CHEERLEADING TRYOUTS
MAY 2-3, 2009

Hofstra Cheer Highlights:
• Scholarships are awarded based on leadership, overall performance and commitment to the program
• University provides all cheer apparel, summer camp, and trip to Florida for competition team
• Entire team performs a Halftime Show at Homecoming!
• Participate in Community events such as the Breast Cancer Walk, ALS Walk, UCP
• Host Stunt Clinics / College Prep Clinic!
• Year end banquet with Team voted awards
• Opportunity to appear on Morning TV Shows - WB11
• Performed with USHER at the 2008 NFL Kickoff in NYC
• Performed at Harlem Globetrotter Show

Cheer for this NCAA Division 1-AA Team at Long Island’s largest outdoor sports and entertainment complex! The James M. Shuart Stadium seats 15,000 fans!

Hofstra Cheer attends UCA College Camp each summer and the team won 1st place in the cheer competition this past summer. The Pride also took home the Most Collegiate Award!

The competition squad competes at the UCA’s College National Championship in Orlando, FL, The small co-ed squad has placed in the Top 10 for the past 10 years and won 1st place in 2003, 2006, 2007 and 2009!!

Hofstra Arena – A 93,000 sq. ft. first class facility holding over 5,000 fans! Travel with the Men’s B-Ball team to the CAA Tournament in Richmond, VA!

Atlantic 10 Football Conference

Men’s Basketball

Football
TRYOUT INFORMATION / REQUIREMENTS

TRYOUT DATES/TIMES
SAT. MAY 2\textsuperscript{nd} 10:00-12:30PM and 2:30-5:30PM
SAT. MAY 3\textsuperscript{rd} 10:30-12:00PM (Interviews) 2:00-4:00PM (TRYOUT)
Attendance at all 4 sessions is mandatory!

TRYOUT LOCATION
Hofstra University’s RECREATION CENTER
Located on the North Side of Campus
Please go to www.hofstra.edu for campus directions

ELIGIBILITY
• You must be accepted as a full time student at Hofstra University (min. 12 credits)
• You must be able to attend summer camp July 31-Aug.9, 2009 & Aug.26-Aug.31, 2009
• You must be willing to fully commit to game, practice and event schedule from Aug. 2009-May 2010

REQUIREMENTS
• Stunting: Flyers, bases and back spotters are all welcomed to tryout
  Men and Women need strong stunting skills (Co-ed/All girl tossed stunts preferred)
  Co-ed and All girl stunts needed for tryouts will be taught at the first session
• Tumbling: Standing back handspring and Round off back handspring \textit{required}
  Standing tuck, handspring tuck, Round off series, tuck, layout and full preferred
• Single toe touch jump, sideline and fight song (taught at tryouts)

WEEKEND ATTIRE
• Females: Sports bra/tank/fitted t-shirt, athletic shorts, cheer sneakers preferred,
  hair off the face, game day make-up, NO jewelry
• Males: Fitted T-shirt, athletic shorts, sneakers, well groomed

TRYOUT PREPARATION
• Please contact coach to confirm your attendance at tryouts
• Please notify coach if you will need housing for tryout weekend
• Review team requirements
• Prepare to be in good physical condition to perform your skills and reduce risk of injury
• Attend College Prep Clinic hosted by Hofstra Cheer (suggested, not mandatory)

TRYOUT PROCESS
\textbf{1\textsuperscript{st} Session:} Introduction to Hofstra Cheer, Weekend Review, Tumbling, Partner Stunting
\textbf{2\textsuperscript{nd} Session:} Partner Stunting, Chant and Fight Song, Tryout Demonstration
\textbf{3\textsuperscript{rd} Session:} Personal Interview, Material Review
\textbf{4\textsuperscript{th} Session:} Participants will tryout in groups of 3
*Judging will be based on demonstration of skills, overall impression, \& personal interview
HOFSTRA UNIVERSITY CHEERLEADING
2009-2010 TRYOUT APPLICATION

FIRST NAME: ________________________________  LAST NAME: ________________________________

'09-'10: Fresh. Soph  Junior  Senior  DOB: __________________________  SSN: __________________________

700#______________________________  STATUS: ON CAMPUS  or  COMMUTER

HOME ADDRESS: ___________________________________________________________________

CITY: __________________________  STATE: _________  ZIP: __________________________

HOME PHONE: _________________________  CELL PHONE: _______________________________

EMAIL ADDRESS: ________________________________

Interested in Comp. Squad  Interested in Game Squad Only  Both

SKILLS EXPERIENCE:

GYMNASTICS – Please list your standing/running tumbling skills:

____________________________________________________________________________

STUNTING (For women only, please circle) –  FLYER  BASE  BACK SPOTTER

SIZE INFO.

WOMEN: T-Shirt/Tank

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MEN: T-Shirt

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Shorts

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Sports Bra

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Warm-up Pant

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Warm-up Jacket

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Sneaker Size

Briefs

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MEDICAL INFORMATION: **Section must be complete in order for this application to be valid.**

Medical Insurance Policy Number

List any prior injuries (If none, write none):

____________________________________________________________________________

Any physical therapy required? If yes, what kind? (If none, write none):

____________________________________________________________________________

List any medications you are currently taking. (If none, write none):

____________________________________________________________________________

List any allergies to medications, etc. (If none, write none):

____________________________________________________________________________

I certify that the above information is true. I understand that if this information is incorrect or incomplete I will be excluded from the tryout process.

Signature __________________________________________  Date____________________

For Office Use Only:  HU Acceptance _____  Wait List_____  Interview _____  Tryout _____  _____
HOFSTRA UNIVERSITY OFFICE OF STUDENT LEADERSHIP
AND ACTIVITIES
MEDICAL AND LIABILITY RELEASE FORM

Re: Hofstra Cheerleading Tryouts – May 2 and May 3, 2009 – Recreation Center

PLEASE NOTE: Each participant must present a completed form at registration. If the participant is under the age of eighteen (18) years, the form must be completed by participant’s parent or legal guardian. Any participant who does not present the form at the activity/event will not be permitted to participate.

Participant’s Name: ___________________________ Date of Birth: __________
Age: _______ Sex: _______ Social Security Number: _______________________
Address: __________________________________________
City: ___________________________ State: _______ Zip Code: ____________

Parent/Guardian Name:_________________________________________________________
Address: __________________________________________
City: ___________________________ State: _______ Zip Code: ____________
Home Phone: ___________________________ Cell Phone: ______________________
E-mail: ___________________________________________________________________

Emergency Contact if Parent/Guardian cannot be reached:
Name: ___________________________________________________________________
Address: __________________________________________________________________
City: ___________________________ State: _______ Zip Code: ____________
Home Phone: ___________________________ Cell Phone: ______________________

MEDICAL HISTORY
Allergies: __________________________________________________________________
Current Medications: __________________________________________________________

Insurance Carrier: ________________________ Policy # ________________________

I hereby state that I am in good health, have been to a physician within the past year and am physically able to participate in the activities/event sponsored by the Hofstra University Spirit Support team(s).

Should I become injured during the activity/event I hereby grant permission to Hofstra University, Hofstra University Health and Wellness Center Staff members, Hofstra University trainers and/or Hofstra University coaches to arrange for my transportation to a hospital and/or administer immediate first aid as deemed necessary.
NOTICE TO ALL PARTICIPANTS
Please be advised that you are participating in the above-referenced activity (“Activity”) at your own risk. You are solely responsible for any and all expenses related to injuries and/or loss or damage of personal property incurred in connection with your participation in the above Activity. Further, you agree to hold Hofstra University, its trustees, directors, officers, employees, servants, representatives and agents harmless from and against any and all claims, losses, damages, expenses (including attorneys’ fees, and all court and litigation costs) and liability (including statutory liability), resulting from injury and/or death of any person or damage to or loss of any property arising out of your participation in the above Activity.

ACKNOWLEDGMENT AND RELEASE
By signing this document I acknowledge that I am participating in this Activity individually and at my own will.

I agree, beginning as of the date of execution of this Release, that photographs, whether still or action, videos, film and/or motion pictures (hereinafter “Pictures”) and/or audio recordings (“Recordings”) may be taken of me, individually or with others, by or on behalf of Hofstra University in connection with this Activity, and agree that all rights therein shall irrevocably, exclusively, unconditionally and perpetually belong to Hofstra University and that such rights are freely assignable by Hofstra University.

I further agree that, without any compensation or notification to or approval by me, the Pictures or Recordings may be used, reproduced or otherwise disseminated or published by or on behalf of Hofstra University directly or indirectly for any purpose, including but not limited to advertising and/or promotional purposes, in any manner, and at any time that Hofstra University desires.

For good and valuable consideration, receipt of which is hereby acknowledged, I hereby agree to release and discharge Hofstra University, its officers, representatives, employees, agents, licensees, successors and assigns from any and all claims, demands or causes of action that I may now have or may hereafter have for libel, defamation, invasion of privacy or right of publicity, infringement of copyright or violation of any other right arising out of or relating to any utilization of the Pictures or Recordings.

I hereby warrant that I am eighteen (18) years of age or older and competent to contract in my own name in so far as the above is concerned or that if I am under eighteen (18) years of age, my parent or legal guardian has reviewed and signed this Notice, Acknowledgment and Release.

I have read the foregoing before affixing my signature below, and warrant that I agree with and fully understand the contents thereof.

Date:__________________________

Name of Participant

__________________________

Address, City, State, Zip

Parent/Legal Guardian – Print Name

__________________________

Parent/Legal Guardian – Sign Name
Student Host and Prospective Hofstra Cheerleader Agreement During Tryouts

Student Host Name: ________________________________ Organization: Cheerleading
Prospective Hofstra Cheerleader: ________________________________

Hofstra University recognizes that participation in campus activities can be a meaningful experience in conjunction with other aspects of the educational process. Unfortunately, however, certain activities are sometimes associated with the wrongful and/or illegal use of alcohol or drugs. Accordingly, the University hereby reaffirms its policy that if will not condone the use of alcohol or drugs. The possession and/or consumption of alcohol by student hosts and/or prospective Hofstra Cheerleader under 21 years of age, and distribution of alcohol by student hosts to anyone under 21 years of age is strictly prohibited by State and Federal Laws as well as University policy. The operation of a motor vehicle by a driver who is legally impaired or intoxicated is also prohibited by State and Federal Laws. Any student host and/or prospective Hofstra Cheerleader who is associated with improper or illegal alcohol or drug activities will be subject to University disciplinary actions. The disciplinary actions will be determined by the University’s judicial system.

My signature below indicates that I have read this form and agree to abide by the State and Federal Laws, as well as the University’s policies during the Cheerleader tryout weekend.
*Please note that any current Hofstra Cheerleader who violates this agreement will no longer be a member of the team.

Signature of Student Host: ________________________________ Date: ______
Signature of Prospective Cheerleader: ________________________________ Date: ______
Signature of Prospective Cheerleader’s Parent/Guardian: ________________________________ Date: ______

Prospective Student-Athlete Emergency Contact Information (Parent/Guardian)

Name: __________________________________________________________________________
Address: _________________________________________________________________________
Phone Number: _____________________________ Cell number: ____________________________