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 April 29th and 30th, 2011, 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
☐ $25 Application Fee – Please make checks payable to: Rock Chalk Spirit

All forms must be in the Spirit Squad office by April 27, 2011.

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
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 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 6'0" 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.
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 2011 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 (Must be on a CD) make sure to listen to cd on different systems so you know it works, props all appropriate. Questions; contact catj@ku.edu
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
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)
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
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):

_____ Ongoing or chronic illness
_____ Surgery
_____ Hospitalized overnight
_____ Passed out or dizziness after exercise
_____ Chest pain during exercise
_____ Heart murmur
_____ High blood pressure
_____ Seizures
_____ Asthma
_____ Concussion or loss of consciousness
_____ 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 contact lenses)
_____ 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:

_____ 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.
The University of Kansas
Mascot Squad Tryout Information Packet 2011

APPLICATION
Mail documents by April 27, 2011 to:
KU Spirit Squad • 1651 Naismith Dr. • 223 Allen Fieldhouse • Lawrence, KS 66045

Candidate Name: ___________________________ Email: ________________
Cell: __________________ Birthdate: __________ GPA: ______________
SS#__________________ DL#__________________ KU Student ID# __________

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: ________________________________