



The University of Kansas
Mascot Squad Tryout Information Packet 2012

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 Jay and Baby Jay Tryouts will be held April 21st and 22nd, 2012 Requirements posted to www.kumascots.com (check website close to tryouts for location).

The following items on this checklist must be turned in prior to tryouts to the Spirit Squad Office by April 16th, 2012.

- Application/score form
- Assumption of Risk, Release, Waiver of Liability Form
- 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
- A 1 minute DVD essay of why you want to be a mascot at KU. Be creative but respectful and appropriate. Make sure the video works before you send in with application
- \$25 Application Fee – Please make checks payable to: Rock Chalk Spirit

All forms must be in the Spirit Squad office by April 16, 2012.

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



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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 any possible injuries 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 6 months 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 6'1" to 6'5" 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.



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SQUAD RESULTS

Applicants will be informed via email no later than 2 days following finals.

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.

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

The 2012 Tryout Format

Prelims – Height Measurement, fit in suit, improvisational situations – Cut for Finals

Learn Fight Song, Rock Chalk Chant, Walk, and Character

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

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
- Skit prepared– This skit should be no more than 2 minutes in length. It should come complete with props, music, audio, costumes and a plot and/or theme. Costumes, music (Must be on a CD) make sure to listen to cd on different systems so you know it works, props all appropriate. Nothing lewd, crude or otherwise will be accepted. Questions; contact catj@ku.edu



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ASSUMPTION OF RISK, RELEASE, AND WAIVER OF LIABILITY

(to be completed by parent only if tryout participant is under the age of 18)

I, _____, am a parent/legal guardian of _____, and give my consent for my minor child to participate in tryouts and/or activities (Activity) conducted and/or sponsored by the University of Kansas Spirit Squad. I understand that participation in cheerleading, gymnastics, tumbling, dance, and related activities involves certain risks, and may result in unavoidable injuries due to the height, rotation, and motions involved in a unique environment. 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 participation in the Activity.

I further acknowledge that I have health insurance and will be responsible for any and all medical and related bills that may be incurred by my minor child for any illness or injury that he/she may sustain during the Activity.

I further acknowledge and authorize the employees or agents of the University of Kansas Spirit Squad, Kansas Athletics, Inc. or the University of Kansas to act according to their best judgment in any situation requiring medical attention, whether an emergency or not.

Knowing these facts and in consideration of my minor child's participation in the Activity, I agree to release and hold harmless the respective officers, directors, representatives, members, agents, employees, coaches, or agents of the University of Kansas, Kansas Athletics, Inc., the coaches and support staff of the Kansas Spirit Squads, the State of Kansas, and its Board of Regents 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 Activity, 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 minor child may incur or sustain during the Activity.

I further acknowledge and authorize the University of Kansas Spirit Squad the right to photograph my minor child and use the photo and/or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication processes, whether electronic, print, digital or electronic publishing via the Internet.

I acknowledge that I have read this Assumption of Risk, 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 for my minor child. I further acknowledge that I have signed this document voluntarily and of my own free will.

Signature

date

Address:

Phone Number:

_____(home)
_____(cell)



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I further acknowledge that I have health insurance and will be responsible for any and all medical and related bills that may be incurred by me for any illness or injury that I may sustain during the Activity.

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Knowing these facts and in consideration of my participation in the Activity, I agree to release and hold harmless the respective officers, directors, representatives, members, agents, employees, coaches, or agents of the University of Kansas, Kansas Athletics, Inc., the coaches and support staff of the Kansas Spirit Squads, the State of Kansas, and its Board of Regents 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 Activity, 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 I may incur or sustain during the Activity.

I further acknowledge and authorize the University of Kansas Spirit Squad the right to photograph me and use the photo and/or other digital reproduction of me or other reproduction of my physical likeness for publication processes, whether electronic, print, digital or electronic publishing via the Internet.

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Signature

date

Address:

Phone Number:
_____(home)
_____(cell)



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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



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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):

- Ongoing or chronic illness
- Hospitalized overnight
- Chest pain during exercise
- High blood pressure
- Asthma
- Cough, wheezing, or trouble after or during exercise
- Racing of your heart or skipped heartbeats
- Family member or relative who died of heart disease or sudden death before age 50
- Problems with eyes (decreased vision, eyeglasses, and contract lenses)
- Orthopedic injuries (sprains, fractures, ligament damage). Please describe:

- Surgery
- Passed out or dizziness after exercise
- Heart murmur
- Seizures
- Concussion or loss of consciousness

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:

- Eyes/ears/nose/throat
- Lymph nodes
- Heart
- Pulses
- Lungs
- Abdomen
- Genitalia/hernia
- Skin
- Neck
- Back
- Shoulder/upper arm
- Elbow/forearm
- Wrist/forearm
- Hip/upper leg
- Knee
- 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.



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APPLICATION

Mail documents by **April 16, 2012** to:

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

Candidate Name: _____ Email: _____

Cell: _____ Birthdate: _____ GPA: _____

SS# _____ DL# _____

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: _____
