



The University of Kansas
Mascot Squad Tryout Information Packet 2010

We thank you for your interest in becoming a member of one of our teams. The following information will guide you in your quest to get all information in on time.

- Big and Baby Jay Tryouts will be held May 7th and 8th, Requirements posted to www.kumascots.com (check website close to tryouts for location).

The following checklist will be turned in prior to tryouts to my office

- Application/score form
- Athlete Release Agreement
- Copy of Acceptance Letter from KU
- Physical Form that is provided or one that shows you have had a physical 6 months prior to tryouts signed by a doctor
- Copy of Insurance Card (front and back)
- A copy of your ARTS Form or most recent semester grades
- \$20 Application Fee – Please make checks payable to: Rock Chalk Spirit

All forms must be in the Spirit Squad office by April 1, 2010. The Spirit

Squad mailing address is:

1651 Naismith Drive
223 Allen Fieldhouse
Lawrence, Kansas 66045

- ❖ Please contact Spirit Squad Director regarding paperwork requirements, scheduling issues or other areas of concern at catj@ku.edu



The University of Kansas *Mascot Squad Tryout Information Packet 2010*

PAPERWORK

All documents must be filled out and mailed to the Spirit Squad Office, Please make sure to include all material, forms, DVD (if required) and fee.

Application/score form

- ❖ Athlete Release Agreement – *This waiver is necessary for possible injury you might sustain in tryouts. Returnees and incoming candidates must have this form complete. If under 18 you must have a parent sign. KU will not cover any expenses from injury at tryouts.*
- ❖ Physical Form *provided or a form that is provided by your doctor that shows you have had a physical 6months prior to tryouts.*
- ❖ Copy of Insurance Card (front and back) – *We must have proof of insurance – Both the front and back of the card with the candidates name printed on the copy.*
- ❖ A copy of your ARTS Form or most recent semester grades – *Any confirmation of your grades from fall semester is acceptable*

PHYSICAL

A current physical is required. The medical form is provided for you to use or you may turn in one that is provided by school or Doctor these must be signed by **your physician** to indicate your qualifications to be a Spirit Squad member.

WHAT TO WEAR

T-shirt, shorts, tennis shoes.

FITNESS REQUIREMENT

We have set limits to try out for Big Jay; you must be 6'0" to 6'3" and fit into the Big Jay costume. To try out for Baby Jay, you must be 4'11" to 5'1" and fit into the Baby Jay costume. Spirit Squad members must be in good physical condition to properly wear the uniform and to handle the intense physical training and performing.

CONDUCT

Candidates are expected to encourage and be supportive of other candidates. No food or gum chewing is allowed in facilities. Water bottles only- No sodas or juices. No video taping of tryouts.

SQUAD RESULTS

All results will be fair and posted on www.kuathletics.com no later than 2 days following finals at 5:00.

Our Squads

Spring tryouts fill all the spots on our squads, which consists of approximately 4 Bigs and 4 babies. Some squad members will travel to away football games and post-season basketball games based on their skill level and a points system.



The University of Kansas *Mascot Squad Tryout Information Packet 2010*

Selection Criteria / Requirements

Candidates will be selected based on who will create the best squad by the time our season starts. That means we'll consider more factors than just skill level; we'll consider potential, physical fitness, work ethic, and attitude. All returning squad members must try out every year):

For specific skills,

- See website at www.kumascots.com

All candidates should have a good knowledge of KU traditions. Showmanship is another quality that is an important aspect to tryouts.

The 2010 Tryout Format

Prelims – Measurement of Height and suit fit – Cut for Semi's

Semi's - Learn Fight Song, Rock Chalk Chant, Walk, and Character

Finals – Panel of Judges on Sunday morning – Perform Fight Song and Skit with improve suggestion

Tryout Advice

Here are tips on preparing for tryouts:

- Be in the best shape of your life! Strong and powerful, lean (low body fat, but *still healthy*), cardio endurance.
- Come dressed in appropriate attire and footwear.
- Be supportive and of other candidates
- Have all paperwork completed and in
- Skit prepared with props – This skit should be no more then 2 minutes long. Costumes, music, props all appropriate. Questions; contact catj@ku.edu



The University of Kansas
Mascot Squad Tryout Information Packet 2010

RELEASE AND WAIVER OF LIABILITY

As the parent or legal guardian of _____ (tryout participant), I give my consent for him/her to participate in the Spirit Squad tryouts conducted and/or sponsored by the University of Kansas. I understand that participation in Dance and related activities involves certain risks, and may result in unavoidable injuries. The injuries may include muscle strains and tears, broken bones, and severe injuries including, but not limited to, permanent paralysis, or even death. I am fully aware of the risks and possibility of injury involved and acknowledge that I am assuming the risk of such injury by my child's participating in the tryout.

I further acknowledge that I agree to provide health insurance for my minor child and will be responsible for any and all medical and related bills that may be incurred by me for any illness or injury that my child may sustain during the tryout and while traveling to and from the site for the tryout.

I further acknowledge and authorize the employees or agents of the University of Kansas, Kansas Athletics, the University of Kansas, the State of Kansas and its Board of Regents to act according to their best judgment in any situation requiring medical attention, whether an emergency or not, until such time as I am contacted to make decisions concerning my child's treatment. If in the judgment of a physician or designee it is necessary for health care reasons to proceed with treatment without delay, this treatment may proceed without prior notification of the undersigned, although every attempt will be made to notify me in the event of such an injury or illness. I agree that any medical information provided to this camp shall be released to other health care providers who may be providing care.

Knowing these facts and in consideration of my child's participation in the Spirit Squad tryout, I, acting as parent or legal guardian, agree to release and hold harmless the respective officers, directors, representatives, members, agents, employees, coaches, or agents of the University of Kansas, Kansas Athletics, the State of Kansas and its Board of Regents, the coaches and support staff of the Kansas University Spirit Squad program, from any and all liability for negligence or any other claim, demand, action, judgment, loss, liability, cost and expenses (including without limitations, attorney's fees and costs) arising out of or in connection with the tryout, including any claim arising out of or in connection with, whether directly or indirectly, any illness, injury, damage or loss to person or property that my child may incur or sustain during the camp, all activities associated with the camp, and while traveling to and from the site for the camp.

I acknowledge that I have read this Release and Waiver of Liability in its entirety and fully understand its contents. I am aware that this Release contains an acknowledgement of my voluntary and knowing assumption of the risk of illness or injury. I further acknowledge that I have signed this document voluntarily and of my own free will.

Parent Signature

date



The University of Kansas
Mascot Squad Tryout Information Packet 2010

CONSENT AND RELEASE OF PARENT OR GUARDIAN

I acknowledge that I am the participant's parent and/or legal guardian and that I understand the nature of athletic activities and the minor's experiences and capabilities and believe the minor to be qualified, in good health, and in proper physical condition to participate in such Activity. I also acknowledge that the minor is covered under a health insurance policy that shall cover expenses resulting from participation in the above named Activity. I hereby RELEASE ALL CLAIMS that I have or may have in the future on my behalf or the behalf of the minor child AND AGREE TO HOLD HARMLESS KAI, its officers, directors, employees, agents, or representatives, and the University of Kansas, its officers, directors, employees, agents, or representatives FROM ALL LIABILITY, LOSS, COST, CLAIM, ATTORNEY'S FEES, LITIGATION EXPENSES, OR DAMAGE WHATSOEVER INCLUDING DEATH, SEVERE PHYSICAL INJURY, OR PROPERTY DAMAGE resulting from the minor's participation in the Activity or participation in any related camps or clinics if so selected. I further agree that this release will BIND ME, MY CHILD, my heirs, legal representatives, and assignees.

Printed name of parent or legal guardian

Street City State Zip

Phone number with area code

Parent or legal guardian signature Date
(only if participant under the age of 18)



The University of Kansas
Mascot Squad Tryout Information Packet 2010

Insurance Information

Parent/Guardian Home Phone: _____ Cell Phone: _____

Work Phone: _____

SUBSCRIBER: _____ RELATIONSHIP TO CAMPER: _____

SUBSCRIBER'S DATE OF BIRTH _____ SUBSCRIBER'S EMPLOYER: _____

NAME OF INSURANCE COMPANY: _____

CLAIMS MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

POLICY NUMBER: _____ GROUP NUMBER _____

I hereby certify that the answers provided are true, complete, and correct to the best of my knowledge.

Signature

Date



The University of Kansas Mascot Squad Tryout Information Packet 2010

SCREENING EXAM FOR ATHLETIC PARTICIPATION

NAME _____ DATE _____
 DATE OF BIRTH _____
 ADDRESS _____
 KNOWN ALLERGIES _____
 DATE OF LAST TETNUS BOOSTER SHOT _____
 CURRENT MEDICATIONS, OVER THE COUNTER DRUGS (INCLUDING VITAMINS),
 SUPPLEMENTS _____

MEDICAL HISTORY (please check any of the following that you have experienced at anytime in the past):

- | | |
|--|---|
| <input type="checkbox"/> Ongoing or chronic illness | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Hospitalized overnight | <input type="checkbox"/> Passed out or dizziness after exercise |
| <input type="checkbox"/> Chest pain during exercise | <input type="checkbox"/> Heart murmur |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Concussion or loss of consciousness |
| <input type="checkbox"/> Cough, wheezing, or trouble after or during exercise | |
| <input type="checkbox"/> Racing of your heart or skipped heartbeats | |
| <input type="checkbox"/> Family member or relative who died of heart disease or sudden death before age 50 | |
| <input type="checkbox"/> Problems with eyes (decreased vision, eyeglasses, and contact lenses) | |
| <input type="checkbox"/> Orthopedic injuries (sprains, fractures, ligament damage). Please describe: | |

FEMALES ONLY: Have you begun menstruation? _____
 Frequency of menses _____ Length of menses _____

I certify that the above information is complete and correct.

Signature: _____ Date: _____

PHYSICAL EXAM BP _____ PULSE _____ HT _____ WT _____

Please check if ABNORMAL and explain at bottom of page:

- | | |
|--|---|
| <input type="checkbox"/> Eyes/ears/nose/throat | <input type="checkbox"/> Neck |
| <input type="checkbox"/> Lymph nodes | <input type="checkbox"/> Back |
| <input type="checkbox"/> Heart | <input type="checkbox"/> Shoulder/upper arm |
| <input type="checkbox"/> Pulses | <input type="checkbox"/> Elbow/forearm |
| <input type="checkbox"/> Lungs | <input type="checkbox"/> Wrist/forearm |
| <input type="checkbox"/> Abdomen | <input type="checkbox"/> Hip/upper leg |
| <input type="checkbox"/> Genitalia/hernia | <input type="checkbox"/> Knee |
| <input type="checkbox"/> Skin | <input type="checkbox"/> Lower leg/ankle/foot |

EXPLANATION OF ABNORMALS: _____

Cleared for all athletic activities
 Not cleared for all athletic activities
 Reason _____
 Restrictions/Recommendations: _____

Signature of Examiner: _____ Date: _____

Printed name of Examiner _____

Address of Examiner _____

This exam must be conducted within the twelve months prior to the start of tryouts.



The University of Kansas
Mascot Squad Tryout Information Packet 2010

APPLICATION

Mail documents by **April 1, 2010** to:

KU Spirit Squad • 1651 Naismith Dr. • 223 Allen Fieldhouse • Lawrence, KS 66045

Candidate Name: _____ **Email:** _____
Cell: _____ **Birthdate:** _____ **GPA:** _____

Permanent Contact Info (parent or guardian)

Name(s): _____ **Email:** _____
Address: _____ **City, State, Zip** _____
Home Phone: _____ **Cell Phone:** _____

Education

High School Name: _____ (if incoming freshman)
College (if any-years): _____ **Career Goal:** _____
Community Service: _____

Mascot Experience

List the number of years you have been a mascot and where:

High School: _____ **College:** _____
Previous Coach: _____ **Coach Contact Phone:** _____

Finals Scores:

Suit Fit _____
Walk: _____
Character: _____
Fight Song: _____
Chant: _____
Skit: _____
Improv: _____
Interview: _____
Total: _____