San Jose State University Cheerleading has organized a clinic to help you prepare for collegiate cheerleading and the college tryout process. This clinic has been designed to assist individuals who plan to make the transition from high school to college cheerleading, or want to transfer to a Division 1-A institution. At this clinic, you will get help with stunts, tumbling, baskets, and interview skills. The techniques and skills that we will help you develop will give you a great advantage over your competitors.

At this clinic, you will be trained by the current San Jose State Cheerleaders in a low-pressure, safe, and fun environment. Head coach Kelvin Lam, 2009 National Partner Stunt Champion and 3-time World Champion, will help with instruction, advice, and answer any questions or concerns that you may have about the tryout process.

The clinic will be held on Saturday, November 22, 2014 from 9:00 AM – 5:00 PM at The Koret Athletic Training Center. Lunch will be provided on Saturday. (Lunch will consist of pizza and a soft drink. If the provided lunch is not appealing to you, please bring your own lunch). Attached is a registration form, an application, and a release form. The cost of the clinic is $85. The application will be used to help us evaluate each individual and separate you into groups by skill level. All materials must be completed and returned with proof of medical insurance along with the clinic fee by November 7, 2014.

If hotel accommodations are needed, information has been provided with the registration form. We recommend using Hampton Inn, located 5 minutes via automobile from our venue. They offer a discount rate to the participants of this clinic.

This clinic is recommended for anyone planning to tryout as a college cheerleader, but if you plan to try out at San Jose State University, we highly suggest you attend.
REGISTRATION FORM

Name: _________________________________

Registration Fee: $85

We will be offering a San Jose State Cheerleading t-shirt included in the registration. To receive a t-shirt, you must have your application in by the due date.

Size: __________

Additional shirts can be purchased for $15:

Number of extra shirt(s): __________

Size(s): __________________________

Enclosed should be a minimum total of $85 for just the clinic.

Please make check payable to SJSU Cheer.

Mail check, registration and application to:

San Jose State Athletics
ATTN: SJSU Cheer
1393 S. 7th Street
San Jose, CA 95129

Hotel information:

We have a partnership with Hampton Inn, located 1.5 mi from Koret Athletic Training Center at San Jose State University. They charge a special rate for those attending this clinic of $89 + tax/room/night for a two-queen bedroom or a one standard king bedroom. This price includes breakfast and free wi-fi. Please contact the hotel directly at (408) 298-7373 and ask for rooms for the SJSU Fall Cheer Clinic.
SAN JOSE STATE UNIVERSITY CHEERLEADING
CLINIC APPLICATION

Full Name: _______________________________ Birth date: _______________
Present Address: __________________________________________________________
________________________________________________________________________
Cell Phone Number: _______________________
E-mail Address: ___________________________
Year of High School Graduation: __________ Are you a senior? _______________
Have you applied to SJSU for Admission? ______________
Have you been accepted to SJSU? __________________
Name of squad(s) currently a member of:
High School: ___________________________
All Stars: _____________________________
GPA: __________________
Height: ___________ Weight: ____________
Tumbling Skills/Experience
Standing: ________________________________________________________________
________________________________________________________________________
Running: ________________________________________________________________
________________________________________________________________________
Stunting Skills/Experience
All-Girl: ________________________________________________________________
________________________________________________________________________
Coed: _________________________________________________________________
SAN JOSE STATE UNIVERSITY CHEERLEADING
STATEMENT OF UNDERSTANDING

I hereby certify that I fully understand the following:

1. Cheerleading involves a variety of gymnastics, motions, partner stunts, rotations and heights; therefore, participation in cheerleading involves some amount of danger of personal injury. I totally assume the risks involved by participating in this cheerleading clinic. I further realize that improper conduct of cheerleading activity could result in catastrophic injury, paralysis or even death.

2. I hereby certify that I have read, am thoroughly familiar with, and will carefully abide by the American Association for Cheerleading Coaches and Administrators (AACCA) guidelines for safety in college cheerleading (THIS WILL BE POSTED AT THE VENUE.)

3. I further agree to hold harmless San Jose State University and the San Jose State University Athletics Department, officers, directors, staff and cheerleading officials for any injury, which may incur by being a participant in the cheerleading clinic.

Medical Insurance Company and Policy Number:

________________________________________

________________________________________

STATEMENT: I have read carefully this memorandum, and I understand and accept the information and requirements contained in it.

Signature: _____________________________ Date: ______________

If under the age of eighteen years old, a parent or guardian signature is required.

Signature: _____________________________ Date: ______________