

Thank you for your interest in Western Carolina University Cheerleading! (Page 1/12)

The Catamount Cheerleaders are prominent fixtures on campus and in the Cullowhee/Sylva community. In addition to cheering for our football and men's and women's basketball teams, Cats Cheer can also be seen around campus while still finding time to volunteer and make special appearances. In other words, cheerleading is part of your daily schedule and comes second only to your academics.

At Western Carolina, we are extremely lucky to be part of our athletics department. With this association comes the obligations and responsibilities of all student-athletes including things such as student athlete meetings, random drug testing, and participation in community service activities. Study hall is mandatory for all first-year members and other team members who do not meet specific GPA requirements (hours per week to be assigned). As student-athletes, we have access to the computer lab and the athletic training room.

We will hold two "open gym" sessions on campus in Camp Lab Gym prior to try-outs for anyone interested in the program. These will be on **Friday, April 12th and Monday, April 15th from 6:30-8:30PM.** An open gym waiver form (see below) **MUST** be completed in order to participate for the open gym session you attend (parent/guardian signature required for anyone under the age of 18). These sessions are NOT REQUIRED in order to try-out and be considered for the 2019-2020 team.

Try-outs for the 2019-2020 squad will be held the weekend of **April 26th-28th** in Camp Lab Gym on campus in Cullowhee. Registration will be from **6:00-6:30pm** on Friday, April 26 followed by a brief meeting before the try-out clinic begins—(to avoid the registration rush, I encourage you to print out and bring with you all completed try-out forms). Additionally, a tryout fee of \$50 and a physical within the past 12 months is required (a checklist is attached for all required documents). All material will be taught during the clinic and performed in front of the coaching staff during the try-out on Sunday. Required try-out sessions in order to be considered for the team include: Friday evening, Saturday's morning session (ending at approximately 1:00pm), and all day Sunday! Saturday's afternoon session is for anyone wanting to get in extra work prior to Sunday's try-out. The 2019-2020 team roster will be posted shortly after the try-out on Sunday. *****If you are competing at World's the weekend of tryouts, please email catamountcheer@yahoo.com to discuss the World's tryout option.*****

Standing tumbling requirements vary but typically include back handspring (standing tucks, standing back handspring tucks, toe backs, etc., will be scored higher). Running tumbling requirements vary but typically include a round off back handspring series and/or tuck (pikes, whips, layouts, and fulls will be scored higher). We are a small coed team; therefore, we perform coed and all-girl stunts and will be looking for all positions at try-outs. We will also have timed mile (goal should be under 8 minutes), a short interview component, and a Cats Cheer quiz during the try-out weekend.

The team will be **REQUIRED** to attend two summer practices on campus where we will begin preparation for the upcoming football season, **NO EXCEPTIONS!** (Summer 2019 June clinic will be held **June 21-23** and early-mid August practices will be determined and announced at try-outs). We also plan to have NCA college camp staff members work with us on campus in mid-August. The top priorities for WCU Cheer are to raise school spirit, involve the crowd in the game by helping to create a home field or home court advantage for our teams, and continue the tradition of Catamount Cheerleading. Our primary goals and daily schedule (practice, weights, study hall, special appearances, games, etc.) make WCU Cheerleading much different from high school or all-star cheerleading. You must understand that in your college life, cheerleading comes second only to school work, and if you make the team, you are committed for the entire 2019-2020 season (April 2019-April 2020). We invite you to check out our website at www.CatamountSports.com (click on the "Fan Zone" and then "CHEER") and we look forward to seeing you at try-outs in April.

GO CATS!

Ashley Crowe and Kourtney Sandefur
WCU Cheerleading
catamountcheer@yahoo.com

****All participants MUST submit a copy of their insurance card (front and back)
and a copy of his/her WCU acceptance letter in order to try-out!****

Catamount Cheerleading General Information (Page 2/12)

Name: _____
(First) (MI) (Last)

Age: _____

Year in School (Beginning August 2019): _____

Current Address: _____

Summer Address (If different from above): _____

High School: _____
(School) (City) (State)

Cumulative GPA (most current, high school or college): _____

High School Graduation Date (if applicable): _____

E-mail Address: _____

Home Phone Number: _____

Cell Phone Number: _____

◆ The information below will be used ONLY if you are selected as a 2019-2020 WCU Cheerleader ◆

Height: _____

Weight: _____

Sizes:

Shoe: _____

Short: _____

T-Shirt: _____

Warm-Up: _____

Females (ONLY): Briefs: _____ Sports Bra Top: _____

Catamount Cheerleading (Page 3/12)

Name: _____ Try-Out #: _____

Hometown: _____

High School Attended: _____

Please list any academic honors/awards received: _____

Please list all cheerleading experience (high school, all-star, etc.): _____

Please list all dance experience: _____

Please list any team honors/championships/awards received (Cheer and/or Dance):

Please list any individual honors/awards received (Cheer or Dance):

Additional Information/Comments:

****All participants MUST submit a copy of their insurance card (front and back) and a copy of his/her WCU acceptance letter in order to try-out!****

****TRY-OUT WAIVER** (Page 4/12)**

**WESTERN CAROLINA UNIVERSITY – ATHLETIC TRAINING SERVICES
LIABILITY RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE
FOR TRYOUTS FOR ATHLETICS TEAM**

This is a legally binding release made by, _____, to Western Carolina University. I fully recognize that there are dangers and risks to which I may be exposed to by trying out for _____, an intercollegiate athletics team at WCU. The following is a description and examples of specific, significant, non-obvious dangers and the risks associated with this activity: the possibility of musculoskeletal injury, orthopedic injury and/or general body aches and pains. I am aware that prior to participation in intercollegiate athletics, it is my responsibility to receive a pre-participation physical evaluation, as well as providing my own health insurance coverage. I understand that I am responsible for any expenses due to any injury I may suffer that occurs while I am trying out for the above intercollegiate athletics team at Western Carolina University. I therefore agree to assume and take on myself all of the risks and responsibilities in any way associated with this activity. In consideration of and return for the opportunity, services, facilities, and other assistance provided to me by WCU in this activity, I release WCU (and its governing board, employees, and agents) from any and all liability, claims, and actions that may arise from injury or harm to me, from my death or from damage to my property in connection with this activity. I understand that this release covers liability, claims, and actions caused entirely or in part by any acts or failures to act of WCU (or its governing board, employees or agents) including mistake, or failure to supervise by WCU.

I recognize that this Release means I am giving up, among other things, rights to sue WCU, its governing board, employees, and agents for injuries, damages, or losses I may incur. I also understand that this Release binds my heirs, executors, administrators, and assigns, as well as myself. I have read this entire Release. I fully understand it and I agree to be legally bound by it.

THIS IS A RELEASE OF YOUR RIGHTS. READ CAREFULLY BEFORE SIGNING.

(Releaser's Signature)

(If under 18, Parent/Guardian Signature)

(Date)

****All participants MUST submit a copy of their insurance card (front and back) and a copy of his/her WCU acceptance letter in order to try-out!****

****OPEN GYM WAIVER** (Page 5/12)**
WESTERN CAROLINA UNIVERSITY – ATHLETIC TRAINING SERVICES
LIABILITY RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO
SUE FOR TRYOUTS/OPEN GYM WORKOUTS FOR ATHLETICS TEAM

This is a legally binding release made by, _____, to Western Carolina University. I fully recognize that there are dangers and risks to which I may be exposed to by participating in an “open gym” with _____, an intercollegiate athletics team at WCU. The following is a description and examples of specific, significant, non-obvious dangers and the risks associated with this activity: the possibility of musculoskeletal injury, orthopedic injury and/or general body aches and pains. I am aware that prior to participation in the WCU Cheer “open gym,” it is my responsibility to receive a pre-participation physical evaluation, as well as provide my own health insurance coverage. I understand that I am responsible for any expenses due to any injury I may suffer that occurs while I am trying out/participating in open gym for the above intercollegiate athletics team at Western Carolina University. I therefore agree to assume and take on myself all of the risks and responsibilities in any way associated with this activity. In consideration of and return for the opportunity, services, facilities, and other assistance provided to me by WCU in this activity, I release WCU (and its governing board, employees, and agents) from any and all liability, claims, and actions that may arise from injury or harm to me, from my death or from damage to my property in connection with this activity. I understand that this release covers liability, claims, and actions caused entirely or in part by any acts or failures to act of WCU (or its governing board, employees or agents) including mistake, or failure to supervise by WCU.

I recognize that this Release means I am giving up, among other things, rights to sue WCU, its governing board, employees, and agents for injuries, damages, or losses I may incur. I also understand that this Release binds my heirs, executors, administrators, and assigns, as well as myself. I have read this entire Release. I fully understand it and I agree to be legally bound by it.

THIS IS A RELEASE OF YOUR RIGHTS. READ CAREFULLY BEFORE SIGNING.

(Releaser’s Signature)

(If under 18, Parent/Guardian Signature)

(Date)

***This form must be completed in order to participate in WCU Cheerleading OPEN-GYM activities! ***

WCU Cheerleading Medical History Form (Page 6/12)

(Created and required by our Athletic Training Room)

Please answer the following questions by circling yes or no, if you answer yes, please explain.

Personal History

Have you ever failed a pre-participation exam for sports or has your doctor ever stopped you from participating in sports for any reason? Yes No

In total how many days have you missed practice in the last year because of injury? _____ days

Cardiac

Have you ever had any of the following heart or circulatory related problems:

Chest pain, discomfort, pressure, or difficulty breathing with exercise? Yes No

Unexplained dizziness or fainting during or after exercise? Yes No

Does your heart race or skip beats? Yes No

Have you ever had a heart murmur, high blood pressure, high cholesterol, heart infection or inflammation, rheumatic fever, heart valve problems or any other heart-related problems? Yes No

Have you ever had a seizure? Yes No

Have you ever had any tests for your heart? (Ex. EKG, ECG, echocardiogram?) Yes No

Respiratory (Page 7/12)

Have you ever had any of the following respiratory or breathing problems:

Do you have asthma (if yes, list medications)?	Yes	No
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Medications:

Do you or have you ever had pneumonia, bronchitis, cystic fibrosis, tuberculosis, or other respiratory problems?	Yes	No
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Sickle Cell

Have you ever had any of the following:

Have you ever been diagnosed with heat stroke, heat exhaustion or hyperthermia?	Yes	No
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Has anyone in your family been diagnosed with sickle cell anemia or sickle cell trait?	Yes	No
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Have you ever been diagnosed with sickle cell anemia or sickle cell trait?	Yes	No
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Medical

Do you have any ongoing medical conditions?	Yes	No
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Explain:

Do you have any blood disorders?	Yes	No
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Do you have any immune disorders?	Yes	No
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Do you have kidney or bladder disease?	Yes	No
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Do you have any gastrointestinal issues?	Yes	No
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Do you have any nervous system problems?	Yes	No
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Do you have any metabolic or hormonal problems?	Yes	No
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Have you ever had damage or injury to any internal organs? (ex. Kidney, spleen, liver, lung)	Yes	No
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Where you born without or are you missing a kidney, eye, or other organ?	Yes	No
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Do you have hearing loss or issues with hearing?	Yes	No
--	-----	----

Medications

Are you taking any medications prescribed by a doctor?	Yes	No
--	-----	----

List medication and condition taking them for:

Allergies

Do you have an allergy to any medications?	Yes	No
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List:

Do you have an allergy to food?	Yes	No
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List:

Injury history

Have you ever had an injury to your:

Face, head, skull, or brain (including a concussion)	Yes	No
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If yes to concussion, how many and when:

Neck or spine (including a “stinger” or whiplash)	Yes	No
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Upper back or thoracic spine	Yes	No
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Chest and ribs	Yes	No
Shoulder area (including collar bone)	Yes	No
Upper arm or elbow	Yes	No
Forearm or wrist	Yes	No
Hand or fingers	Yes	no
Pelvis, groin, or hip	Yes	No
Thigh or knee	Yes	No
Lower leg (calf or shin)	Yes	No
Foot, toes, or ankle	Yes	No
Have you ever had any of the following tests for an injury: X-ray, MRI, bone scan, CT scan, ultrasound?	Yes	No
Why:		
<hr/>		
Have you ever had the following:		
Surgery?	Yes	No
Why:		
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Have you ever used a brace, sling, cast, or walking boot?	Yes	No
Why:		
<hr/>		
Have you ever had a cortisone injection?	Yes	No
Where:		
<hr/>		
Have you been prescribed physical therapy?	Yes	No
Why:		
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Is there anything else pertaining to your medical history you feel the medical staff should be aware?

By signing you agree that the above information is accurate to the best of your knowledge

Athlete:

Parent/Guardian if athlete is under 18:

Date:

****You must also show proof of a physical within the last 12 months****

**Western Carolina University
Sports Medicine Department
Insurance Policy & Procedures for Cheerleading**

Starting June 1, 2016

Each Cheerleader at Western Carolina University must have primary insurance in order to participate in intercollegiate athletics and cheerleading. Prior to each season every athlete must provide the Sports Medicine Department with a front and back copy of their current insurance card. This copy will be kept with the certified athletic trainer in case of an emergency. The athlete will not be able to participate in any type of intercollegiate athletic event until this is received.

The Western Carolina University athletic department also has an excess secondary insurance policy that will cover expenses after the athletes' primary insurance has provided its benefits. This is only an excess policy covering the portion not covered by the primary policy. If the primary insurance company denies benefits, the Athletic Departments supplemental insurance policy may not assume the entire cost of the bill. This supplemental policy will only cover new injuries that are sustained during **athletically sponsored events. Pre-existing injuries, injuries sustained at practices, competition, or injuries incurred during the season that are not sustained at an athletic event WILL NOT BE COVERED.**

Western Carolina's athletic department also has an expanded activities accident medical insurance program that was purchased for the specific purpose of covering WCU Cheerleading. This policy is for "expanded activities" **sponsored by athletics** as well traveling as a team member to or from **activities sponsored by athletics** (such travel must be under the direct supervision of a coach, trainer, or other official designated by WCU's athletic department. **Pre-existing injuries, injuries sustained at practices, competition, or injuries incurred during the season that are not sustained at an athletic event WILL NOT BE COVERED.** This insurance policy is not guaranteed to pay all costs and Western Carolina University Athletics will not be responsible for any co-pays, or remaining bills that this policy does not cover. If the primary insurance company denies benefits, the Athletic Departments expanded activities accident medical insurance policy may not assume the entire cost of the bill.

Again, WCU Cheerleaders will still have secondary insurance coverage in the event that they are injured during any WCU Athletic event/expanded activity.

Acknowledgement of changes and understanding of policies:

I have read the above statements regarding Western Carolina University Sports Medicine Department's policies and procedures for medical bills and expenditures regarding the activity of Cheerleading.

_____ Date	_____ Cheerleading Sport	_____ Athlete's Name (Printed)
_____ Parent/Guardian Name (Printed)		_____ Parent/Guardian Signature

Once you have signed this form you must fax or email this page to: Form is due at tryouts in April
20199

Western Carolina Sports Medicine Department
Fax #: (828)-227-7509 or shonbarger@wcu.edu

WCU CHEER Check List (Page 12/12)

Optional Open gym (Friday, April 12th and/or Monday, April 15th) check list:

- ☐ Open gym waiver form with all required signatures

Try-out check list (April 26st-28th):

- ☐ Copy of insurance card (front and back)
- ☐ Copy of acceptance letter (new students ONLY)
- ☐ Copy of Fall 2019 class schedule (current WCU students ONLY)
- ☐ Catamount Cheerleading "General Information" sheets
- ☐ Try-out waiver form with all required signatures
- ☐ Required try-out registration fee: \$50.00 –Checks should be written to WCU Cheerleading
- ☐ Medical History Form (REQUIRED by our ATR)
- ☐ Proof of physical within the last 12 months (REQUIRED by our ATR)
- ☐ Signed copy of Insurance policy & procedures for cheerleading