



# **UNCG CHEERLEADING 2019-20 TRYOUTS INFORMATION PACKET**

**Deadline for  
submission: Monday,  
April 22 at 5 pm**

*All questions regarding UNCG Cheerleading  
tryouts may be directed in writing to the Head  
Coach, Kacy McAdoo, at [Kacy\\_McAdoo@uncg.edu](mailto:Kacy_McAdoo@uncg.edu).*

# 2019-20 UNCG Cheerleading Spring Tryouts

Spring tryouts will be held

**Saturday, April 27, 2019**

9:30 am to 3 pm

**Fleming Gym - Coleman Building (first floor)**

## Important Details:

- Tryout Packets are due by 5 pm on **Monday, April 22nd**. No Exceptions!
- Please arrive early to allow time for parking and walking to the location.
- You may park in Walker Ave Parking Deck. Cost is \$2.00 for the first hour and \$1.00 for each consecutive hour.
- Please note that all tryout sessions are closed, without exception.
- Please bring a drink and money for lunch on campus
- Submission of a tryout video will be accepted. However, situations will be handled on a case-by-case basis and the coaching staff reserves the right to deny the option of a video tryout at their discretion.
- Tryouts are open to current, full-time UNCG students (enrolled in a minimum of 12 credit hours) in good academic standing. College transfers, or incoming freshman may tryout with an acceptance letter for the Fall 2019 term.

## **Tryout Attire:**

You must present yourself as a college cheerleader and your overall image will be considered. When possible, please wear UNCG colors and/or logos.

### Ladies:

- Form fitted top and shorts
- Game Day Hair and Makeup
- Cheer Shoes
- No Jewelry

### Men

- Athletic top and shorts
- Athletic shoes

## **Tryout Checklist:**

- **Completed Information Form** (page 5)
- **\$20 Tryout Fee** (waived for returners); **checks made payable to UNCG Athletics**
- **Recent Headshot**
- **Medical Clearance Paperwork** (pages 6 - 11)
  - **Physical - completed within the last 6 months**
  - **Waiver, Release of Liability, & Indemnity Agreement Form**
  - **Injury Release, Assumption of Risk, and Athlete Responsibility Form**
  - **Front and back copy of insurance card**
  - **Sickle Cell screening test lab results (for new members only, not returning members)**

**All tryout paperwork due by 5 p.m. on Monday, April 22, 2019.**

**Submit to Head Coach, Kacy McAdoo, via email, fax, mail or drop-off.** *If emailing, please scan and send as an attachment. Original hard copy will be required at tryouts.*

**Email:** Kacy\_McAdoo@uncg.edu

**Fax:** 336.334.5051      **Attn:** Kacy McAdoo

**Mail:**

UNCG Athletics  
c/o Kacy McAdoo, Cheer  
1408 Walker Ave.  
Greensboro, NC 27402

**Drop-off:**

UNCG Visitor Center/Office of Admissions Attn: Kacy McAdoo

## Tryout Requirements:

- Be committed to all three pillars of the cheer program:
  1. We are public relations ambassadors for Intercollegiate Athletics and UNCG
  2. We lead cheers and work to raise the overall spirit at UNCG
  3. We are trained athletes who perform stunts, gymnastics, cadences and cheers for the purpose of entertainment, competition and game day experience
- Be a current, full-time UNCG student (enrolled in a minimum of 12 credit hours) in good academic standing. College transfers, or incoming freshman may tryout with an acceptance letter for the Fall 2019 term.
- Be fully committed to the UNCG Spartan Spirit Program from August 1 until May 30. At a minimum this will require attendance at practices 2-3 times per week, athletic games, and other appearances. Missing practice or events will result in termination from the squad.
- Meet or exceed skill requirements:
  1. **Cheer/Chants/Sideline Routines:** Emphasis on enthusiasm, effort and motion placement.
  2. **Jumps:** Two required jumps with one being a toe touch. Toe-handspring or tucks are encouraged but not required
  3. **Tumbling:** Standing and running back handspring; emphasis will be on clean tumbling versus difficulty and no spotters are allowed during tryouts
  4. **Stunts:** Minimum of a liberty and 360 degree dismount; you may tryout as a flyer, main or secondary base, backspot or a combination of the three roles. There will be options for both co-ed and all-girl stunt groups.
  5. **Interview:** The coaching staff and UNCG representatives will evaluate your knowledge of UNCG, maturity, attitude and passion for cheerleading.

Please note that it is understood that you may be stronger in either tumbling or stunting, and we will make some allowances for this in the tryout process.

Finally, scores will NOT be released. The coaching staff will make all final decisions on team member selection. Any candidate that has questions after the team selections are announced may e-mail the UNCG Cheerleading Coach at [Kacy\\_McAdoo@uncg.edu](mailto:Kacy_McAdoo@uncg.edu).



# UNCG CHEERLEADING TRYOUT INFORMATION SHEET



## GENERAL INFORMATION

NAME: \_\_\_\_\_  
(First, Middle, Last)

UNCG STUDENT ID #: \_\_\_\_\_

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
(mm/dd/yy)

CLASS RANK FOR THE 2019-20 ACADEMIC YEAR (circle one):

FRESHMAN      SOPHOMORE      JUNIOR      SENIOR      OTHER

UNCG E-MAIL ADDRESS: \_\_\_\_\_

ALTERNATIVE E-MAIL ADDRESS: \_\_\_\_\_

PERMANENT ADDRESS (PARENT'S ADDRESS): \_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip Code)

CELL PHONE #: \_\_\_\_\_ HOME PHONE #: \_\_\_\_\_

MAJOR: \_\_\_\_\_ EXPECTED DATE OF GRADUATION: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

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## CHEERLEADING BACKGROUND INFORMATION

HOW MANY YEARS HAVE YOU BEEN CHEERING? \_\_\_\_\_

PLEASE LIST THE NAMES OF TEAMS, GYMS, ETC. YOU HAVE CHEERED WITH IN THE PAST AND HOW MANY YEARS YOU WERE WITH THAT ORGANIZATION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHICH STUNT POSITIONS DO YOU CURRENTLY HAVE MASTERED? (circle all that apply)

FLYER    MAIN BASE    SECONDARY BASE    BACK SPOT

WHICH STANDING TUMBLING SKILLS DO YOU CURRENTLY HAVE MASTERED? (circle all that apply)

Back Handspring    Back Tuck    Toe Handspring    Toe Tuck    Other:

WHICH Running TUMBLING SKILLS DO YOU CURRENTLY HAVE MASTERED? (circle all that apply)

Back Handspring Series    Back Tuck    Layout    Full    Other:

ANY ADDITIONAL SKILLS?



## INTERCOLLEGIATE ATHLETICS

Department of Health and Sports Performance

### Cheer and Dance Try-out Medical Clearance

Before you are permitted to try-out and become an official member of any athletics team at UNCG, you must be medically cleared by the UNCG Athletic Training Staff. Below is the checklist of documents required for try-out medical clearance:

- Physical - completed within the last 6 months
- Waiver, Release of Liability, & Indemnity Agreement Form
- Injury Release, Assumption of Risk, and Athlete Responsibility Form
- Front and back copy of insurance card
- Sickel Cell screening test lab results (for new members only, not returning members)

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To be completed by athletic training staff:

I certify that \_\_\_\_\_ has been medically cleared including Sickel Cell results to participate and shown proof of insurance.

\_\_\_\_\_  
Signature of Athletic Trainer

\_\_\_\_\_  
Date



## UNCG CHEER AND DANCE PHYSICAL



Name: \_\_\_\_\_ Date: \_\_\_\_\_ Sport: Cheer / Dance

School Address: \_\_\_\_\_

University ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Address: \_\_\_\_\_

List any allergies (including latex): \_\_\_\_\_

Last Tetanus: \_\_\_\_\_

Medications (including birth control): \_\_\_\_\_

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Please answer the questions below. Fill in details of "yes" answers in the space provided

- |                                                                                           |     |    |
|-------------------------------------------------------------------------------------------|-----|----|
| 1. Have you ever been hospitalized?                                                       | Yes | No |
| 2. Have you ever had surgery?                                                             | Yes | No |
| 3. Have you ever passed out during exercise?                                              | Yes | No |
| 4. Have you ever been dizzy during exercise?                                              | Yes | No |
| 5. Have you ever had chest pain during exercise?                                          | Yes | No |
| 6. Have you ever had a head injury, seizure or been unconscious?                          | Yes | No |
| 7. Have you ever had heart trouble, or high blood pressure?                               | Yes | No |
| 8. Has anyone in your family died suddenly before the age of 50?                          | Yes | No |
| 9. Have you ever had a heat related illness? (cramps, dizzy or passed out)                | Yes | No |
| 10. Do you have any other medical problems? (ie. asthma, diabetes, hepatitis, etc.)       | Yes | No |
| 11. Do you have any menstrual irregularities or problems?                                 | Yes | No |
| 12. Do you wear glasses, contacts, braces of any kind, hearing aid?                       | Yes | No |
| 13. Have you ever injured (sprained, dislocated, fractured, etc.)? Circle all that apply. | Yes | No |

Neck   Chest   Hip   Thigh   Knee   Ankle   Foot   Toes   Lower Leg

Elbow   Arm   Wrist   Back   Head   Fingers   Shoulder

Explain all yes answers:

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## EXAMINATION

Height _____	Weight _____	RHR _____
Heart _____	Lungs _____	BP _____
Abdomen _____	General _____	Other _____

## MUSCULOSKELETAL

Neck _____	Back _____	Hip _____
Knee _____	Ankle _____	Foot _____
Shoulder _____	Elbow _____	
Wrist _____	Hand _____	

## ASSESSMENT

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## RECOMMENDATION

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## CLEARANCE

No Restrictions \_\_\_\_\_

Deferred Until \_\_\_\_\_

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\_\_\_\_\_  
Name of Provider

\_\_\_\_\_  
Signature of Provider

\_\_\_\_\_  
Date





**UNCG Athletics**  
**Waiver, Release of Liability, & Indemnity Agreement**

I am aware and understand that any physical activity, including (but not limited to) soccer, basketball, volleyball, tennis, baseball, softball, weight lifting and conditioning, can be a dangerous activity, which may result in serious personal injury. These injuries include, but are not limited to, serious neck and spinal injuries, complete or partial paralysis, brain damage, serious injuries to bones, joints, ligaments, and tendons; serious injury to other areas of the body, general health and well-being, and even DEATH.

In consideration of the University of North Carolina Greensboro (UNCG) permitting me to use its Athletic Facilities, I agree to the following:

1. I will obey all rules established by UNCG Athletics for the use of its facilities.
2. I will obey any and all instructions or directions given to me by UNCG Athletic personnel concerning the use of its facilities.
3. I assume all financial responsibility for any injury or damage as a result of my use of UNCG Athletic Facilities.
4. To the fullest extent allowed by law, I hereby release and agree to hold harmless UNCG, its trustees, officers, agents, employees, coaches, professors, students, athletic trainers and other medical personnel from any and all liability arising out of any injuries to my person or property, or losses of any kind or nature whatsoever, which may result from, or which arise in connection with, my use of the UNCG Athletic Facilities, even to the extent that such injuries may arise from the negligence of those listed above.
5. To the fullest extent allowed by law, I will indemnify and hold harmless, including attorney's fees and court costs, those listed above for any injury to person or property that I may cause others in the course of my use of the UNCG Athletics Facilities or due to my failure to obey any rules, directions, or instructions.

I acknowledge that I have read this agreement fully and that I understand the legal rights I waive by signing this agreement. I further acknowledge that am aware of the potential hazards incident to engaging in physical activity.

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Signature of Participant                      Date

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Signature of UNCG Athletic Training Representative                      Date

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Printed Name of Participant

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Printed Name of UNCG Athletic Training Representative                      Date



## 2019-20 Injury Release, Assumption of Risk, and Athlete Responsibility Form

### UNCG Intercollegiate Athletic Sports:

Baseball, Basketball, Cheerleading, Cross Country, Dance, Golf, Soccer, Softball, Tennis, Track & Field, Volleyball

I am aware that trying out for, practicing or playing in any sport can be a dangerous activity involving MANY RISKS OF INJURY. I understand the inherent potential dangers and risks of trying out for, playing and practicing in the above intercollegiate sports may be catastrophic in nature and may include, but are not limited to, death; serious neck and spinal injuries which may result in complete or partial paralysis or brain damage; serious injury to virtually all bones, joints, ligaments, muscles, tendons and other elements of the muscular-skeletal system, including loss of limb; and serious injury or impairment to other parts of my body, general health and well-being.

Because of the dangers of participating in any of the above sports, I recognize the importance of following the coach's instructions regarding playing techniques, training, rules of the sport and other team rules, and of following such instructions. I also realize that during my entire athletic career at UNCG I have a responsibility to my own physical well being and must accurately report any injury in a timely manner to the UNCG Sports Medicine Staff. I will follow the guidelines established by the UNCG Sports Medicine Staff for rehabilitation from any injury. If I have any questions regarding my injury or care, I will ask the UNCG Sports Medicine Staff. I will also abide by the rules of the sport in which I participate. I realize that adherence to these responsibilities in no way assures me of avoiding or lessening all injuries, including those of catastrophic nature, but by following them, I may decrease the severity of some injuries.

In consideration of UNCG permitting me to try out for, practice, play or otherwise participate in the above listed intercollegiate sports and to engage in all activities related to the team, including, but not limited to practicing, playing and traveling, I hereby voluntarily assume all risks associated with participation and agree to hold harmless The University of North Carolina at Greensboro, its agents, officers and employees including, but not limited to, the UNCG Athletics staff from any and all liability, claims, causes of action or demands of any kind and any nature whatsoever which may arise by or in conjunction with my participation in any activities related to the UNCG Intercollegiate Athletics Program except in the event of their gross negligence. The terms of this Agreement shall serve as a release and assumption of risk for my heirs, estate, executor, administrators, assignees and all members of my family.

To the best of my knowledge, I am in good health and suffer no disability or condition which renders my participation in the sport(s) or other athletics activity medically inadvisable, or otherwise limits my ability to participate in such sport(s) or athletics activity without restriction.

I hereby authorize the coach or other appropriate UNCG personnel to obtain in my behalf first aid, emergency medical care, or if necessary admission to an accredited hospital, when such care is necessary for the treatment of any injuries I may sustain while participating in any activity associated with UNCG intercollegiate sports, including practices, competition and travel. I also hereby consent to the administration of emergency medical treatment in the event I am unable subsequent to such injury to give such consent as otherwise necessary.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
(if student-athlete is less than 18 years of age)

Sport(s) \_\_\_\_\_ UNCG Student ID# \_\_\_\_\_