Dates & Times:

• Sunday April 9 (2-6pm) & Sunday April 23rd (11-3pm): Tryout Clinic where material will be taught. Both held in Hughes Gym.

Sunday May 7th 11:00-3:00pm – Try-outs
- Squad member will be announced that day.
- We will hold a meeting for new squad members immediately following results
  (If submitting a video for try-outs, it must be received by May 3rd with your application and all necessary paperwork)

General Tryout Requirements:

• Must have completed tryout application packet.
• Must be a full-time student for the 2006-2007 school year.
• Cumulative GPA of 2.00 or higher.
• Current Health/Hospitalization Insurance
• Must not graduate before May 2007.
• Must attend all pre-camp activities and summer camp in August
• Must attend all work week activities in late August.
• All tryout material will be taught at the clinics on April 9 & 23rd

Tryout Attire:

• Female Cheerleaders:
  Appropriate cheer shoes, hot pants, and sports bra top, hair half up

• Male Cheerleaders:
  Appropriate shoes, athletic shorts, and t-shirt

Cheer Squad Tryout Information

Tryout Minimum Qualifications:

1. Standing Back handspring (with or without a spot)
2. Running Tumbling (at least back handspring) (can be with a spot)
3. Chants
4. Four Stunts*:
   1. Ground up liberty
   2. Heel Stretch
   3. Arabesque
   4. Optional Stunt Series

* Must Twist from at least one stunt

**Stunts must be performed with someone trying out here at Philadelphia - no outside stunt partner can be brought in.
2006-2007 Philadelphia University Cheer Squad
Personal Information: (Please Print)

Last Name: _____________________  First Name: _____________________  Middle Name: ___________

Social Security Number: _____________________  Date of Birth: _____________________

Permanent Address:
________________________________________________________________________
City: ____________________________ State:  ________  Zip:  __________

Current Address (if different):
________________________________________________________________________
City: ____________________________ State:  ________  Zip:  __________

Home Phone: (____) _______________________  Cell Phone: (____) _______________________

Email Address: ____________________________________________ (must be able to access throughout the year) *Confirmation Notice will be sent via email*

Emergency Contact Name: ___________________________________
Emergency Contact Number: __________________________________

Insurance Information: (Please Print)
(A copy of your insurance card is also required.)

Name of Insurance Company: _________________________________

Name of Policy Holder: _________________________________

Policy Number: _________________________________

Type of Coverage: _________________________________
Student Activity Release Form

I, ____________________________, understand and agree that university-related activities of Philadelphia University involve certain known risks, including but not limited to, transportation accidents, personal injuries, and loss or destruction of my property. I understand and agree that Philadelphia University cannot be expected to control all of said risks. In consideration of the benefits I will receive through my participation in the Philadelphia Spirit Squad and Philadelphia University, I hereby expressly and knowingly release Philadelphia University, its officers, agents, volunteers, and employees from any and all claims and causes of action I may have for property damage, personal injury or death sustained by me arising out of any travel or activity conducted by, or under the auspices of Philadelphia University, whether caused by my own negligence or the negligence of Philadelphia University, its officers, agents, volunteers, or employees.

I hereby give my consent for any medical treatment that may be required during my participation with the understanding that the cost of any such treatment will be my responsibility.

Furthermore, I voluntarily and knowingly agree to HOLD HARMLESS, PROTECT, AND INDEMNIFY Philadelphia University, its officers, agents, volunteers, and employees, against and from any and all claims, demands, or causes of action for property damage, personal injury activities of Philadelphia University, regardless of whether such damages, injury or death are caused by my own negligence, or by the negligence of Philadelphia University, its officers, agents, volunteers, or employees.

Philadelphia University shall notify me promptly in writing of any claim or action brought against it in connection with my participation in these activities. Upon such notification, I, or my representative, shall promptly take over and defend any such claim or action.

I have read, understand and agree with the agreement as it applies to the Philadelphia Spirit Squad for the school year 2006-2007.

I hereby certify that I meet the qualifications. I expect to remain at Philadelphia University for both Fall and Spring semesters of the 2006-2007 academic year. I authorize Philadelphia University to release my school records and grant permission for the Spirit Squad Advisor to verify eligibility, hours, GPA, and disciplinary status currently and throughout the year.

________________________________   _________ ________________
Applicant’s Signature      Date

________________________________   _________ ________________
Parent/Guardian Signature (if under 18)     Date
KEEP THIS PAGE FOR YOUR REFERENCE

★ Make sure you have enclosed the following with your application:
1. Signed and dated Information and Student Activity Release Form
2. Copy of Insurance Card

**Important Tryout Dates:**

Sunday, April 9, 2006
2:00-6:00 p.m. Optional Tryout Clinic Hughes Gym

Sunday, April 23, 2006
11:00-3:00 p.m. Optional Tryout Clinic Hughes Gym

Sunday, May 7, 2006
11:00 a.m. Tryouts Begin Hughes Gym

All tryout times are subject to change.