CHEERLEADING

TRY OUT PACKET 2018

CONTACT:
LISA KEYS, HEAD COACH
LISA.KEYS@BERKELEY.EDU
PLEASE ATTACH THE FOLLOWING TO THIS APPLICATION:

- $20 APPLICATION FEE  CASH OR CHECK MADE PAYABLE TO UC REGENTS
- An unofficial transcript (You must have at least a 2.0 GPA in order to tryout!)
- A photo of yourself (a snapshot is fine)
- Release Agreement
- New Athlete Health History (or a current physical)

Name_________________________________________________________  SID# _______________________

Address ___________________________________________________________________________________

City, State, ZIP ____________________________________________________________________________

Phone_________________________________________ Emergency Name/Phone __________________________

Approximate Semester and Year of Graduation __________ Email Address: ___________________________

Please list past experience including high school, all-stars, collegiate, open teams, gymnastics etc
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Please list any tumbling and stunt skills you have:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

If chosen, what would you contribute to the Cal Cheerleading?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

This application must be turned in on the day of Try Outs, 4/29/2018
2018-2019 CAL CHEERLEADING
TRY-OUT REQUIREMENTS

Cal Cheerleading is a group of men and women who support Cal athletics through traditional collegiate cheerleading. Those performances span through Cal athletics, campus, alumni and community events.

Cal Cheerleading currently functions under the direction of an advisor and coach. Physical and medical support is available through Student Health Services.

All current squad members must audition for each successive year in which they wish to participate. A squad of no more than 26 members will be selected for each season.

You will need to provide your own make-up, hair products, and under garments. Partial uniform and travel and other approved budgetary items are covered by the Athletic Department. However, members will be required to participate in fundraising efforts as determined by the Spirit Coordinator and Coaches.

Each member of the squad will receive 2 home football and men’s basketball tickets. Tickets to other contests, i.e., bowl games, NCAA tournament and Pac-12 tournaments will be issued at the discretion of the Athletic Department. This is subject to change.

In order to audition for the Cal Cheer Team you must be a current registered Cal student with at least a 2.0 GPA or have received a letter of acceptance for Fall 2018 by the audition date. If you were accepted for the Fall Program for Freshman for the first semester you are not eligible to audition until Spring 2019.

Fill out and bring with you all documents listed under Required Forms. This includes the application with a $20 application fee, photo and transcripts, Health History Form and Release Waiver. You will be required to carefully read and sign the Cal Cheer Team Constitution, Code of Conduct and Travel Policies plus the Points System which states guidelines for all members of the team.

Health History Form for New Athletes is located on the following web site: http://uhs.berkeley.edu/students/athletics/index.shtml, Go to the University Health Services web site to obtain these forms.

TUMBLING
Standing back handspring for all female candidates will be highly recommended. Male candidates tumbling is not required but highly recommended. Please demonstrate any tumbling you have during try-outs.

FIGHT SONGS
You will perform the fight song BIG C as an important piece of the try-out. This is performed throughout the season at all games, events and performances. We are looking for sharp motions, crowd appeal and confidence.
**SIDELINES**

You will be asked to perform one sideline during your try-out. You will learn all sidelines during the try-out clinic & be given only one during your individual try-out. Material should be executed in a collegiate manner, conducive to college athletics. Excessive facials, arm waving, and wide motions are not encouraged.

**PARTNER STUNTS**

We would like to see both coed and all-girl style stunting. Try-outs will be an open workshop style where you find partners and work on your tryout stunt combination.

**TRY-OUT INFORMATION**

*Required Forms*
- Health History form for New Athletes
- Release Waiver
- 2018-2019 Application w/attached photo
- $20 Application Fee. Cash or checks made payable to UC Regents. (No credit cards)
- Transcripts (Seniors – bring your High School Transcripts)

*Try-Outs*
- Saturday, April 29, 2018 10am-5pm (registration begins at 9:30am)
- *Haas Pavilion*

*Open Practices:*
- April 4th, 11th, 18th, 25th 6pm-9pm HAAS

*Requirements*
- You will perform the following during your try-out:
  1. School Fight Song BIG C
  2. Sideline Cheer
  3. Stunt Sequence
     a. Liberty Pop Off
     b. Quick Toss (prep/extension/lib) with a full down twist cradle or straight cradle
  4. Transitional stunt sequence (decided by individual stunt group)
  5. Standing Tumbling (Standing Back handspring if possible/and any other elite standing tumbling skills)
  6. Running tumbling (not a requirement, but a plus)
  7. Toe Touch & Second Jump of choice

*Proper Attire*
- Please be aware this is an important part of the selection process – you must look game ready during the actual try-out

**Ladies**- You may wear natural make up and your hair back, out of your face. Please wear solid colored t-shirts or small logo tops or sport tops with athletic shorts (no spandex), white socks and tennis shoes. No jewelry.

**Gentlemen**- You must be clean shaven and have trimmed hair. No earrings or jewelry! Please wear solid t-shirts, gym shorts, white athletic socks, and tennis shoes.

Please be tasteful in your selections. Wearing other university/college logos is NOT recommended. We are asking that everyone wear blue, gold, white, black or gray.
CAL CHEERLEADING RESPONSIBILITIES AND SCHEDULES

Responsibilities
Responsibilities include, but are not limited to: all practices (summer, winter, spring school semesters) and conditioning during the year, Friday noon rallies, football, volleyball, men’s & women’s basketball games, women’s gymnastics meets, alumni and community events, Cal Spirit events and fundraising. Some events can occur after the basketball season ends, which you will be required to attend.

You will be required to return to Berkeley **June 25-28 2018** to begin the first session of summer practices and then **July 31- August 6 2018**

Practices
- **Summer:** Session I June 25-28, 2018 Times 6:00pm-9pm
  Session II July 31-Aug 2nd and Aug 5-6th 6:00pm-9:00pm (keep your days open as we may add double days here if needed)
- **Fall:** Tuesday and Wednesday 7pm-10pm
- **Spring:** Tuesdays and Wednesday 7pm-10pm (pending basketball games)

*Note: Times vary depending on availability of the facility. Do not plan a tight schedule around these dates & times. Practices are REQUIRED and there will be no exceptions*

Football Season
- **Rallies:** Friday’s from 12-12:30 pm we have pep rallies for home football games. Call time: 11:30am
  Homecoming Rally – Friday evening prior to Homecoming game.
  Bonfire Rally – Friday evening prior to the Big Game vs Stanford
- **Games:** Saturdays you will arrive 3 hours prior to the start of the game. Perform at March to Victory and pre-game rally on upper Sproul, march with the Band to Memorial Stadium stopping at Tailgate Town to perform.
- **Travel:** For away football games, you will leave Friday morning and return Saturday evening after the game – this can fluctuate by a few days
- **Big Game** Perform at several community and alumni events beginning on the Sunday prior to Big Game through the following Sunday or Monday, if the Bears win.
- **Bowl Game:** Bowl games are usually held between December 23rd and January 1st. All members are required to be available. *(NOTE: This is during the winter holiday, so you must be available to travel during that time. Do not make holiday plans until we know our travel schedule)*

Volleyball
- **Games:** Cheer at home volleyball matches. Check calbears.com for specifics.
- **Post Season:** Participation is mandatory if the Volleyball Team hosts the NCAA Playoffs at home or advances to the Final Four
Basketball

Games: Pre-season games are played on various days of the week. Pac-12 games are played on Thursdays and Saturdays. (NOTE: Look at the schedule ahead of time & save all dates. We will disperse between teams & stunt groups, but you need to be available for all games)

Travel: Post-Season Pac-12 Tournament and NCAA/NIT Tournament in March. The Women’s Pac-12 Tournament is scheduled for the first week in March, located in Seattle and the Men’s Pac-12 Tournament is scheduled for the second week in March, located in Las Vegas. (NOTE: This is during Spring Break, so you must be available to travel during that time)

Winter Break & Spring Break

Cal Cheerleaders must be available during Winter Break and Spring Break for basketball games. Please let your family know that you must be available during these times. If they purchase tickets for you as a gift you are not excused & will still be responsible for the games you are assigned. Be proactive! You MUST consult with your coach before any commitments are made during this time.

OTHER

Cal Cheerleaders must be available for numerous alumni, community, campus and fundraising events that occur sporadically throughout the year. Also, other public appearances are sometimes requested and each member is required to attend.

Please note that the schedules shown are estimates based upon previous year’s schedules. The schedule may vary from year to year.
2018-2019 CAL CHEERLEADING
CANDIDATE CONTRACT

General Information

Congratulations on your selection as a candidate for the Cal Cheerleading Squad.

Please initial and sign all items below which signify that you understand the commitment to Cal Cheerleading and that you will, if selected as full-time member of Cal Cheerleading, adhere to this commitment.

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**Football Season**

Initial

- Available for all home and travel games
- Available for post-season Bowl game

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**Basketball Season**

Initial

- Available for all home men’s and women’s basketball games
- Available for games during Thanksgiving break
- Available for games during Winter and Spring breaks
- Available for post-season Pac-12 and NCAA Tournament travel

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**Responsibilities**

Initial

Responsibilities include (but are not limited to): all practices and conditioning during the year, summer practices, Friday noon rallies, football, volleyball, men’s and women’s basketball games, alumni and community events, Cal Spirit events and fundraising until the end of the Spring semester.

You will be required to carefully read and sign the Cal Cheerleading constitution, code of conduct, travel policies and points system document which states guidelines for all members of the team.

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**Camp and Summer Practices**

Initial

- Required to return to Berkeley when set practices are announced.
- Expected to attend UCA College Camp August 8-11, 2018 with a travel to camp on August 7.
*Some fees may be applied to help offset the costs of 500.00 per person, * STUNT TEAM FEES will be around $200-250.00 (Fundraising opportunities available)

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Print Name

Date

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Sign Name
## PERSONAL INFORMATION

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<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>Sex</th>
<th>Social Security Number</th>
<th>Date of Birth</th>
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<tr>
<th>UHS Medical Record #</th>
<th>Student ID Number (Reg #)</th>
<th>Sport / Event / Position</th>
<th>Returning UCB athlete</th>
<th>New UCB athlete</th>
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<tr>
<th>Campus Street Address</th>
<th>City/Zip</th>
<th>Pager/Cell Phone Number</th>
<th>Campus Phone Number</th>
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<th>Parents'/Guardians' Names</th>
<th>Relationship</th>
<th>Work/Cell Phone Numbers</th>
<th>Home Phone Numbers</th>
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<th>City</th>
<th>State/Zip</th>
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## PRIMARY HEALTH INSURANCE INFORMATION

Please have parents help you complete this section.

- [ ] Student Health Insurance Plan (SHIP).
- [ ] I have additional insurance through family.

<table>
<thead>
<tr>
<th>Pre-authorization Phone #</th>
<th>Primary Care Physician's Name</th>
<th>Physician's Phone #</th>
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<tr>
<th>Additional Health Insurance Company (Parent's/Guardian's)</th>
<th>HMO</th>
<th>PPO</th>
<th>Policy Number</th>
<th>Group Number</th>
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<th>City</th>
<th>State/Zip</th>
<th>Insurance Company's Phone #</th>
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<tr>
<th>Name of Insured Parent or Guardian</th>
<th>Relationship</th>
<th>Insured's Social Security #</th>
<th>Insured's Date of Birth</th>
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## MEDICAL HISTORY (Orthopedic)

Check whether you have had any of the following injuries. If YES, provide approximate date(s) and details.

- [ ] Concussion or head injury
- [ ] Broken nose
- [ ] Neck injury involving nerves, bones, or spinal cord, including stingers
- [ ] Shoulder dislocation, separation or other shoulder injury
- [ ] Elbow injury
- [ ] Wrist injury
- [ ] Hand or finger injury
- [ ] Back injury, or low back pain that required medical treatment
- [ ] Hip injury
- [ ] Knee injury
- [ ] Ankle injury
- [ ] Foot injury
- [ ] Other fractured bone, or stress fracture
- [ ] Other significant musculoskeletal injury (e.g. shin splints, pelvic, groin, hamstring injuries)

Athlete’s Health History
## MEDICAL HISTORY (continued)

List the approximate dates and details of any previous surgeries not listed above.

List the approximate dates and details of any hospitalizations for reasons other than surgery not listed above.

### Check whether you or a family member has had any of the following conditions. If YES, provide approximate date(s) and details; if family member, specify relation to you.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Condition</th>
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<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>Heart murmur</td>
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<td>☐</td>
<td>☐</td>
<td>Irregular heart beat or extra beats</td>
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<td>☐</td>
<td>☐</td>
<td>Chest pains or heart palpitations with or without exercise</td>
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<td>☐</td>
<td>☐</td>
<td>Excessive or unexplained shortness of breath or excessive fatigue with exercise (e.g. asthma)</td>
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<td>☐</td>
<td>☐</td>
<td>Fainting or near-fainting, passed out</td>
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<td>☐</td>
<td>☐</td>
<td>Sudden death without warning before age 50</td>
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<td>☐</td>
<td>☐</td>
<td>High blood pressure</td>
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<tr>
<td>☐</td>
<td>☐</td>
<td>Other history of heart problems</td>
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</table>

### Check whether you have ever had any of the following conditions. If YES, provide approximate date(s) and details.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Condition</th>
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<tr>
<td>☐</td>
<td>☐</td>
<td>Anemia (including sickle cell trait)</td>
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<td>Kidney or bladder problem</td>
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<td>☐</td>
<td>☐</td>
<td>Asthma, allergy, hay fever</td>
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<td>☐</td>
<td>☐</td>
<td>Liver disease (hepatitis)</td>
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<td>☐</td>
<td>Blood clots/ Bleeding disorders</td>
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<td>☐</td>
<td>☐</td>
<td>Migraine headaches</td>
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<td>Breast lump or discharge</td>
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<td>Mononucleosis</td>
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<td>Chemical dependency</td>
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<td>Skin problems</td>
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<td>Depression or recurring anxiety</td>
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<td>Testicular or other genital problems</td>
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<td>Diabetes</td>
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<td>Thyroid disease</td>
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<td>Eating disorder</td>
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<td>Ulcers, stomach problem</td>
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<td>Epilepsy or seizures</td>
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<td>Ulcerative colitis, Crohn's disease</td>
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<td>Frequent diarrhea/constipation (specify/circle)</td>
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<td>Unusual bleeding or bruising</td>
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<td>☐</td>
<td>Heat illness or cramps</td>
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<td>☐</td>
<td>☐</td>
<td>Weight loss greater than 10 lbs</td>
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<td>☐</td>
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<td>Hernia</td>
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<td>Other</td>
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Last Name       First Name       MI

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Athlete's Health History
# Medications

List all medications you are presently taking. Include prescriptions, over-the-counter medications, performance enhancers/supplements, vitamins, birth control pills.

<table>
<thead>
<tr>
<th>Meds</th>
<th>Dosage and Frequency</th>
<th>Reason for taking</th>
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Yes  
No

Check whether you have had any of the following conditions. If YES, provide approximate date(s) and details.

- Allergy or severe reaction to any medication (specify type of reaction)
- Any other allergy, or severe reaction to insect, bees, wasps or food (specify type of reaction)
- Do you wear glasses or contacts? Circle one. glasses contacts both
- Approximate dates of last eye exam__
- A dental plate or a broken, chipped or loose tooth (specify)
- Are you missing any of the following organs X eye, kidney, testicle? (specify)
- I use used tobacco products. Circle all that apply. smokeless tobacco cigars pipe cigarettes packs/day ____ years smoked____
- In the past year did you drink any alcohol? Circle average/typical use 1 or fewer 2-3 4-5 more than 5 drinks/week
- Check, which is applicable
  - I am over-weight
  - under-weight
  - ideal weight – specify__

Specify any special diet you follow.

For women only

- Date of your last menstrual period
- Number of periods you have had in the last 6 months
- Usual length of time between your periods
- Date of last pelvic exam and Pap smear
- Date(s) and details of abnormal Pap smear(s) or other findings
- Longest time (in months) you have gone without a menstrual cycle __ Months

## IMMUNIZATION HISTORY

Yes  
No

Check whether you have been immunized for any of the following. If YES, provide approximate date(s) and details. Also indicate if you have ever been diagnosed with any of the following.

- German measles (rubella)
- Pertussis (Adacel)
- Hepatitis B (attach required form from web site)
- Polio
- HPV (Gardasil)
- Tetanus (date of last booster ________) tdap _______
- Measles (year of 2nd shot ________________)
- Tuberculosis skin test (year ______) 1 negative 1 positive
- Meningococcal (Menomune or Menactra: specify__________)
- Varicella/chicken pox
- Other (pneumovax, influenza)
- Mumps

I have answered the above questions truthfully to the best of my knowledge.

<table>
<thead>
<tr>
<th>Athlete’s Signature</th>
<th>Date</th>
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<tbody>
<tr>
<td>Parent’s or Guardian’s Signature</td>
<td>Date</td>
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</table>

Last Name | First Name | MI
RELEASE WAIVER

I understand that there are risks and dangers inherent in participating and/or receiving instruction in Cal Cheerleading. I also understand that in order to be allowed to participate and/or receive instruction in Cal Cheerleading I must give up my rights to hold The Regents of the University of California liable for any injury or damage which I may suffer while participating and/or receiving instruction in Cal Cheerleading.

Knowing this, and in consideration of being permitted to participate and/or receive instruction in the Cal Cheerleading, I hereby voluntarily release The Regents of the University of California from any and all liability resulting from or arising out of my participation and/or receipt of instruction in Cal Cheerleading.

I understand and agree that I am releasing not only the entities set forth in the paragraph above, but also the officers, agents, and employees of those entities.

I understand and agree that this Release will have the effect of releasing, discharging, waiving and forever relinquishing any and all actions or causes of action that I may have or have had, whether past, present or future, whether known or unknown, and whether anticipated or unanticipated buy me, arising out of my participation and/or receipt of instruction in Cal Cheerleading. This Release constitutes a complete release, discharge and waiver of any and all actions or causes of action against The Regents of the University of California, its officers, agents, or employees.

I understand and agree that this release applies to personal injury, property damage, or wrongful death, which I may suffer, even if caused by the acts or omissions of others.

I understand and agree that by signing this Release, I am assuming full responsibility for any and all risk of death or personal injury or property damage suffered by me while participating and/or receiving instruction in Cal Cheerleading.

I understand and agree that this Release will be binding on me, my spouse, my heirs, my personal representatives, my assigns, my children and guardian ad litem for said children.

I understand and agree that by signing this Release, I am to release, indemnify and hold The Regents of the University of California and their officers, agents, and employees harmless from any and all liability or costs, including attorney’s fees, associated with or arising from my participation and/or receipt of instruction in Cal Cheerleading.

I understand that if I am signing this Release on behalf of my minor child, that I will be giving up the same rights for said minor as I would be giving up if I signed this document on my own behalf.

I acknowledge that I have read this Release Agreement and that I understand the words and language in it. I have been advised of the potential dangers incidental to participating and/or receiving instruction in Cal Cheerleading.

Dated: ______________________

Print Name: ____________________________

Sign Name: ____________________________