



## **2011-2012 UNM MASCOT TRYOUT APPLICATION**

### **APPLICATION CHECKLIST**

**PLEASE MAKE SURE THE FOLLOWING IS RECEIVED BY TUESDAY, JULY 5<sup>TH</sup>.**

**MAILED, FAXED OR DROPPED OFF TO:**

**UNIVERSITY OF NEW MEXICO - DEPARTMENT OF ATHLETICS  
TRACY DENTON - SPIRIT COORDINATOR  
COLLEEN J. MALOOF ADMINISTRATION BUILDING  
MSC04 2680 - 1 UNIVERSITY OF NEW MEXICO  
ALBUQUERQUE, NM 87131-0001  
FAX: (505)925-5609**



Completed 3 pages of application



Copy of health insurance card/information (student insurance not accepted)



Prospective Student Athlete Release Form (2 pages)



Copy of UNM Spring Registration, copy of UNM Letter of Acceptance or copy of HS transcripts

**\*\*If selected for mascot, the following dates would be mandatory to attend for camp.**

July 12-13 5-8pm practice

July 13<sup>th</sup> – July 19<sup>th</sup> UNM College Mascot Camp in Texas

**FOR QUESTIONS OR ANY ADDITIONAL INFORMATION,  
PLEASE CONTACT TRACY DENTON - SPIRIT COORDINATOR  
(505)925-5613  
[NMSPIRIT@UNM.EDU](mailto:NMSPIRIT@UNM.EDU)**



**2011-2012 UNM MASCOT TRYOUT APPLICATION**

(Please print or type) (Page 1 of 5)

Full Name: \_\_\_\_\_  
(Last) (First) (MI)

Contact Phone #: \_\_\_\_\_ Birth date: \_\_\_\_\_

UNM Student Banner ID: \_\_\_\_\_

Circle one: HS Senior Freshman Sophomore Junior Senior

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_ E-mail: \_\_\_\_\_

High School \_\_\_\_\_ Year Graduated \_\_\_\_\_ Cum. GPA \_\_\_\_\_

College Major \_\_\_\_\_ Expected Graduation \_\_\_\_\_ Cum. GPA \_\_\_\_\_

List past experiences related to Mascot

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# UNM SPIRIT PROGRAM TRYOUTS

## PARTICIPANT RELEASE AND WAIVER FORM

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NAME OF PARTICIPANT \_\_\_\_\_

**LIABILITY RELEASE:** I \_\_\_\_\_, participant or as parent or legal guardian of \_\_\_\_\_, a minor (if participant is under the age of 18), hereby grant the permission necessary to allow participation in the UNM Spirit Program Tryouts. I, on my own behalf and on behalf of the participant, further agree to release and to hold harmless The University of New Mexico, Athletic Administration, UNM Spirit Program and Spirit Program Staff from any and all liability arising out of or connected with the UNM Spirit Program Tryouts. This includes any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic and /or death) that participant may incur or sustain during the clinic or any activity associated with the event. The terms hereof shall serve as a release and assumption of all risk for my heirs, estate executor administrator, assignees and for all members of my family.

**ASSUMING RISK:** I, in my own behalf and on behalf of participant, acknowledge and agree that such participation subjects the participant to the possibility of physical illness or injury (minimal, serious, catastrophic, and/or death) and that I acknowledge that the participant is assuming the risk of such illness or injury by participation in the UNM Spirit Program Tryouts. Because of the dangers of participation in the UNM Spirit Program Tryouts, I recognize the importance of following the instructions regarding practicing and performing based on the AACCA rules/guidelines set forth.

I, on my own behalf and on behalf of participant, hereby warrant that I have read this Participant Release and Waiver Form in its entirety and fully understand its contents. I am aware that this form releases The University of New Mexico, Athletic Administration, UNM Spirit Program and Spirit Program Staff from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I, on my own behalf and on behalf of participant, have signed this document voluntarily and of my own free will.

\_\_\_\_\_  
**SIGNATURE OF PARENT OF LEGAL GUARDIAN  
(IF PARTICIPANT IS UNDER THE AGE OF 18)**

\_\_\_\_\_  
**DATE**

Relationship to Minor: \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF PARTICIPANT**

\_\_\_\_\_  
**DATE**

**EVERY PARTICIPANT MUST HAVE AN ORIGINAL, COMPLETED AND SIGNED RELEASE FORM TO TURN IN WITH THEIR TRYOUT APPLICATION IN ORDER TO PARTICIPATE.**

**2011-2012 UNM MASCOT TRYOUT APPLICATION**

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**INFORMATION SHEET**

Name: \_\_\_\_\_

Banner ID # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Parent Phone: \_\_\_\_\_

Parent E-mail: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact #: \_\_\_\_\_

Cheer Uniform Top Size \_\_\_\_\_ Cheer Uniform Pant/Skirt Size \_\_\_\_\_

Nike Shoe Size \_\_\_\_\_ Jazz Shoe Size (Dance) \_\_\_\_\_

Dance Pant Size \_\_\_\_\_ Dance Top Size \_\_\_\_\_ Bra Top Size \_\_\_\_\_

T-Shirt Size \_\_\_\_\_ Polo Shirt Size \_\_\_\_\_ Short Size \_\_\_\_\_

Warm-up Size: Women's Size \_\_\_\_\_ OR Men's Size \_\_\_\_\_

**When selecting sizes, make sure they will fit comfortably. Member will need to purchase another item if fit is too tight. In my absence, I authorize the above stated sizes to be ordered on my behalf if I am selected as a 2011-2012 UNM Mascot.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**UNIVERSITY OF NEW MEXICO SPORTS MEDICINE OFFICE  
PROSPECTIVE STUDENT-ATHLETE (PSA) PHYSICAL PRE-SCREEN**

**PROSPECTIVE STUDENT ATHLETE (PSA) RELEASE STATEMENT**

I, \_\_\_\_\_ (Name of recruit), confirm that all of the information that I will provide on this form is, to the best of my knowledge, complete and correct.

I also hereby authorize the University of New Mexico and its physicians, athletic trainers and health care personnel to disclose my protected health information and any related information regarding any injury or illness discussed during my PSA physical pre-screen for participation in intercollegiate athletics to the University of New Mexico Athletic Compliance Office, applicable coaching staffs, sport supervisors and the Director of Athletics.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signed: \_\_\_\_\_

**PSA GENERAL INFORMATION**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Home Town: \_\_\_\_\_ Sport: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Circle One: High School Current UNM Transfer

**MEDICAL HISTORY**

If you **have had any** of the following, please **circle** the appropriate answer:

**Head:**

Concussion YES NO  
Eye Injury YES NO  
Other YES NO  
Loss of Consciousness YES NO

**Knee:**

Ligament sprain YES NO  
Cartilage injury YES NO  
Meniscus injury YES NO  
Kneecap (patella) YES NO  
Surgery YES NO  
Tendonitis YES NO  
Other YES NO

**Elbow/Wrist:**

Dislocation YES NO  
Fracture YES NO  
Neuropathology YES NO  
Tendonitis YES NO  
Sprain YES NO  
Surgery YES NO  
Other YES NO

**Neck:**

Sprain YES NO  
Burner/Stinger YES NO  
Disc Problems YES NO  
Fracture YES NO  
Other YES NO

**Ankle:**

Sprain YES NO  
Fracture YES NO  
Surgery YES NO  
Other YES NO

**General Health:**

Ulcers YES NO  
High BP YES NO  
Amenorrhea YES NO  
Heart Murmur YES NO  
Mono YES NO  
Diabetes YES NO  
Asthma YES NO  
Allergies YES NO  
Heart Problems YES NO

**Back:**

Backaches YES NO  
Pinched Nerve YES NO  
Disc Problems YES NO  
Strain YES NO  
Chronic Pain YES NO  
Surgery YES NO  
Other YES NO

**Shoulder:**

Chronic Pain YES NO  
Dislocation YES NO  
Subluxation YES NO  
Separation YES NO  
Tendonitis YES NO  
Impingement YES NO  
Surgery YES NO  
Other YES NO

**Other:**

Shin Splints YES NO  
Foot Pain YES NO  
Stress Fractures YES NO  
Glasses YES NO  
Contacts YES NO  
Heat Illness YES NO  
Sickle Cell Trait YES NO

Due to an INJURY, have you missed any games/practices in the last 3 years? YES NO  
Have you been hospitalized in the last 3 years? YES NO  
Do you require any special equipment? YES NO  
Has either parent died of sudden deather between the ages of 45-55? YES NO

Have you ever had a (an): MRI YES NO X-Ray YES NO  
CAT Scan YES NO Bone Scan YES NO

Please list the approximate dates of all YES answers: \_\_\_\_\_

Please list the approximate dates of all surgeries, or time loss injuries: \_\_\_\_\_

**To Be Completed by a Physician:**

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**Medical Rating Scale (Circle One):**

Grade 0 – No Risk  
Absolutely clean

Grade 1 – Minimal Risk  
Correctable problem

Grade 2 – Moderate Risk  
Health-related condition that needs to be monitored weekly

Grade 3 – Major Risk  
Health-related condition that needs to be monitored daily/on a regular basis

Grade 4 – Fail  
Health-related condition that warrants disqualification

**Orthopedic Rating Scale (Circle One):**

Grade 0 – No Risk  
No injury or few minor injuries, no significant time loss

Grade 1 – Minimal Risk  
Minor surgery, injury/injuries of minimal consequence  
Major surgery with a year of return & normal physical exam

Grade 2 – Moderate Risk  
Major surgery/injury with normal exam and significant time loss, potential for degenerative change or re-injury

Grade 3 – Major Risk  
Major surgery/injury with long-term consequence and multiple time-related loss

Grade 4 – Fail  
Failed surgery or one with poor result. Physical abnormality that has significant potential for career-ending injury

Grade 5 – Recheck  
Injured currently

MD/ATC notes: \_\_\_\_\_

**Assessed/Evaluated by:**

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signed: \_\_\_\_\_

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**CC:           Head Coach**