

Male / Female (Circle Squad trying out for): Cheerleading Tiger Girls Mascot LSU Student ID# _____

LSU SPIRIT SQUAD TRYOUT APPLICATION (12/5/17)

Name _____ DOB _____ Age _____

Address _____ City/State _____

Home Phone (____) _____ Cell Phone (____) _____

E-mail _____ (print clearly)

Emergency Contact: _____ Number: _____

High School _____ Class of _____ GPA _____

College _____ Major _____ How many years in college? _____

How many years left in college? _____ Current # of hours enrolled? _____ College Cumulative GPA _____

Cheerleading/Dance Team/Mascot Experience _____

Other Interests _____

Honors or Awards _____

For safety and athletic training purposes, please list any prior orthopedic injuries, with dates of injury, and Any unusual physical conditions that our staff should be aware of:

The undersigned is aware of and acknowledges the risks associated with the participation in Spirit Squad activities, including but not without limitation, the risk of catastrophic injury, paralysis and even death. Nevertheless, it is the undersigned's desire to participate and try out for the LSU Spirit Squads at Louisiana State University and participate as a team member if selected. The undersigned assumes all risk of injury associated with participation and specifically agrees to indemnify and hold free and harmless Louisiana State University, its agents and employees, including without limitation the LSU Spirit Squads, staff, coaches, spirit director, and all other members of the Department of Athletics staff, from any and all claims or causes of action arising out of his/her participation in Tryouts and team membership, no matter what the cause. The undersigned further acknowledges and certifies that he/she is at least 18 years of age.

Signature _____ Date _____

If under age 18, this form MUST be signed by a parent or guardian prior to participation.

Parent/Guardian Signature _____ Date _____

Application Check list:

____ LSU Student ID at top of the form; Full time status and Academic records will be checked

____ Transfer student or incoming freshman; copy of acceptance letter to LSU

____ Copy of insurance card front and back, Pre-Participant Medical History Form & Walk on Physician Clearance Form