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 José 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, October 21, 2017 from 9:30 AM – 5:00 PM at Yoshihiro Uchida Hall room 105. Lunch will be provided (consisting of pizza and a soft drink). If the provided lunch is not appealing to you, please bring your own lunch. Accompanying this packet is a registration form, an application, and a release form. The cost of the clinic is $80. 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 along with the clinic fee by October 14, 2017.

If hotel accommodations are needed, we recommend using Hampton Inn, located 5 minutes via automobile from our venue.

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

General Clinic Information

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
San Jose State University
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

RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS

Activity: _______________________________________________________________

Activity Date(s) and Time(s):
____________________________________________________________________

Activity Location(s):
____________________________________________________________________

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, I release from all liability and promise not to sue the State of California, the Trustees of The California State University, California State University, [campus name] and their employees, officers, directors, volunteers and agents (collectively “University”) from any and all claims, including claims of the University’s negligence, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other’s actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.

I agree to hold the University **harmless** from any and all claims, including attorney’s fees or damage to my personal property, that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms. I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Participant Signature: _______________________________________

Participant Name (print):_________________________________ Date: ____________
If Participant is under 18 years of age:

I am the parent or legal guardian of the Participant. I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant’s behalf, (b) promising not to sue on my and the Participant’s behalf, (c) and assuming all risks of the Participant’s participation in this Activity, including travel to, from and during the Activity. I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

I have read this two-page document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

________________________________________
Signature of Minor Participant’s Parent/Guardian

________________________________________
Name of Minor Participant’s Parent/Guardian (print) Date

________________________________________
Minor Participant’s Name