SAN JOSÉ STATE CHEERLEADING

2018 Tryout Packet
Dear Prospective Cheerleader,

Welcome! This is the official tryout packet for the San José State University Cheerleading Program. We appreciate your interest and wish you luck while deciding on the best cheerleading program and university for you.

San José State University is a wonderful institution, located in the heart of Silicon Valley, just 45 minutes south of San Francisco. San José State is a part of the Football Bowl Subdivision (FBS), formerly Division 1A (large college division).

Along with embarking on the path to develop one of the most exciting and innovative cheerleading programs in the country, San José State prides itself on academic excellence. We are looking for positive and dedicated individuals, who have the ability to stay poised under pressure. As a cheerleader at San José State University, you become an ambassador for the school, the city of San José, and Northern California. Because of this, we need people who will represent our program positively in all aspects.

We suggest that you arrive in your best physical condition and demonstrate the highest level of skill that you can perform safely. You will be judged on your definition and standard of the words in bold. We value clean and confident tumbling, the ability to support unassisted stunts (males), straight lifted lines in stunts (females), and flexibility (females). The ideal candidate would be one that is loyal to the program, unafraid of hard-work, and independently responsible—one who strives to be the best in all areas and values team success as much or more than their own.

From the formal tryout process, we will select a provisional team that will go through a series of two-a-day practices throughout the summer that will eventually lead to the selection of our next season’s team.

We wish you good luck throughout the tryout process.

Sincerely,

Kelvin Lam
Head Coach - Cheerleading
Table of Contents

Important Dates, Deadlines, and Information 4

In Person Tryouts 5

Location 5

Schedule 6

Optional Stunt Clinic 7

What to Bring 8

Minimum Requirements 9

Video Tryouts 10

Video Tryout Format 11
Important Dates, Deadlines, and Information

Video Tryout Due Date: May 1, 2018

Optional 2-Day Stunt Clinic: May 2 - 3, 2018

In-Person Tryout: May 4 - 6, 2018

San José State University provides a friendly, welcoming atmosphere and plenty to do on your off-time. The university is located within 7 minutes of Downtown San José. Hotels are easy to find and restaurants can’t be beat.

There is definitely an advantage to trying out in person:

Trying out in person will show that you are committed to attending the university. You will be paired/grouped up with our returners while showing your abilities. As one of the most prominent benefits, in-person tryouts give you a chance to meet and interact with the coaches and team members of the current team.

The head coach will select the members of the team by taking into account the judges’ scores and critiques along with personal evaluations made by the coaching staff over the entire tryout process (and over the past year for returnees).

***IMPORTANT***

BOTH ROOKIES & RETURNERS:
Let us know you’re coming before you arrive!!!
E-mail us at cheer@sjsu.edu
Subject title: “(Your Name) Attending Tryouts”

It may be in your best interest to send in a preliminary video of what you are presently working on to display your skills. Our coaches will give you feedback on what you should do to increase your skill level before you try out. You will not be judged on this video (Please Label as “Preliminary Video”).

Results will be posted immediately following the tryout regarding who has been accepted on to the provisional team. **The allocation of scholarships may not be fully determined until after tryout results are given.

RETURNERS: You will be expected to perform at a higher level and standard than other candidates, because you have been a part of the SJSU program for at least one year. In addition to standard tryout requirements, you will also be judged on attitude, work ethic, integrity and character that you displayed over the course of the year by the head coach.

If you are unable to be at the in-person tryouts, please refer to the video tryout section on Page 8.
In-Person Tryout

Location

May 4 (Friday): YUH 106
May 5 (Saturday): YUH 106
May 6 (Sunday): YUH 106

***NOTE: Locations are subject to change. Should the location of any meetings change, there will be prior notice given to the meeting date and/or time.
In-Person Tryout
Schedule

Friday, May 4:
Important MANDATORY Meeting for all Candidates
Time: 6:30 – 9:30PM
Questions and Answers – Learn Material – Tryout Setup – Fitness Testing

Saturday, May 5:
1st Round Tryout Selection
Time: 8:00AM - TBD
Tryout 9:00AM
Introduction – Cheer – Fight Song – Interview
2nd Round Preparation: Advanced Stunts – Tumbling

Sunday, May 6:
Final Round of Tryouts
Time: 9:00AM – 5:00PM
Tryout 1:00 – 5:00PM
Intro – Tumble – Stunts – Interview

***NOTE: Locations are subject to change. Should the location of any meetings changes, there will be prior notice given to the meeting date and/or time.
Optional Stunt Clinic

Wednesday & Thursday, May 2 & 3
Location: YUH 105
Time: 6:30PM - 9:30PM

$65.00 per day, or $100.00 for both days.
(Make Checks payable to “SJSU Cheer”)

The stunt clinic will be run by the San José State cheer coaching staff. This is an opportunity to learn the newest techniques that the San José State program uses throughout the season. The clinic also enables you to meet and work with current and former San José State University cheerleaders and the coaching staff.
What to Bring

Checklist

☐ Waiver of Liability Form with the appropriate information and signatures (REQUIRED)

☐ Proof of current physical (MUST be on our provided form and is REQUIRED)

☐ Sickle Cell Trait Test Result (REQUIRED)

☐ Water, Snacks, Extra shirt (optional – you will be working hard)

☐ Payment for Stunt Clinic (if attending)

Apparel
Please come to meetings dressed in comfortable practice clothes and appropriate shoes. We suggest ladies trying out to wear shorts and a sports bra top during the actual tryout, and all finalists to wear only blue, gold, white, or gray. Absolutely NO jewelry allowed.

NOTE: If you do not have the first three items on this list with you on the first day, you WILL NOT be allowed to participate. If you are under 18, a parent or legal guardian must sign these forms.
Minimum Requirements

Bases/Backs:
1. 90 second squat hold (Thighs must be parallel to the ground)
2. 50 push-ups under 3:30 (Chest must touch an object that is a tennis ball’s height off the ground)
3. 90 second handstand hold (stomach facing the wall)
4. Standing Long-Jump your height+extended arm length in distance

Tops:
1. Heel-Stretches on both legs
2. 60 second squat hold (Thighs must be parallel to the ground)
3. 40 push-ups under 3 minutes (Chest must touch an object that is a tennis ball’s height off the ground)
4. 90 second handstand hold (stomach facing the wall)
5. Standing Long-Jump your height+extended arm length in distance

Tumbling Preferences:
Minimum:
1. Standing Back-Tuck
2. Roundoff Back-handspring Tuck

Highly Preferred:
1. Standing 2 Back-handsprings Full
2. Roundoff Back-handspring Full

NOTE: Listed above are the MINIMUMS. Those that can do MORE than the minimum requirements will have a better chance of making the team. RETURNERS will be held to a higher standard. Any and all exception are subject to review by the judging panel and can be made by the discretion of the head coach.
Video Tryouts
Must be received by: May 1, 2018

Checklist

☐ Video/Flash Drive with all required elements/Labeled with Name, Address, Email, Phone Number, etc.

☐ Tryout Information Sheet

☐ Photo of yourself

☐ Apply to San José State University as well as financial aid

☐ Mail the video to:

Coach Kelvin Lam
1393 S. 7th Street
San Jose, CA 95112

*Videos that arrive past due will be accepted at the discretion of the Head Coach.
Video Tryout Format

***IMPORTANT***
Let us know you’re sending a video!!! Email us at cheer@sjsu.edu
Subject title: “(Your Name) tryout out by video”

Please follow this order for your video.

1. **General Information**
   Name, home address, phone number, email address and the name of the high school or college you currently attend (if needed, this can be stated verbally on the video). You should have this information in a Word Document in your Flash Drive along with a picture of yourself.

2. **Personal Interview**
   Talk about your background and explain briefly why you would like to cheer at San José State University.

3. **Cheer**
   Perform a cheer of your choice. You may use one of yours and it should pertain to San José State University. We will be looking at motion placement, sharpness, and presentation (energy and confidence). We should be able to picture you in front of a crowd actually getting people to yell with you. You may include additional skills, such as: stunts, tumbling, and/or jumps.

   a. Minimum Requirement: Standing Back Tuck – please show 3 in a row on a regular floor, without stopping the camera or editing footage.
   b. Any other standing tumbling such as standing handspring tuck, handspring full, standing full, etc.
   c. Running tumbling.
   d. Note: Please show the highest difficulty you can throw on the floor.
   e. DO NOT show any tumbling done on a spring floor or trampolines.

5. **Stunts:** For stunting ideas, please review the top 10 teams in Division IA UCA College Nationals. Show your best stunts. We are looking for variety, technique, and cleanliness.
   Performing a particular stunt more than one time without stopping the camera will carry more weight. Performing the same stunt with a different partner may carry more weight. (Send a preliminary video with things you’re working on for feedback – make sure you list “preliminary”)

***Please DO NOT include video clips from competition or other footage that has already been posted online. All video footage must be current and shot specifically for this tryout video.***

**Females ONLY**

1. **Dance**
   For video, perform an individual dance routine of your choice. Approx. 45 sec.
2. **Jumps**
   Required jump: Toe Touch. You may also include other jumps to show your strengths.
3. **Optional: Any Other Skills**
   Any other skills that you would like to show pertaining to cheerleading.
Tryout Information Sheet

Tower ID: ____________________________  Birthdate: ___/___/___
Full Name: __________________________

Contact Information

Street Address:
City, State, Zipcode: ______________________
E-mail: __________________________
Cell Phone: __ __ ___ — __ __ ___ — __ __ ___ ___

Parents’ Information

Mother’s Name: ____________________________  Father’s Name: ____________________________
Mother’s Occupation: ____________________________  Father’s Occupation: ____________________________
Mother’s Employer: ____________________________  Father’s Employer: ____________________________
Mother’s Cell Phone: ____________________________  Father’s Cell Phone: ____________________________

Additional Information

Year of High School Graduation: __________________________
School Currently Attending (Circle One): High School  Junior College  College
School Name: __________________________
Cumulative GPA (Based on 4.0 Scale) __________________________
SAT Score: Reading: __________________________  Math: __________________________  Writing: __________________________
ACT Composite Score: (1-32 Range): __________________________
If test not yet taken, date of scheduled test(s): __________________________

Did you get accepted into San José State University? YES / NO  Date Applied: __________________________
Did you apply for Financial Aid? YES / NO  Date Applied: __________________________
Height: __________________________  Weight: __________________________
Have you ever had a major injury, surgery, chronic ailment? If so, what type?

How did you hear about tryouts? (Please specify)

Other experiences, awards, and accomplishments related to cheerleading:

Any additional comments:
Dear Student-Athlete:

On behalf of the athletic training staff, we would like to welcome you to San Jose State University. The following physical form and waiver must be completed prior to participation in tryouts at San Jose State University. The Pre-participation Physical Evaluation must be completed by a physician (MD or DO only). The physical must be completed within six months of the day of the tryout. The Student-Athlete Waiver of Liability Form must be signed by a parent or guardian if you are under 18 years of age.

The NCAA has made it mandatory that all Division I student-athletes must be tested for sickle cell trait. The easiest way to fulfill this obligation is to provide proof of a prior test. These tests are routinely done at birth. Parents, family physicians and/or the hospital would have this documentation. A copy of the results of this test is sufficient to meet this requirement. Sickle cell tests can be ordered by a physician when receiving your pre-participation physical evaluation. This documentation should be turned in with the pre-participation physical evaluation and waiver.

Please do not hesitate to call if you have any questions or concerns regarding your pre-participation physical exam and paperwork. We look forward to meeting you.

Sincerely,

Scott Shaw MA, ATC
Director of Sports Medicine
(408) 924-1297
scott.shaw@sjsu.edu
STUDENT-ATHLETE WAIVER OF LIABILITY FORM
San Jose State University Intercollegiate Athletics, Form SAE-20, Page 1 of 1

Name:________________________________  Sport:__________________________
(PRINT CLEARLY)

SJSU ID #____________________________

DISCLAIMER:

I. I realize that there is a risk of injury as a result of athletic practice and competition. Any type of injury can occur. Possible serious injuries include (but are not limited to) the following:
   - Brain damage
   - Spinal cord injury
   - Quadriplegia (paralysis of all four limbs)
   - Paraplegia (paralysis of two limbs, usually legs)
   - Fractured (broken) neck
   - Fractured (broken) back
   - Other types of less serious injuries that can occur include strains, sprains, contusions and other fractures

II. I understand that I am voluntarily participating in this tryout at San Jose State University (SJSU). I fully release the State of California, SJSU, and its athletic trainers, coaches, officers, employees and agents from any and all liability, claims, costs, expenses, injuries or losses that result from my participation in this tryout.

III. I understand that my signature below means that I accept all risks, consequences, and will take full responsibility for these risks while participating in this tryout.

__________________________________________  __________________________
Date  Signature of Student-Athlete

__________________________________________  __________________________
Date  Signature of Parent or Guardian if student-athlete is 17 years old or younger
**PHYSICIAN REMINDERS**

1. Consider additional questions on more sensitive issues
   - Do you feel stressed out or under a lot of pressure?
   - Do you feel sad, hopeless, depressed, or anxious?
   - Do you feel safe at your home or residence?
   - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
   - During the past 30 days, did you use chewing tobacco, snuff, or dip?
   - Do you drink alcohol or use any other drugs?
   - Have you ever taken anabolic steroids or used any other performance supplement?
   - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
   - Do you wear a seat belt, use a helmet, and use condoms?

2. Consider reviewing questions on cardiovascular symptoms (questions 5–14).

---

### PHYSICAL EXAMINATION FORM

**Name** ____________________________  **Date of birth** ____________________________

**EXAMINATION**

<table>
<thead>
<tr>
<th>Height</th>
<th>Weight</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**BP** / ( ) / Pulse  Vision R 20/ L 20/ Corrected Y N

**MEDICAL**

<table>
<thead>
<tr>
<th>Appearance</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Eyes/ears/nose/throat</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pupils equal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lymph nodes</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Heart*</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Murmurs (auscultation standing, supine, +/- Valsalva)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Location of point of maximal impulse (PMI)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pulses</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Simultaneous femoral and radial pulses</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lungs</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Abdomen</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gastrointestinal (males only)*</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HSV, lesions suggestive of MRSA, linea corporis</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Neurologic†</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MUSCULOSKELETAL</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neck</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Back</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shoulder/arm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elbow/forearm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wrist/hand/fingers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hip/thigh</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leg/ankle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foot/toes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Functional</td>
<td>Duck-walk, single leg hop</td>
<td></td>
</tr>
</tbody>
</table>

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☐ Cleared for all sports without restriction
☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for ____________________________

☐ Not cleared
  ☐ Pending further evaluation
  ☐ For any sports
  ☐ For certain sports
  ☐ Other ____________________________

Reason ____________________________

Recommendations ____________________________

---

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) ____________________________  Date ____________________________

Address ____________________________  Phone ____________________________

Signature of physician ____________________________  MD or DO
Date of Exam

Name ____________________________ Date of birth ____________________________

Sex ______ Age ______ Grade ______ School ______ Sport(s) ______

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking below:

__________________________________________________________________________________

Do you have any allergies?  □ Yes  □ No  If yes, please identify specific allergy below.
□ Medicines □ Pollens □ Food □ Stinging Insects

Explain “Yes” answers below. Circle questions you don’t know the answers to.

GENERAL QUESTIONS

1. Has a doctor ever denied or restricted your participation in sports for any reason?  □ Yes □ No

2. Do you have any ongoing medical conditions? If so, please identify below: □ Asthma □ Anemia □ Diabetes □ Infections
□ Other: ____________________________

3. Have you ever spent the night in the hospital?

4. Have you ever had surgery?

HEART HEALTH QUESTIONS ABOUT YOU

5. Have you ever passed out or nearly passed out DURING or AFTER exercise?  □ Yes □ No

6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?

7. Does your heart ever race or skip beats (irregular beats) during exercise?

8. Has a doctor ever told you that you have any heart problems? If so, check all that apply:
□ High blood pressure □ A heart murmur □ High cholesterol □ A heart infection
□ Kawasaki disease □ Other: ____________________________

9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)

10. Do you get lightheaded or feel more short of breath than expected during exercise?

11. Have you ever had an unexplained seizure?

12. Do you get more tired or short of breath more quickly than your friends during exercise?

HEART HEALTH QUESTIONS ABOUT YOUR FAMILY

13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?  □ Yes □ No

14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?

15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?

16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?

BONE AND JOINT QUESTIONS

17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?  □ Yes □ No

18. Have you ever had any broken or fractured bones or dislocated joints?

19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?

20. Have you ever had a stress fracture?

21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)

22. Do you regularly use a brace, orthotics, or other assistive device?

23. Do you have a bone, muscle, or joint injury that bothers you?

24. Do any of your joints become painful, swollen, feel warm, or look red?

25. Do you have any history of juvenile arthritis or connective tissue disease?

MEDICAL QUESTIONS

26. Do you cough, wheeze, or have difficulty breathing during or after exercise?  □ Yes □ No

27. Have you ever used an inhaler or taken asthma medicine?

28. Is there anyone in your family who has asthma?

29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?

30. Do you have groin pain or a painful bulge or hemia in the groin area?

31. Have you had infectious mononucleosis (mono) within the last month?

32. Do you have any rashes, pressure sores, or other skin problems?

33. Have you had a herpes or MRSA skin infection?

34. Have you ever had a head injury or concussion?

35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?

36. Do you have a history of seizure disorder?

37. Do you have headaches with exercise?

38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?

39. Have you ever been unable to move your arms or legs after being hit or falling?

40. Have you ever become ill while exercising in the heat?

41. Do you get frequent muscle cramps when exercising?

42. Do you or someone in your family have sickle cell trait or disease?

43. Have you had any problems with your eyes or vision?

44. Have you had any eye injuries?

45. Do you wear glasses or contact lenses?

46. Do you wear protective eyewear, such as goggles or a face shield?

47. Do you worry about your weight?

48. Are you trying to or has anyone recommended that you gain or lose weight?

49. Are you on a special diet or do you avoid certain types of foods?

50. Have you ever had an eating disorder?

51. Do you have any concerns that you would like to discuss with a doctor?

FEMALES ONLY

52. Have you ever had a menstrual period?

53. How old were you when you had your first menstrual period?

54. How many periods have you had in the last 12 months?

Explain “yes” answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete ____________________________ Signature of parent/guardian ____________________________ Date ____________________________

San José State is a great university, developing a wonderful cheerleading tradition. We hope to hear from you soon!

Thank you again for your interest.

GO SPARTANS!

Kelvin Lam (Head Cheerleading Coach)
Lanessa Lozano (Assistant Cheerleading Coach)

Phone: 408-924-1272
Email: cheer@sjsu.edu

SJSUSPARTANS.COM
SANJOSESTATE.CHEER
SJSUCHEER
SANJOSESTATECHEER