerleader/Stunt Man/Mascot)

TIPS:
- Read the TRYOUT INFORMATION entirely, PRIOR to completing this application packet.
- Keep and refer back to all tryout information as necessary.
- DO NOT WAIT UNTIL THE LAST MINUTE TO SUBMIT MATERIALS

DIRECTIONS:
- **(COMPONENT I – APPLICATION PACKET)** Download the application packet to complete (signatures required). When ready, save your completed application packet as a PDF with your name (ex. Jane Doe Cheer App.pdf). Make sure your saved application is not blank. Be sure to utilize the checklist provided in the packet to double-check your intended submission. Submit your application and pay your application fee through the website link on the cheerleader website.
- Submit your complete application packet to TUCT@tuskegee.edu by **Sunday, July 24, 2022**.
- **(COMPONENT II – E-MAIL NOTIFICATION)** ONLY applicants who receive confirmation that their cheer application was complete (including payment of $30.00 application fee) will be notified about in-person tryout specifics by Friday, **July 29, 2022**. **Incomplete applications will be discarded.**
- **(PHASE III – FINANCIAL/COVID-19 CLEARANCES)** No one will participate in the 2022 Cheer Program Tryout Session without verification of Financial/COVID-19 Clearances per University guidelines PRIOR to arriving on campus. You are a student first, so make sure to address your responsibilities accordingly.

**NOTE**
- IF selected for the 2022-2023 season you will need:
  - A copy of your insurance card (front/back)
  - A copy of your vaccination card (front/back)
  - To complete the Athletic Department Medical Packet
  - To clear an Athletic Department Physical
  - Red, Gold and Black shorts (females – at least mid-upper thigh; males – at least lower thigh
  - Black Bottoms (females – capri and full-length leggings; males – sweat pants
  - Red, Gold and Black Tuskegee T-Shirts (no faded colors)
  - Masks
  - Lysol/Microban
  - Hand Sanitizer

Due to continued COVID precautions, questions and/or necessary changes may come about. We will make every attempt to communicate responses and necessary information to you in a timely manner. IF you have questions/concerns, contact us at TUCT@tuskegee.edu. Thank you in advance for your patience and understanding.

GOOD LUCK and STAY SAFE!
TUSKEGEE UNIVERSITY
Cheerleader/Stunt Man/Mascot Tryout Application Packet Check List

PLEASE USE THIS CHECK LIST TO DOUBLE-CHECK YOUR APPLICATION PACKET BEFORE PAYING YOUR APPLICATION FEE (NO REFUNDS WILL BE PROVIDED)

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. ___ Athletic physical dated March 2022 or later and signed by the 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. ___ Submit application packet per directions and pay $30.00 Application Fee (Go to website link; NO REFUNDS). NOTE: Payment of the application fee is the last step of the application process.

*** The complete application packet MUST be e-mailed to TUCT@tuskegee.edu by SUNDAY, JULY 24, 2022. NO EXCEPTIONS/NO EXCUSES. You will receive a confirmation e-mail of receipt. IF you do NOT receive a confirmation e-mail within 24 hours, please contact us at TUCT@tuskegee.edu. Incomplete applications will be discarded. ONLY applicants who receive confirmation that their cheer application was complete will be notified about in-person tryout specifics.

DO NOT WAIT UNTIL THE LAST MINUTE TO SUBMIT YOUR APPLICATION
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 program. 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 that scheduled academic calendar breaks may be delayed/interrupted and that you will likely have to adjust personal appointment dates and miss planned personal/family engagements if chosen to be a member of the program (cheer/stunt man/mascot). In addition, absence/tardiness for required appearances (games, practices, events, etc.) can result in fee assessments from a minimum of $5.00-$20.00 for the first infraction, up to forfeiture of your position on the squad for recurring infractions (with or without parental/guardian notification/without prior planning).

The following information will help you and your parent/guardian make an informed decision about completing the tryout process and possibly becoming a member of the cheerleading program. After reading the information, you and your parent/guardian will need to sign and date in the specified areas (no script fonts). Following each statement below, refer to the bold print in the first paragraph of this letter. Tuskegee University Cheerleaders/Stuntmen and Mascot are required to:

1. Cheer at ALL football and basketball games, as well as other events scheduled throughout the year.

2. Cheer during extended season play for football and basketball, as well as participate in cheerleading competition and other non-athletic related events, which may occur during scheduled school breaks (Thanksgiving, Christmas, spring break, etc.). NOTE: See athletic schedules.

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.

*Parents/Guardians/Students: Print and familiarize yourself with the athletic sports schedules now *

**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. I fully accept the responsibility of, and agree to adhere to, the requirements stated above. I have also viewed the athletic sports schedules.

__________________________________________________________________________  ____________________________
Student Signature                        Date

**Parent/Guardian:** I have read and understand, the general required commitment my student and I will be making if he/she becomes a Tuskegee University Cheerleader/Stunt Man/Mascot. We agree to adhere to and hold ourselves accountable for the requirements stated above. I have also viewed the athletic sports schedules.

__________________________________________________________________________  ____________________________  ____________________________
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___________________________  Housing:  On-Campus ____  Off-Campus ____

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  ________________________________________________________________
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: ____________________________
(Print)

Date of Birth: ____/____/__________

Name: ____________________________
(Participant's Signature)

Date: ____________________________

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.)

Date of Exam: ____________________________  Date of birth: ____________________________

Name ____________________________  Date of birth ____________________________

Sex  Age  Grade  School  Sport(s) ____________________________

**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>Medicines</th>
<th>Allergies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Do you have any allergies?</th>
<th>Yes</th>
<th>No</th>
<th>If yes, please identify specific allergy below.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicines</td>
<td>Pollens</td>
<td>Food</td>
<td>Stinging Insects</td>
</tr>
</tbody>
</table>

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

**GENERAL QUESTIONS**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

1. Has a doctor ever denied or restricted your participation in sports for any reason?

2. Do you have any ongoing medical conditions? If so, please identify below:
   - [ ] Asthma
   - [ ] Anemia
   - [ ] Diabetes
   - [ ] Infections
   Other:

3. Have you ever spent the night in the hospital?

4. Have you ever had surgery?

**HEART HEALTH QUESTIONS ABOUT YOU**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

5. Have you ever passed out or nearly passed out during or after exercise?

6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?

7. Does your heart ever race or skip beats (irregular beats) during exercise?

8. Has a doctor ever told you that you have any heart problems? If so, check all that apply:
   - [ ] High blood pressure
   - [ ] High cholesterol
   - [ ] A heart murmur
   - [ ] A heart infection
   - [ ] Kawasaki disease
   Other:

9. Has a doctor ever ordered a test for your heart? (Example: ECG/EKG, echocardiogram)

10. Do you get lightheaded or feel more short of breath than expected during exercise?

11. Have you ever had an unexplained seizure?

12. Do you get more tired or short of breath more quickly than your friends during exercise?

**HEART HEALTH QUESTIONS ABOUT YOUR FAMILY**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unresolved car accident, or sudden infant death syndrome)?

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?

15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?

16. Does anyone in your family have unexplained fainting, unexplained seizures, or near drowning?

**BONE AND JOINT QUESTIONS**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?

18. Have you ever had any broken or fractured bones or dislocated joints?

19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?

20. Have you ever had a stress fracture?

21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)

22. Do you regularly use a brace, orthotics, or other assistive device?

23. Do you have a bone, muscle, or joint injury that bothers you?

24. Do any of your joints become painful, swollen, feel warm, or look red?

25. Do you have any history of juvenile arthritis or connective tissue disease?

### MEDICAL QUESTIONS

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

26. Do you cough, wheeze, or have difficulty breathing during or after exercise?

27. Have you ever used an inhaler or taken asthma medicine?

28. Is there anyone in your family who has asthma?

29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?

30. Do you have groin pain or a painful bulge or hernia in the groin area?

31. Have you had infectious mononucleosis (mononucleosis) within the last month?

32. Do you have any rashes, pressure sores, or other skin problems?

33. Have you had a herpes or MRSA skin infection?

34. Have you ever had a head injury or concussion?

35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?

36. Do you have a history of seizure disorder?

37. Do you have headaches with exercise?

38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?

39. Have you ever been unable to move your arms or legs after being hit or falling?

40. Have you ever become ill while exercising in the heat?

41. Do you get frequent muscle cramps when exercising?

42. Do you or someone in your family have sickle cell trait or disease?

43. Have you had any problems with your eyes or vision?

44. Have you had any eye injuries?

45. Do you wear glasses or contact lenses?

46. Do you wear protective eyewear, such as goggles or a face shield?

47. Do you worry about your weight?

48. Are you trying to or has anyone recommended that you gain or lose weight?

49. Are you on a special diet or do you avoid certain types of foods?

50. Have you ever had an eating disorder?

51. Do you have any concerns that you would like to discuss with a doctor?

### FEMALES ONLY

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

52. Have you ever had a menstrual period?

53. How old were you when you had your first menstrual period?

54. How many periods have you had in the last 12 months?

Explain "yes" answers here:

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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: ____________________________
## 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?
   - Did you chew tobacco, snuff, or dip?
   - Do you drink alcohol or use any other drugs?
   - Have you ever used 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).

### PHYSICAL EXAMINATION FORM

#### Name ____________________________ Date of birth ____________________________

**Medical 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?
- Did you chew tobacco, snuff, or dip?
- Do you drink alcohol or use any other drugs?
- Have you ever used 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).**

<table>
<thead>
<tr>
<th>EXAMINATION</th>
<th>Height</th>
<th>Weight</th>
<th>Male</th>
<th>Female</th>
</tr>
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<tbody>
<tr>
<td>BP</td>
<td></td>
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<tr>
<td>Pulse</td>
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<tr>
<td>Vision R 20/20</td>
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<td>L 20/20</td>
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</table>

### MEDICAL

<table>
<thead>
<tr>
<th>MEDICAL</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appearance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span &gt; height, hyperlaxity, myopia, MVP, aortic insufficiency)</td>
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<td></td>
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<tr>
<td>Eyes/ears/nose/throat</td>
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<td></td>
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<tr>
<td>Pupils equal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lymph nodes</td>
<td></td>
<td></td>
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<tr>
<td>Heart*</td>
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</tr>
<tr>
<td>Murmurs (auscultation standing, supine, +/- Valsalva)</td>
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<td></td>
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<tr>
<td>Location of point of maximal impulse (PMI)</td>
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<tr>
<td>Pulses</td>
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<tr>
<td>Simultaneous femoral and radial pulses</td>
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<tr>
<td>Lungs</td>
<td></td>
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<tr>
<td>Abdomen</td>
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<tr>
<td>Genitourinary (males only)**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HSV, lesions suggestive of MRSA, tinea corporis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurologic†</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### MUSCULOSKELETAL

<table>
<thead>
<tr>
<th>MUSCULOSKELETAL</th>
<th>Neck</th>
<th>Back</th>
<th>Shoulder/arm</th>
<th>Elbow/forearm</th>
<th>Wrist/hand/fingers</th>
<th>Hip/thigh</th>
<th>Knee</th>
<th>Leg/ankle</th>
<th>Foot/toes</th>
<th>Functional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duck walk, single leg hop</td>
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**Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.**

**Consider GU exam if in private setting. Having third party present is recommended.**

**Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.**

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

#### Recommendations

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

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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 ____________________________