



*The University of Kansas
Rock Chalk Dance Team
Tryout Information Packet 2010*

We thank you for your interest in becoming a member of one of our teams. The following information will guide you in your quest to get all information in on time.

Rock Chalk Dance Tryouts will be held **April 30 to May 2, 2010**
Requirements posted to www.kudance.com - Dance routines will not be posted until 2 weeks prior to tryouts.

All paperwork must be complete in order to tryout. A Schedule of tryouts times is attached in packet. All applicants must be at tryouts, no exceptions.

The following checklist will be turned in prior to tryouts to Spirit Squad office:

- Application Fee
- Application Form
- Copy of Acceptance Letter from KU
- Athlete Release Agreement
- Physical Form that is provided **or one** that shows you have had a physical 6 months prior to tryouts signed by a doctor
- Copy of Insurance Card (front and back)
- A copy of your ARTS Form **or most** recent semester grades
- DVD of 1 minute routine – Jazz solo must be performed within 2 months of tryouts. DVD will not be returned. Please make sure that you review on different systems to ensure that it is a working DVD.
- \$30 Application Fee – Please make checks payable to: KAI

All forms must be in the Spirit Squad office by April 26, 2010.

The Spirit Squad mailing address is:

1651 Naismith Drive
223 Allen Fieldhouse
Lawrence, Kansas 66045

- ❖ Please contact the Spirit Squad Director regarding paperwork requirements, scheduling issues, questions, or other areas of concern at catj@ku.edu

PLEASE READ ALL INFORMATION CAREFULLY



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General Information

All documents must be filled out and mailed to the Spirit Squad Office. Please make sure to include all material, forms, DVD and fee.

Paperwork:

- ❖ **Athlete Release Agreement** – *This waiver is necessary for possible injury you might sustain in tryouts. Returnees and incoming candidates must have this form complete. If under 18 you must have a parent sign Minor Release form. KU will not cover any expenses from injury at tryouts for incoming or returning candidates*
- ❖ **Physical Form** *provided or a form that is provided by your doctor that shows you have had a physical 6 months prior to tryouts* – Returning candidates do not need this form.
- ❖ **Copy of Insurance Card (front and back)** – *All Candidates must have proof of insurance – Both the front and back of the card with the candidates name printed on the copy.*
- ❖ **A copy of your ARTS Form or most recent semester grades** – *Any confirmation of your grades from fall semester is acceptable, all candidates.*
- ❖ **DVD-** *1 minute jazz solo it can be from a routine or one that is choreographed specifically for this tryout. Nothing fancy, just a solo jazz routine that shows tech and showmanship. Please review your DVD before you mail on different systems to ensure it is working properly. Routine **MUST** be high energy, no lyrical or modern.*
- ❖ *Copy of Acceptance Letter from KU*

PHYSICAL

A current physical is required. The medical form is provided for you to use or you may turn in one that is provided by school or Doctor. These must be signed by **your physician** to indicate your physical ability to be a Spirit Squad member.

FITNESS REQUIREMENT

We have no set limits. We do not have minimum or maximum height/weight requirements. There are however, fitness requirements. Spirit Squad members must be in good physical condition to properly wear the uniform and to handle the intense physical training and performing.

CONDUCT

Candidates are expected to encourage and be supportive of other candidates. No food or gum chewing is allowed in facilities. Water bottles only- No sodas or juices. No video taping of tryouts.

WHAT TO BRING

Water bottles and tryout attire, money for lunches, and/or snacks. You may bring a lunch or go out during the lunch break. Please see that you put all trash in receptacles and help keep our facilities clean. No belly rings or jewelry of any sort is allowed for clinic and tryouts. Please have a “game ready” look, with hair and make-up. As if you



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APPLICATION**

Please attach
Current Photo

Mail documents by **April 26, 2010** to:
KU Spirit Squad • 1651 Naismith Dr. • Lawrence, KS 66045

Candidate Name: _____

Email: _____

Cell: _____ **Birthdate:** _____ **GPA:** _____

Social Security # _____ **KU Student #** _____

Permanent Contact Info (parent or guardian)

Name(s): _____ **Email:** _____

Address: _____ **City, State, Zip** _____

Home Phone: _____ **Cell Phone:** _____

Will you have conflicts over the summer? Yes / No (Please explain if yes)

Education

High School Name: _____ (if incoming freshman)

College (if any-years): _____ **Career Goal:** _____

Community Service: _____

Dance/Pom Experience

List the number of years you have danced at where:

High School: _____

All-Star: _____ **College:** _____

Studio: _____

Previous Coach: _____ **Coach Contact Phone:** _____



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RELEASE AND WAIVER OF LIABILITY

As the parent or legal guardian of _____ (tryout participant), I give my consent for him/her to participate in the Spirit Squad tryouts conducted and/or sponsored by the University of Kansas. I understand that participation in Dance and related activities involves certain risks, and may result in unavoidable injuries. The injuries may include muscle strains and tears, broken bones, and severe injuries including, but not limited to, permanent paralysis, or even death. I am fully aware of the risks and possibility of injury involved and acknowledge that I am assuming the risk of such injury by my child's participating in the tryout.

I further acknowledge that I agree to provide health insurance for my minor child and will be responsible for any and all medical and related bills that may be incurred by me for any illness or injury that my child may sustain during the tryout and while traveling to and from the site for the tryout.

I further acknowledge and authorize the employees or agents of the University of Kansas, Kansas Athletics, the University of Kansas, the State of Kansas and its Board of Regents to act according to their best judgment in any situation requiring medical attention, whether an emergency or not, until such time as I am contacted to make decisions concerning my child's treatment. If in the judgment of a physician or designee it is necessary for health care reasons to proceed with treatment without delay, this treatment may proceed without prior notification of the undersigned, although every attempt will be made to notify me in the event of such an injury or illness. I agree that any medical information provided to this camp shall be released to other health care providers who may be providing care.

Knowing these facts and in consideration of my child's participation in the Spirit Squad tryout, I, acting as parent or legal guardian, agree to release and hold harmless the respective officers, directors, representatives, members, agents, employees, coaches, or agents of the University of Kansas, Kansas Athletics, the State of Kansas and its Board of Regents, the coaches and support staff of the Kansas University Spirit Squad program, from any and all liability for negligence or any other claim, demand, action, judgment, loss, liability, cost and expenses (including without limitations, attorney's fees and costs) arising out of or in connection with the tryout, including any claim arising out of or in connection with, whether directly or indirectly, any illness, injury, damage or loss to person or property that my child may incur or sustain during the camp, all activities associated with the camp, and while traveling to and from the site for the camp.

I acknowledge that I have read this Release and Waiver of Liability in its entirety and fully understand its contents. I am aware that this Release contains an acknowledgement of my voluntary and knowing assumption of the risk of illness or injury. I further acknowledge that I have signed this document voluntarily and of my own free will.

Parent Signature

date



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CONSENT AND RELEASE OF PARENT OR GUARDIAN

I acknowledge that I am the participant's parent and/or legal guardian and that I understand the nature of athletic activities and the minor's experiences and capabilities and believe the minor to be qualified, in good health, and in proper physical condition to participate in such Activity. I also acknowledge that the minor is covered under a health insurance policy that shall cover expenses resulting from participation in the above named Activity. I hereby RELEASE ALL CLAIMS that I have or may have in the future on my behalf or the behalf of the minor child AND AGREE TO HOLD HARMLESS KUAC, its officers, directors, employees, agents, or representatives, and the University of Kansas, its officers, directors, employees, agents, or representatives FROM ALL LIABILITY, LOSS, COST, CLAIM, ATTORNEY'S FEES, LITIGATION EXPENSES, OR DAMAGE WHATSOEVER INCLUDING DEATH, SEVERE PHYSICAL INJURY, OR PROPERTY DAMAGE resulting from the minor's participation in the Activity or participation in any related camps or clinics if so selected. I further agree that this release will BIND ME, MY CHILD, my heirs, legal representatives, and assignees.

Printed name of parent or legal guardian

Street City State Zip

Phone number with area code

Parent or legal guardian signature Date
(only if participant under the age of 18)



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Insurance Information

Parent/Guardian Home Phone: _____ Cell Phone: _____

Work Phone: _____

SUBSCRIBER: _____ RELATIONSHIP TO CAMPER: _____

SUBSCRIBER'S DATE OF BIRTH _____ SUBSCRIBER'S EMPLOYER: _____

NAME OF INSURANCE COMPANY:

CLAIMS MAILING ADDRESS: _____

POLICY NUMBER: _____ GROUP NUMBER _____

I hereby certify that the answers provided are true, complete, and correct to the best of my knowledge.

Signature

Date

|



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SCREENING EXAM FOR ATHLETIC PARTICIPATION

NAME _____ DATE _____
 DATE OF BIRTH _____
 ADDRESS _____
 KNOWN ALLERGIES _____
 DATE OF LAST TETNUS BOOSTER SHOT _____
 CURRENT MEDICATIONS, OVER THE COUNTER DRUGS (INCLUDING VITAMINS),
 SUPPLEMENTS _____

MEDICAL HISTORY (please check any of the following that you have experienced at anytime in the past):

- | | |
|--|---|
| <input type="checkbox"/> Ongoing or chronic illness | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Hospitalized overnight | <input type="checkbox"/> Passed out or dizziness after exercise |
| <input type="checkbox"/> Chest pain during exercise | <input type="checkbox"/> Heart murmur |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Concussion or loss of consciousness |
| <input type="checkbox"/> Cough, wheezing, or trouble after or during exercise | |
| <input type="checkbox"/> Racing of your heart or skipped heartbeats | |
| <input type="checkbox"/> Family member or relative who died of heart disease or sudden death before age 50 | |
| <input type="checkbox"/> Problems with eyes (decreased vision, eyeglasses, and contract lenses) | |
| <input type="checkbox"/> Orthopedic injuries (sprains, fractures, ligament damage). Please describe: | |

FEMALES ONLY: Have you begun menstruation? _____
 Frequency of menses _____ Length of menses _____

I certify that the above information is complete and correct.

Signature: _____ Date: _____

PHYSICAL EXAM BP _____ PULSE _____ HT _____ WT _____

Please check if ABNORMAL and explain at bottom of page:

- | | |
|--|---|
| <input type="checkbox"/> Eyes/ears/nose/throat | <input type="checkbox"/> Neck |
| <input type="checkbox"/> Lymph nodes | <input type="checkbox"/> Back |
| <input type="checkbox"/> Heart | <input type="checkbox"/> Shoulder/upper arm |
| <input type="checkbox"/> Pulses | <input type="checkbox"/> Elbow/forearm |
| <input type="checkbox"/> Lungs | <input type="checkbox"/> Wrist/forearm |
| <input type="checkbox"/> Abdomen | <input type="checkbox"/> Hip/upper leg |
| <input type="checkbox"/> Genitalia/hernia | <input type="checkbox"/> Knee |
| <input type="checkbox"/> Skin | <input type="checkbox"/> Lower leg/ankle/foot |

EXPLANATION OF ABNORMALS: _____

- Cleared for all athletic activities
 Not cleared for all athletic activities
 Reason _____
 Restrictions/Recommendations: _____

Signature of Examiner: _____ Date: _____
 Printed name of Examiner _____
 Address of Examiner _____

This exam must be conducted within the twelve months prior to the start of tryouts.



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Kansas Rock Chalk Dancers Tryout/Program Overview

As a member of the Spirit Squad for the University of Kansas, you are on a quest to be a part of a rich tradition that spans over 100 years. Representing the university on the field, court, or in the community is a privilege. Your success academically will be the ultimate prize of college experience and becoming a member of the team will add create lasting memories. Kansas Athletics searches those that are willing to work hard in the class room, work hard at practice, and represent KU in a positive and energetic manner.

The following information will give you a better understand of KU's expectations as a member of one of our teams.

- Summer obligations for work weekends. Coaches will announce dates.
- Maintain Fitness levels to withstand the pressures of intense workouts
- Mandatory workouts during school session two times a week
- Maintaining no less then a 2.0 GPA and enrolled in 12 hours of class
- Schedule classes around your workout and practice times
- Practice 2 – 3 times a week in the evenings
- A positive attitude to your teammates, staff, and coaches
- An expectation that you on the team to perform first and foremost for football, men's basketball, women's basketball, volleyball, and baseball.

There is nothing like cheering or dancing for thousands of fans in the facilities, and nationally televised events. The history and success of our sports programs is legendary.

The University of Kansas Spirit Squad programs is one of the elite programs in the Big 12 conference, and across the country.

- Returning Members do not have to have a physical for tryouts.
- Returning members trying out automatically qualify for the finals round



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2009/10 Rock Chalk Dancer Audition Agenda

Friday, April 30, 2010

5:30-6:00pm	Registration
6:00pm	Introduction
6:15pm	Warm Up
6:30pm	Progressions
7:15pm	Fight Song/ Pom Tech
7:45pm	Quick Review of Jazz combo
8:30pm	Explain remainder Audition weekend
8:45pm	Dismissal

Saturday, May 1, 2010

9:30am	Warm up and Review Jazz
10:00am	Jazz Assessment (groups of 5)
12:00pm	1 st cut
1:00pm	Chant and Cheer
1:30pm	Chant and Cheer Assessment (groups of 5)
2:30pm	Skills Assessment
3:00pm	2 nd cut
3:30pm	Review Final Audition Material
4:00pm	Stations for interviews
6:00pm	Dismissal

Sunday, May 2, 2010

10:00am	Candidate Check In Judges Brunch Meeting
11:00am	Line up Final Applicants
11:30am	Final Jazz Assessment
1:00pm	Candidates are asked to stay for group evaluations after final candidate
2:00pm	Dismissal

Tuesday May 4, 2010 – Posting of 2010-2011 Team at:

<http://www.kuathletics.com/sports/c-spirit/kan-c-spirit-body.html>



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5:00pm or shortly after, NO EARLIER than 5pm

CANDIDATES THAT HAVE PROMS AND NEED TO LEAVE ON SATURDAY AT AN EARLY
TIME WILL NEED TO LET CHECK-IN KNOW ON SATURDAY MORNING.