NIU CHEERLEADING
TRY-OUTS 2009

FEE $20
Any individual trying out for Northern Cheerleading must provide a copy of the front and back of their current health insurance card at registration on Friday/Saturday. Try-out application and try-out waiver are also due at the time of registration.

LOCATION
Try-outs will be held in Victor E. Court in the Convocation Center at 1525 W. Lincoln Highway in Dekalb. Enter at Entrance 5. Park in lot C3.

REFUND POLICY
No refunds are available for cancellations.

INSURANCE AND MEDICAL CARE
A member of the NIU Athletic Training Staff will be on call during camp activity sessions.

A Parental Authorization/Medical Form is included and must be returned with the registration form. All insurance information must be complete or the camper may not participate. Campers who do not have insurance will be responsible for all medical payments.

REGISTRATION METHODS
If applicable, confirmation will be sent via email within two business days of registration receipt. If email is not an option, confirmation will be sent through U.S. mail. Please call 815-753-5300 or email sportscamps@niu.edu with questions regarding registration, cancellation or general inquiries. For specific questions about cheerleading try-outs, call 779-875-9735.

NIU Huskie Sports Camps
219 Convocation Center
Dekalb, IL 60115

Phone: 815-753-5300
E-mail: sportscamps@niu.edu

For further information please contact Head Coach, Trish Rodeghero at rodeghero@niu.edu or 779-875-9735.

SCHEDULE
Friday, April 24
7:00 PM-9:00 PM Open gym and pre-registration

Accepted attire: your choice

Saturday, April 25
9:00-9:30 am Registration (if not registered on Friday)
9:30am-12:30pm Interviews, tumbling, jump assessment, try-out material
12:30-2:00pm Lunch Break
2:00-4:00pm Stunting assessment and material review
6:00pm First cuts posted

Accepted attire: Female- Black or Red sports bra (no team insignia), black cheer shorts, hair half up, half down w/ 2 ¼” red grosgrain bow. Bow should be on the top of the head and visible from the front. You may wear two sports bras if necessary. Males- Plain black or red T-shirt (no team insignia), black shorts

Sunday, April 29
10:00 am-12:30pm Individual Try-outs
12:30-2:00pm Lunch Break
2:00pm Final Team Announced
2:00-3:00pm New Team Meeting

Accepted attire: Female- Black sports bra (no team insignia), black cheer shorts, hair half up half down w/ 2 ¼” red grosgrain bow. Bow should be on the top of the head and visible from the front. You may wear two sports bras if necessary. Males- Plain black T-shirt (no team insignia), black shorts

QUALIFICATIONS:
GRADUATING SENIORS ARE ELIGIBLE TO ATTEND
There is no minimum skill requirement to try-out for NIU Cheerleading. The minimum skill to make the team will be determined by the level of talent at the try-out. All individuals are encouraged to try-out. A cheerleader with a lower level of tumbling or stunting should be prepared to show a higher level of other skills. Any cheerleaders that can execute a double down from a single leg extended stunt, will automatically advance to the second round of try-outs. Any cheerleader that can successfully execute a full twisting layout and a standing tuck on the cheer floor (both skills) will automatically advance to the second round of try-outs. Cheerleaders should expect to display their level of running and standing tumbling, stunting skills, jumps, motions, and dance. Cheerleaders should expect to show a desire to learn and develop new skills.

ABOUT NIU CHEERLEADING
NIU Cheerleaders cheer for all football games, Men’s and Women’s home basketball games. NIU Cheerleading practices 3 days per week, usually Tuesday, Thursday and Sunday. In addition to practice and games, cheerleaders will be responsible for additional appearances as necessary.

The team may have the opportunity to travel to a national competition on the condition that the appropriate funds have been raised by the team. Each cheerleader will have individual accounts to pay to travel to Nationals. Money will be deposited into the cheerleader’s account based on appearances, fundraising and sponsorships. Coaches will provide ample opportunities to raise funds. It is up to the individual cheerleader to take advantage of those opportunities. Any money raised in the name of NIU Cheerleading is the property of NIU Cheerleading. Upon leaving the team, any monies left become property of Northern Illinois University Cheerleading.

Cheerleaders will be given demerits for missed games, practices or appearances. Cheerleaders will also be given demerits for being late, not wearing assigned attire, or acting inappropriately as a representative of Northern Illinois University.

All individuals making the team must give a deposit of $100 at the first team meeting on Sunday, April 26. There are no refunds if the cheerleader decides to leave the team.
CHEERLEADING TRY-OUTS
REGISTRATION FORM

Camper’s Name ________________________________
Parental Contact _______________________________
Address ______________________________________
City __________________ State _______ Zip ________
Home Phone (___) _____________________________
Day Phone (___) _______________________________
Parent’s E-mail ________________________________
(for confirmation of registration)
Gender:  □ Male     □ Female
School Attending _______________________________________

PARENTAL AUTHORIZATION/RELEASE OF INFORMATION

CONSENT TO TREATMENT LIMITATION AND WAIVER OF LIABILITY
In partial consideration of our child’s acceptance into the Northern Illinois Huskie Sports Camps, I/we as parents of

CAMPER’S NAME ________________________________
do hereby agree to limit the liability of the Northern Illinois University Sports Camps, Northern Illinois University, its employees, agents, officers, staff and physicians, to the coverage of the medical insurance policy covering participants in the Northern Illinois University Sports Camps as explained in this brochure, which we have read and understand. I/we further agree to waive all liability, except for GG loss caused by gross negligence, of the Northern Illinois University Sports Camps, the Board of Trustees of Northern Illinois University, its employees, agents, officers, staff and physicians, for any accident, injury (including death), illness or other mishap which might befall the above-named camper while traveling to or from, or during his/her attendance at the Northern Illinois University Sports Camps, which is not covered by said medical insurance policy.

Further, I/we hereby grant permission to the staff and physicians of Northern Illinois University, and medical or surgical consultant deemed advisable, and any hospital to render to the above-named camper any medical and surgical treatment that they deem necessary. I/we understand that all possible effort will be made to inform me/us in case of such treatment.

This health history is correct to the best of my/our knowledge and my/our son/daughter has my/our permission to participate in camp activities with the exception of those noted under physical restrictions.

I authorize Kishwaukee Community Hospital, University Health Service and the DeKalb Clinic to release medical information regarding the above named participant to interested parties including parents and family physician.

PARENT OR LEGAL GUARDIAN’S NAME (printed)
SIGNATURE ____________________________

DATE ____________________________
PHONE: Day (___) ____________________
PHONE: Emergency (___) ____________
PHONE: Cell _______________________

CAMPER’S HEALTH FORM - REQUIRED
To be completed by the camper’s parent or legal guardian

CIRCLE YES/NO/NONE OR ENTER INFORMATION
ALL INFORMATION MUST BE COMPLETED IN ORDER TO PARTICIPATE IN THE CAMP.

□ YES □ NO □ NONE
Asthma ____________________________
Convulsions/Seizures ____________________________
Heart Disease ____________________________
Bleeding Disorders ____________________________
Diabetes ____________________________
Rheumatic Fever ____________________________
Head Injury/Concussions ____________________________

Allergies to Drugs / NONE__________________________
Allergies to Foods / NONE__________________________
Current Medications / NONE__________________________
Chronic or Recurring Illnesses / NONE__________________________
Operations/Injuries (including dates) / NONE__________________________

Physical Restrictions / NONE__________________________
Physician Name ____________________________
Physician Telephone _______________________
Camper’s Date of Birth ___/____/____

Insurance Information - REQUIRED

Insured Name ____________________________
Name of Company ____________________________
Address ____________________________
Policy Number ____________________________
Phone Number ____________________________

A doctor’s release must be attached if camper is recovering from a recent illness or injury, or if he/she will be participating with a cast or splint.

$20 FEE (Make checks payable to NIU)

Mail to: NIU Huskie Sports Camps
219 Convocation Center
DeKalb, IL 60115

To pay with a credit card, please register online at: www.niuhuskies.com

APRIL 24-26
PARTICIPANTS ARRIVING IN TOWN ON FRIDAY MAY ATTEND OPEN GYM FROM 7:00-9:00 P.M.

CHECK-IN FOR ALL REGISTRANTS WILL BE AT 9:00-9:30 A.M. ON SATURDAY, APRIL 28TH.

PARENTAL AUTHORIZATION/RELEASE OF INFORMATION

CONSENT TO TREATMENT LIMITATION AND WAIVER OF LIABILITY
In partial consideration of our child’s acceptance into the Northern Illinois Huskie Sports Camps, I/we as parents of

CAMPER’S NAME ________________________________
do hereby agree to limit the liability of the Northern Illinois University Sports Camps, Northern Illinois University, its employees, agents, officers, staff and physicians, to the coverage of the medical insurance policy covering participants in the Northern Illinois University Sports Camps as explained in this brochure, which we have read and understand. I/we further agree to waive all liability, except for GG loss caused by gross negligence, of the Northern Illinois University Sports Camps, the Board of Trustees of Northern Illinois University, its employees, agents, officers, staff and physicians, for any accident, injury (including death), illness or other mishap which might befall the above-named camper while traveling to or from, or during his/her attendance at the Northern Illinois University Sports Camps, which is not covered by said medical insurance policy.

Further, I/we hereby grant permission to the staff and physicians of Northern Illinois University, and medical or surgical consultant deemed advisable, and any hospital to render to the above-named camper any medical and surgical treatment that they deem necessary. I/we understand that all possible effort will be made to inform me/us in case of such treatment.

This health history is correct to the best of my/our knowledge and my/our son/daughter has my/our permission to participate in camp activities with the exception of those noted under physical restrictions.

I authorize Kishwaukee Community Hospital, University Health Service and the DeKalb Clinic to release medical information regarding the above named participant to interested parties including parents and family physician.

PARENT OR LEGAL GUARDIAN’S NAME (printed)
SIGNATURE ____________________________

DATE ____________________________
PHONE: Day (___) ____________________
PHONE: Emergency (___) ____________
PHONE: Cell _______________________

CAMPER’S HEALTH FORM - REQUIRED
To be completed by the camper’s parent or legal guardian

CIRCLE YES/NO/NONE OR ENTER INFORMATION
ALL INFORMATION MUST BE COMPLETED IN ORDER TO PARTICIPATE IN THE CAMP.

□ YES □ NO □ NONE
Asthma ____________________________
Convulsions/Seizures ____________________________
Heart Disease ____________________________
Bleeding Disorders ____________________________
Diabetes ____________________________
Rheumatic Fever ____________________________
Head Injury/Concussions ____________________________

Allergies to Drugs / NONE__________________________
Allergies to Foods / NONE__________________________
Current Medications / NONE__________________________
Chronic or Recurring Illnesses / NONE__________________________
Operations/Injuries (including dates) / NONE__________________________

Physical Restrictions / NONE__________________________
Physician Name ____________________________
Physician Telephone _______________________
Camper’s Date of Birth ___/____/____

Insurance Information - REQUIRED

Insured Name ____________________________
Name of Company ____________________________
Address ____________________________
Policy Number ____________________________
Phone Number ____________________________

A doctor’s release must be attached if camper is recovering from a recent illness or injury, or if he/she will be participating with a cast or splint.

$20 FEE (Make checks payable to NIU)

Mail to: NIU Huskie Sports Camps
219 Convocation Center
DeKalb, IL 60115

To pay with a credit card, please register online at: www.niuhuskies.com

APRIL 24-26
PARTICIPANTS ARRIVING IN TOWN ON FRIDAY MAY ATTEND OPEN GYM FROM 7:00-9:00 P.M.

CHECK-IN FOR ALL REGISTRANTS WILL BE AT 9:00-9:30 A.M. ON SATURDAY, APRIL 28TH.