

# Ole Miss. CHEERLEADERS

Dear Tryout Candidate,

We are excited you have chosen the University of Mississippi as your institution for higher education. Tryouts for the 2018-2019 season are set for **May 16-20, 2018**. The following packet will provide information for many questions you may have about trying out for our program. Please read thoroughly prior to calling or emailing questions.

We are looking for dedicated candidates who are physically fit, lead a healthy lifestyle, and are able to present themselves in a professional manner. Judges will be looking for a balanced package of the following aspects: stunting and tumbling execution, performance energy, physical fitness, appearance, attitude/work ethic, social skills in a professional setting and the yearly commitment to our program. Although, we do not have specific height or weight requirements, those selected will be expected to maintain their tryout weight and appearance.

All candidates must be accepted, currently enrolled students, or have a pending application to the University of Mississippi prior to tryouts. The following items need to be turned in to tryout:

- Completed Tryout Application
- Copy of Proof of acceptance letter, copy of UM student ID or proof of application submitted to University
- Completed Camp/Clinic Release and Consent Form
- Copy of a current physical or signature of a physician on Medical Release and Health Information section
- Copy of your current medical insurance card
- Tryout fee: \$50 if trying out for 1 team and \$85 if trying out for 2 teams  
(Check or Money Order: made out to UMAA if mailing. Cash will only be taken in person.)

It is encouraged that candidates turn in/mail their tryout forms no later than **Friday, April 6, 2018**. **DO NOT MAIL YOUR PACKET AFTER THIS DAY. PLEASE BRING WITH YOU TO TRYOUTS.** Once we have received all of your completed information, you will receive a confirmation email.

Applications received on the day of tryouts will still be accepted, however a late fee of \$20 will be added.

Good luck and see you at tryouts!

Hotty Toddy

Coach Ryan O'Connor  
roconnor@olemiss.edu

**Mail Forms/Packet to:**  
Ole Miss Cheerleading  
908 All-American Drive  
P.O. Box 1848  
University, MS, 38677-1848



## **TRYOUT SCHEDULE:**

**LOCATION: MANNING CENTER UNIVERSITY, MS 38677**

**WEDNESDAY MAY 16** – OPEN PRACTICE FROM 5:30-8PM FOR ANYONE WISHING TO TRYOUT OVER THE WEEKEND. **ALL PRACTICES AND TRYOUT DAYS ARE CLOSED TO THE PUBLIC.**

**ATTIRE:** LADIES: SPORTS BRA AND SPANDEX SHORTS (NO LOOSE-FITTING SHORTS), RIBBON, CHEER SHOES AND SOCKS. PLEASE LOOK "GAMEDAY READY" WITH HAIR AND MAKEUP DONE. PLEASE BRING RUNNING SHORTS, TANK AND RUNNING SHOES FOR THE FITNESS EVALUATION.

**MEN:** ATHLETIC T-SHIRT, ATHLETIC SHORTS AND SHOES. PLEASE BRING A CHANGE OF CLOTHES FOR THE FITNESS EVALUATION.

PLEASE BRING A WATER BOTTLE AND A SNACK IF NEEDED.

## **COED TRYOUTS:**

### **MATERIAL BEING EVALUATED:**

**FIGHT SONG AND BAND CHANT:** PROPER MOTION TECHNIQUE, PLACEMENT AND SHARPNESS OF MOTIONS, VOICE PROJECTION AND OVERALL APPEAL. THE FIGHT SONG REQUIRES A STANDING TUCK AND A TOSS EXTENSION, LIB OR FULL UP. THE SKILLS WILL BE EVALUATED ON THEIR EXECUTION AND DIFFICULTY.

**TUMBLING:** STANDING AND RUNNING TUMBLING WILL BE EVALUATED ON EXECUTION AND DIFFICULTY. A STANDING TUCK AND RUNNING PASS IS REQUIRED.

**FITNESS TEST:** A SERIES OF FITNESS EXERCISES WILL BE PERFORMED INCLUDING A MILE RUN UNDER 8 MINUTES.

**INTERVIEW:** ABILITY TO QUICKLY AND ACCURATELY ANSWER QUESTIONS ABOUT YOURSELF AND THE UNIVERSITY OF MISSISSIPPI.

**ELITE STUNT:** THIS STUNT SEQUENCE WILL BE EVALUATED ON EXECUTION AND DIFFICULTY. IT MUST INCLUDE ONE ELITE SKILL (SPINNING OR FLIPPING), ONE TRANSITION, AND ONE DISMOUNT. ALL TOP GIRLS MUST SHOW A DOUBLE DOWN FROM A BODY POSITION.

**\*\*BONUS\*\*** TOP GIRLS THAT ARE ABLE TO PERFORM A COLLEGE LEVEL BASKET TOSS MAY DO SO ON THE FINAL DAY OF TRYOUTS.

### **THURSDAY MAY 17:**

**8AM:** REGISTRATION IN THE TAD SMITH COLISEUM

**9AM:** TRYOUTS BEGIN

**DAY 1 MATERIAL:** FIGHT SONG, BAND CHANT, TUMBLING, FITNESS TEST.

**5PM:** TRYOUTS END FOR THE DAY

### **FRIDAY MAY 18:**

**8AM:** CHECK IN FOR DAY 2

**9:00AM:** TRYOUTS BEGIN AND WILL CONTINUE THROUGHOUT THE DAY

**DAY 2 MATERIAL:** INTERVIEW, ELITE STUNT SEQUENCE, BASKET TOSSES  
**\*\*THE COED TEAM WILL BE ANNOUNCED BY APPROXIMATELY 7PM. FIRST TEAM MEETING/PRACTICE WILL BE ON SUNDAY MAY 20. PRACTICE WILL END BY 5PM.**

## **ALL GIRL TRYOUTS:**

THE ALL GIRL TEAM WILL BE COMPRISED OF THE BEST COMBINATION OF ATHLETES, NOT NECESSARILY THE BEST INDIVIDUAL ATHLETES.

### **MATERIAL BEING EVALUATED:**

FIGHT SONG AND BAND CHANT: PROPER MOTION TECHNIQUE, PLACEMENT AND SHARPNESS OF MOTIONS, VOICE PROJECTION AND OVERALL APPEAL. THE FIGHT SONG REQUIRES A STANDING TUCK AND A TOSS EXTENSION, LIB OR FULL UP. THE SKILLS WILL BE EVALUATED ON THEIR EXECUTION AND DIFFICULTY.

TUMBLING: STANDING AND RUNNING TUMBLING WILL BE EVALUATED ON EXECUTION AND DIFFICULTY. A STANDING TUCK IS REQUIRED.

FITNESS TEST: A SERIES OF FITNESS EXERCISES WILL BE PERFORMED INCLUDING A MILE RUN UNDER 8 MINUTES.

INTERVIEW: ABILITY TO QUICKLY AND ACCURATELY ANSWER QUESTIONS ABOUT YOURSELF AND THE UNIVERSITY OF MISSISSIPPI.

ELITE STUNT: THIS STUNT SEQUENCE WILL BE EVALUATED ON EXECUTION AND DIFFICULTY. IT MUST INCLUDE ONE ELITE SKILL (SPINNING OR FLIPPING), ONE TRANSITION, AND ONE DISMOUNT. ALL TOP GIRLS MUST SHOW A DOUBLE DOWN FROM A BODY POSITION. IF YOU ARE ABLE TO BASE AND BACKSPOT, PLEASE SHOW BOTH. YOU MAY SHOW ONE IN THE FIGHT SONG, AND ANOTHER POSITION IN THE ELITE STUNT SEQUENCE.

\*\*BONUS\*\* TOP GIRLS THAT ARE ABLE TO PERFORM A COLLEGE LEVEL BASKET TOSS MAY DO SO ON THE FINAL DAY OF TRYOUTS.

### **FRIDAY MAY 18:**

**6PM:** REGISTRATION IN THE TAD SMITH COLISEUM

**7PM:** TRYOUTS BEGIN

**DAY 1 MATERIAL:** FIGHT SONG, TUMBLING

### **SATURDAY MAY 19:**

**8AM:** CHECK IN FOR DAY 2

**9AM:** TRYOUTS BEGIN

**DAY 2 MATERIAL:** FITNESS TEST, BAND CHANT, INTERVIEW, ELITE STUNT SEQUENCE, BASKET TOSSES

**\*\*THE ALL GIRL TEAM WILL BE ANNOUNCED LATE SATURDAY NIGHT OR EARLY SUNDAY MORNING. THE FIRST TEAM MEETING/PRACTICE WILL BE ON SUNDAY MAY 20.**

**Transportation and housing will be the responsibility of each tryout candidate.**



*Transfer students from other competitive Junior Colleges and Universities ONLY*

HOW MANY YEARS OF COLLEGE NATIONALS ELIGIBILITY DO YOU HAVE LEFT? \_\_\_\_\_

WHAT SCHOOL & YEARS DID YOU COMPETE? \_\_\_\_\_

WOULD YOU ACCEPT AN ALTERNATE POSITION? YES  NO

- Alternates are members of the team and will be expected to attend all practices and workouts
- Alternates will serve as substitutes for existing team members that cannot perform at games due to illness, injury, conduct, etc.
- Alternates will perform at all events selected by the coaching staff which includes; volleyball matches, fall and holiday basketball games, select football events, and appearances
- This position will not receive scholarship
- Alternates will not be eligible for travel unless special circumstances arise
- Alternates are expected to follow all the rules and policies of the team in regards to conduct, social media, appearance, fitness, etc.
- Serving as alternate does not guarantee a spot on the following year's team
- Alternates will receive a more detailed outline of responsibilities and expectations at the first team meeting

**EMERGENCY CONTACT WHILE AT TRYOUTS**

PARENT/GUARDIAN/SPOUSE NAME \_\_\_\_\_

PARENT/GUARDIAN/SPOUSE PHONE \_\_\_\_\_

PARENT/GUARDIAN/SPOUSE ADDRESS \_\_\_\_\_

PARENT/GUARDIAN/SPOUSE CITY & STATE \_\_\_\_\_

**ACADEMIC INFORMATION**

LIST HIGH SCHOOL HONORS, CLUBS, ACTIVITIES (attach separate sheet if necessary)

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

LIST COLLEGE HONORS, CLUBS, ACTIVITIES (attach separate sheet if necessary)

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

**EXPERIENCE INFORMATION**

DANCE/CHEER/GYMNASTICS EXPERIENCE (Please list all previous and current experience including choreography, positions held on past squads, etc.) Attach separate sheet if necessary.

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

**DID YOU PARTICIPATE IN HIGH SCHOOL CHEERLEADING, ALL STAR OR DANCE TEAM?**

YES  NO

IF YES,

DATES PARTICIPATED	
DIRECTOR/COACH NAME	
DIRECTOR/COACH PHONE #	
DIRECTOR/COACH EMAIL	

**HAVE YOU PARTICIPATED ON ANOTHER COLLEGE CHEERLEADING or DANCE TEAM?**

YES  NO

IF YES,

SCHOOL	
DATES PARTICIPATED	
DIRECTOR/COACH NAME	
DIRECTOR/COACH PHONE #	
DIRECTOR/COACH EMAIL	

**PLEASE LIST 2 ADDITIONAL REFERENCES BESIDES THOSE LISTED ABOVE:**

1. \_\_\_\_\_  
 FIRST & LAST NAME RELATION

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CONTACT NUMBER EMAIL

2. \_\_\_\_\_  
 FIRST & LAST NAME RELATION

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CONTACT NUMBER EMAIL

I, \_\_\_\_\_, AUTHORIZE the University of Mississippi TO CONDUCT A BACKGROUND SEARCH TO VERIFY THAT THE ABOVE INFORMATION IS CORRECT.

Signature of Applicant \_\_\_\_\_ DATE \_\_\_\_\_

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**PERSONAL INTEREST QUESTIONS**

**WHAT MOTIVATED YOU TO TRYOUT FOR THE OLE MISS CHEER TEAM?**

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**OUTSIDE OF CHEER, WHAT ARE YOUR HOBBIES?**

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**WHAT ARE YOUR SCHOOL/CAREER GOALS AND OBJECTIVES?**

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**OTHER THAN YOUR FAMILY, WHO HAS BEEN A POSITIVE ROLE MODEL IN YOUR LIFE?**

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# TEAM STATEMENT FORM/PAGE 5

Tryout Candidate Name: \_\_\_\_\_

Please initial by each statement indicating you have read and will abide by the following.

\_\_\_\_\_ (Initial) I understand that being an Ole Miss Cheerleader is a huge time commitment, and if selected, I will be expected to attend all practices, performances, and special events year round including the Summer, weekends, Thanksgiving, Christmas, and Spring Breaks.

\_\_\_\_\_ (Initial) I will NOT make any pre travel plans prior to the final schedule being given out, especially over Thanksgiving, Christmas, and Spring Break.

\_\_\_\_\_ (Initial) I understand there is an academic, appearance, performance, fitness, and conduct expectation for the Ole Miss Cheerleaders. I understand that failure to meet any of these may result in being held from performances or dismissed from the team.

\_\_\_\_\_ (Initial) I understand Ole Miss does not have a specific height, weight, or appearance requirements although if selected I will be expected to maintain tryout weight and appearance (Hair color, length, etc.) through out my stint. I will be assessed on my fitness level during tryouts that will include conditioning exercises that will be led by the Ole Miss Strength Coaches, and the judging panel will evaluate appearance.

\_\_\_\_\_ (Initial) I understand every game/performance is a privilege and spots are earned not given each week. Being with held from a performance opportunity is at the discretion of the Ole Miss Coaches and Staff. My attendance, skills, attitude, and academics will be some factors used to determine this privilege.

\_\_\_\_\_ (Initial) I understand that Ole Miss Cheer offers a scholarship based on my tryout performance, years on the team and camp performance. This scholarship will be awarded in late July.

\_\_\_\_\_ (Initial) I understand that travel to and from Oxford, MS over the Summer and any other school breaks is the sole responsibility of me, the cheerleader.

\_\_\_\_\_ (Initial) I understand that it is at the discretion of the Ole Miss Cheer staff for exact placement on teams post tryouts.

\_\_\_\_\_ (Initial) I understand that attendance to all Summer events listed below and also added after tryouts is mandatory.

### TENATIVE 2017 Summer Schedule

June	21-24	Summer Practice	Arrive by 2:00 PM	Dismissed at 4:00 PM
July	14-22	Practice/Camp	Start at 9:00 AM	Dismissed after camp
August	11	Team Move In	9:00 AM-1:00 PM	Check In/Practice at 4:00
August	12-20	Pre-Season Practice	TBA	thru first day of class August 20

\_\_\_\_\_  
TRYOUT CANDIDATE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARIDAN (IF UNDER 18 YEARS OLD)

DO YOU HAVE ANY CURRENT COMMITMENTS (JOBS, SCHOOL, WEDDINGS, COMPETITIONS, ETC.) THAT WILL CONFLICT WITH THE DATES LISTED ON THIS STATEMENT FORM? YES  NO

PLEASE LIST CONFLICTS BELOW:

\_\_\_\_\_





# TRYOUT RELEASE AND CONSENT FORM

Tryout Candidate Name: \_\_\_\_\_

*\*\*Please complete form and submit with forms or at registration the day of tryouts\*\**

The undersigned, individually and on behalf of all parties acting on her behalf (together, the "Participant"), hereby releases, indemnifies and holds harmless the University of Mississippi, Ole Miss Athletics, and each of their respective agents, employees, officers, directors, owners, partners, members, and all parties for whom they may be responsible, and if applicable, owners and lessors of premises used for the event, affiliates of any of the above-named entities or their affiliates, and the sponsors, promoters and all other persons or entities associated with the Ole Miss Spirit Squads, from and against any and all claims, liabilities, damages, demands, costs and expenses (including, without limitation, liability for personal injury, death, and property damages) which may be suffered or which may arise or which may be in any way connected with the Ole Miss Spirit Squad Tryouts.

The Participant understands that the Ole Miss Spirit Squad Tryouts involve a significant degree of physical activity. The Participant certifies that she is in good physical health and condition and is free from injury or disability which might impair her ability to participate without limitation in the dance class, rehearsal or performance at an Ole Miss Spirit Squad Clinic.

The Participant certifies that all information provided by the Participant on this enrollment form is true, correct and complete in all material respects. The Participant hereby authorizes the University of Mississippi and Ole Miss Athletics to investigate and confirm with third parties the correctness of any information provided by the Participant.

The Participant hereby consents to the use of her likeness, name and voice by the University of Mississippi and Ole Miss Athletics in connection with their informational, promotional and marketing activities, including, but not limited to, use in or on photographs, electronic video and web based data and audio recordings or on the Ole Miss Athletics and Spirit Squads web site, without compensation to the Participant.

I hereby confirm that I have read and have voluntarily signed this Release and Consent in consideration of the right for my child to participate in an Ole Miss Spirit Squad Camp/Clinic, and that I fully understand its provisions.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Release and Health Information (Revised 3/1/2012)**

Address \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact's Name and number \_\_\_\_\_

I give permission for The University of Mississippi medical personnel to administer first aid and/or to provide the appropriate transportation to a medical facility to receive adequate medical care in the event of any injury or illness.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICATION AUTHORIZATION**

**Medication(s):** Medication(s) needed by a camper may be administered by a properly licensed healthcare professional or distributed by Program Staff for self-administration by the Minor under the following conditions: (a) parent/legal guardian must provide written authorization, (b) parent/legal guardian must provide the medicine in its original labeled pharmacy container for prescription medication or in the manufacturer's container for over-the counter medications along with the camper's name, medicine name, dosage and timing of consumption for prescription medication, (c) medicine should be kept in an appropriate and secure location, (d) a record showing the date, time, and signature of the person who administered or witnessed each self-administration of medicine must be kept for 90 days, (e) any medicine the camper cannot self-administer must be stored and administered by a licensed healthcare professional associated with the campus, or if no one is available, arrangements must be made with another healthcare professional in advance of the participant's arrival, (f) personal "epi" pens and inhalers may be carried by the participant during activities.

I give permission for my child to take the following medication(s), \_\_\_\_\_, as directed on the packaging and give permission for the medication(s) to be administered to my child by University of Mississippi medical personnel as needed according to the instructions provided.

**\*\*Parent or Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*\*NOTE:** Signature required only for those with medication(s) in their possession while attending camp.

**Medical Release/Screening**

I have examined the candidate named above on this form and found the candidate to be free from injuries or conditions that would limit participation in athletics. I recommend that this person be accepted for this Ole Miss Spirit Squad Clinic.

Physician's Name \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Allergies: \_\_\_\_\_

Previous Injuries: \_\_\_\_\_

Other important health information: \_\_\_\_\_

**\*Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*A copy of a sports' physical within one year of the date of tryouts being attended may be substituted for a physician's signature. This information is confidential information and will be retained as a part of each camper's records**

**Insurance**

Each participant will be covered under a secondary insurance policy with limited benefits that is provided by The University of Mississippi. **There is a \$250 deductible for this insurance.** If a camper is **injured**, the parent/guardian will be requested to work with officials of The University of Mississippi's Athletics Department to provide the proper information regarding the injury to the secondary insurance provider. If this camper is covered by a current health insurance, please provide the following information.

**Insurance Company Name:** \_\_\_\_\_

**Group Number or Policy Number:** \_\_\_\_\_

**Policy Holder's Name:** \_\_\_\_\_