

Vandal Spirit Squad Clinic Form

Due: Thursday, April 4, 2019

This form should also be submitted with risk waiver and copies of medical insurance cards.

Athletes will not be allowed to participate unless all documents have been received.

Email to: kdoman@uidaho.edu

Athlete information:

Interested in:

Co-ed

All-Girl

Dance

Name: _____ Gender: _____

Birthdate: _____ Age: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Athlete Cell Phone: _____

Athlete Email Address: _____

Emergency Contact: _____

Phone number: _____

Insurance Information:

Company: _____

Policy #: _____

(Please submit a photo copy of your insurance card with this application)

History:

Fill in any that apply: where you have cheered or danced & include number of years. This section will NOT affect tryout score. If none leave blank.

Years of Cheer/Dance: _____

High School: _____

All Star Team/Studio/Gym: _____

College: _____

University of Idaho Spirit Squad Statement of Understanding:

I hereby certify that I fully understand the following:

1. Cheerleading and dancing involves a variety of gymnastics, motions, partner stunts, rotations and heights; therefore, participating in cheerleading and dancing involves some amount of danger of personal injury. I totally assume the risks involved by participating in the 2019-2020 tryout clinic sessions. I further realize that improper conduct of cheerleading activity could result in catastrophic injury, paralysis or even death, therefore, I agree to abide by all AACCA Safety Rules and Regulations.
2. I hereby certify that I have read, am thoroughly familiar with and will carefully abide by the American Association of Cheerleading Coaches and Advisors (AACCA) guidelines for safety in college cheerleading and dancing. This will be posted in the tryout clinics and sessions.
3. I further agree to hold harmless the University of Idaho and the University of Idaho Athletic Department, officers, directors, staff and spirit team officials for any injury which I may incur by being a participant in the cheerleading tryout clinics and sessions.

STATEMENT: I have read carefully this memorandum, and I understand and accept the information and requirements contained in it.

Signature: _____ Date: _____

If under the age of eighteen years old a parent or guardian's signature is required.

Signature: _____ Date: _____