

2022-2023 Cheerleading Tryout Packet
VIRTUAL TRYOUT Video Submissions Due
Friday, 5:00 p.m., April 14, 2023

You will receive the material when you submit your application or submit your own cheer footage from games, school functions, and or a competitive team.

- All participants must have completed a tryout application packet (located below).
- All incoming students must have a 2.5 cumulative GPA.
- Participants will be taught chant, a cheer, and a dance through a video or **submit their own material**. Participants will be required to perform what they learned in a video sent back to the coach.
- Individual skills will include - jump sequence (example: toe touch, left hurdler, and pike), spiriting, and tumbling passes.
- **Two letters of recommendation** highly recommended.
- Apparel for tryouts must consist of black shorts, white t-shirt, cheer bow (girls) and game day makeup and hair.

For more information, please contact Paris Junior College:
Cheer Coach, Megan Chapman at mchapman@parisjc.edu or 903.782.0403

Paris Junior College Cheerleader Application

Name: _____

Address: _____

Phone Number: (_____) _____

Can we send text messages to this number? (circle one) Yes No

Email: _____

Date of Birth: _____ Age: _____

Male or Female (circle one)

Current high school/college attending: _____

Current GPA: _____

Parent's Name: _____

Home Phone: (_____) _____

Previous Cheerleading Experience: _____

Stunting Position (circle all that apply)

None

Flyer

Main Base

Secondary Base

Back Spot

Tumbling Skills (circle all that apply)

None

Standing Back Hand Spring

Toe Touch Back Hand Spring

Tuck

Specialty Pass through Layout/Full

The Program involves serious health risks and a danger of accidents, including the possibility of death, paralysis, and other permanent bodily injuries. It is

recommended that you consult with a medical professional of your choice before participating in Tryouts.

Questions, please contact either:

Megan Chapman, Cheer Coach mchapman@parisjc.edu 903.782.0403

Paris Junior College Tryout Medical Release Form

Full Name: _____ Date of Birth ____ - ____ - ____

Address: _____

City: _____ State: ____ Zip: _____

Parent/Guardian Name: _____

Work/Cell: _____

Address: _____

City: _____ State: ____ Zip: _____

Last School Attended: _____

I am aware the College recommends I consult with a medical professional of my choice before participating in tryouts or the Program. _____ (initial)

PARTICIPANT'S RELEASE AND INDEMNIFICATION OF PARIS JUNIOR COLLEGE:

Carefully read this release and indemnity agreement. It includes a release of claims against Paris Junior College and its Board of Regents, employees, agents and volunteers, (cumulatively the "College") including a release of claims caused by the negligence or strict products liability of the College. In consideration of my participation in the Paris Junior College Cheerleader Tryouts and, if selected, Cheerleader Team (the "Program"), on behalf of myself, I release and agree to defend, indemnify, and hold harmless the College for all claims, damages, demands, or actions arising from, relating to or growing out of, directly or indirectly, my participation in the Program, including claims arising from the negligence, sole or contributory, of the College. This release is to be construed as broadly as possible. It includes a release of claims against the College for their, joint or singular, sole or contributory, negligence or strict liability, including liability arising from the alleged violation of any statute (other than those which protect against discrimination based on race, age, sex, or other classification which has experienced historical discrimination), resulting from, relating to, or arising out of participation, directly or indirectly, as an active participant or as a spectator, or in any other capacity.

I understand the Program involves serious health risks and a danger of accidents, including the possibility of death, paralysis, and other permanent bodily injuries. I have been advised that before participating in tryouts I should confer with a medical professional of my choice to ensure that I am physically able to participate in this Program. I understand the College might not provide health and/or accident insurance for participants. Knowing this I assume any risks.

I authorize the College, the Board of Regents, volunteers, instructors, College employees, agents and/or representatives, as my Agents, to consent to Medical, Surgical, and/or Dental examination, and to any and all other Treatments deemed necessary by medical personnel.

I agree pictures taken during program hours may be used for future promotional purposes. I agree I will not be compensated by the College or any of its sponsors for the use of my image.

The College reserves the right to discontinue the Program at any time for any reason.

I have read the information in full, and to the best of my ability understand the information above. I warrant by my signature my authority to sign this release. I agree to indemnify and defend the College against claims I am not authorized to legally bind the individual named herein to this agreement.

Signature: _____ Date: _____

Parent or Guardian (if under 18):

Signature: _____ Date: _____