

University of the Cumberland
Cheerleading Try-outs – On Campus Students
April 11th and 12th

FRIDAY, APR. 11th

5:30 to 6:30 pm – Armory – Cheerleading and Women’s Wrestling Gym

- Registration
 - o Complete all of your paperwork
 - o Get fitted for uniforms
 - o Stretch and warm-up

6:30 to 7:30 pm

- o Learn two (2) Sidelines
- o Learn a dance (Girls)
- o Learn another sideline (Guys)

7:30 to 9:00 pm

- o Learn or work on partner stunts
- o Learn or work on gymnastics

SATURDAY, APR. 12th

9:00 to 10:30 am – Armory – Cheerleading and Women’s Wrestling Gym

- Warm-up
- Review
 - o Sidelines
 - o Dance
 - o Partner Stunts
 - o Gymnastics

10:30 to ???

- Individual Try-outs

Immediately following will be the posting of the 2008-2009 Cheerleading Squad and a short meeting.

DIRECTIONS

The Old Armory building is located on Ridge Street. From I-75 S turn left; from I-75 N turn right off the exit on Highway 92. At the first light, turn left on South 10th Street. After passing the Cumberland Inn on the left, turn right on South 2nd Street. The street will take a sharp turn to the left, then will veer right at the railroad tracks. After the railroad tracks, the building will be on the left. It is a large gray-brick building across from the Whitley County Little League baseball field.

**University of the Cumberland's Athletic Try-out Medical Release Authorization
for Non-Students with Acknowledgment of Risk and Insurance Coverage**

I, _____, age _____, while participating in the Intercollegiate Athletic Try-out for the _____ (Sport) program at the University of the Cumberland's, hereby consent to be treated or extended emergency medical care by the Athletic Trainer's Staff or any other medical personnel recommended by the Team Physician or Athletic Trainer in the event that I become injured.

I have decided to officially try-out for the sport listed above. I understand that I am potentially placing myself in a situation where I might sustain severe bodily harm or injury. I will hold the University of the Cumberland's harmless for any accident that I might befall me as a result of participating in this athletic try-out.

I confirm that I am not currently enrolled as a student at the University of the Cumberland's, and I understand that I must show proof of medical insurance coverage prior to my try-out. In the event I become injured during my try-out, I understand that my personal insurance will be the only source of medical bill coverage available to me since I am not a full-time student at this institution. I understand if I do not have any medical insurance I will be fully responsible for all medical bills incurred.

Date: _____

Participant's Name Printed: _____

Participant's Signature: _____

Guardian's Signature: _____

(Only if under 18 years of age)

Name of Primary Insurance Company: _____

EMERGENCY CONTACT INFORMATION

Contact's Name: _____

Home Address: _____

Home Phone #: () _____

Cell Phone #: () _____