

Cal State University San Bernardino Spirit Squad

Cheerleading Application 2010-2011

Name: _____ M / F (Circle One) SS# _____ - _____ - _____

Home Address: _____ Zip: _____

Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

School Year Address: _____ Zip: _____

Phone: (_____) _____ - _____ Email Address: _____

Age: _____ Year In School: _____ GPA: _____ HS / Col (Circle One)

Student ID # (if known): _____ Major: _____

Experience: _____

Do you have any Physical Problems (i.e. knee, ankle, etc)? If yes, Explain. _____

Are you limited in any Activities? If yes, explain. _____

Are you willing to take criticism and be told what you need to do to accomplish the excellence that Cal State San Bernardino University desires? _____

Are you a committed Person? Explain. _____

CSUSB Cheer/Dance

MEDICAL CONSENT INFORMATION AND LIABILITY RELEASE FORM

Student Name: _____ Age: _____ Birthday: _____

Parents: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____

Work Phone: Father () _____ Mother () _____

In case of emergency contact: _____ Phone: () _____

PARTICIPANT RELEASE: By enrolling my son/daughter in the **CSUSB Spirit (Cheer/Dance)** at CSUSB, I, the undersigned parent/guardian of _____ understand that he/she, in attending the classes and tryouts and using the facilities, does so at his/her own risk. Gym operators shall not be liable for any damage incurred from personal injuries sustained by participant in or about the premises. Participant assumes full responsibility for all injuries and damages which may occur in or about the premises.

In consideration of your acceptance of my son's/daughter's entry, I, intending to be legally bound, do hereby waive, release and forever discharge any and all rights and claims against the **CSUSB Spirit Squad (Cheerleading/Dance)**, its directors, instructors and/or any involved personnel, and Cal State San Bernardino, for damages or injury sustained by my son/daughter while participating in, or attending any activity, training or practice directly or indirectly related to the **CSUSB Spirit Squad (Cheerleading/Dance)**, whether the incident occurs on the premises or traveling to and from the premises.

I do hereby certify that my son/daughter is covered by insurance through: _____

Policy Number: _____ Subscriber: _____

CONSENT TO MEDICAL CARE: I, the undersigned parent/guardian of _____ do hereby grant authority to the staff of **CSUSB Spirit Squad (Cheerleading/Dance)** to render judgment concerning medical assistance or hospital care in the event of an injury or illness during my absence or if I am unable to be contacted.

Family Doctor: _____ Location: _____

Phone: () _____ If over 18 SIGNATURE: _____

Under 18 PARENT/GUARDIAN SIGNATURE _____

DATE: _____

MEDICAL HISTORY:

YES

NO

- | | | |
|--|-------|-------|
| 1. Previous hospitalizations/surgeries | _____ | _____ |
| 2. Previously diagnosed diseases -e.g. diabetes, rheumatic fever, asthma | _____ | _____ |
| 3. Presently under a doctor's care | _____ | _____ |
| 4. Takes any prescribed medications | _____ | _____ |
| 5. Restricted from athletic participation for any reason | _____ | _____ |
| 6. Ever been unconscious or had any type of seizures | _____ | _____ |
| 7. Any known allergies | _____ | _____ |
| 8. Weak muscles or joints | _____ | _____ |
| 9. Wears glasses or contact lenses | _____ | _____ |
| 10. Any other health problems | _____ | _____ |
| Does you/your child have any problems with any of the following? | | |
| 11. Vision | _____ | _____ |
| 12. Hearing | _____ | _____ |
| 13. Respiratory | _____ | _____ |
| 14. Cardiovascular | _____ | _____ |
| 15. Liver, Spleen, Kidneys | _____ | _____ |
| 16. Hernia | _____ | _____ |
| 17. Musculoskeletal | _____ | _____ |
| 18. Skin | _____ | _____ |
| 19. Neurological | _____ | _____ |
| 20. Other | _____ | _____ |

If "yes" to any of the above, please list on reverse side the appropriate numbers and specify any abnormalities. If any broken bones, please list which bone was broken and date.

Please list any medicines you/your child may be allergic to.

Is there any other information we should know in case of emergency?

All information on this application is true and to the best of my knowledge:

PARENT/GUARDIAN SIGNATURE or SELF if over 18:

Important Notes:

There will be USA college camp that members will be expected to attend July 17-19

Must have a physical and a Doctor signature after tryouts

Mandatory team practices start in June/August before school resumes.

Members will need to purchase their own warm ups, poms, shoes, camp wear and bag.

Cheer Uniforms are provided by the University and are property of Cal State San Bernardino.

Dance will purchase their own dress

It is APPROXIMATELY \$550.00 a year to participate. This includes camp, clothes, poms, shoes this does not include competition and will be decided by the team.