

# Ranger Cheer Tryouts

## 2012-2013 Check List

Please have all of the below listed items sent in prior to tryouts, you may also bring them with you to the April 20 tryout date. You will be unable to participate without these items on file. Ride, Ranger, Ride!

**Tryout Application**

**Release Waiver**

**Copy of Insurance Card (front/back)**

**Letter of Recommendation**

Include 1 letter of recommendation from your current cheer coach/advisor or school official. The letter should be sealed in an envelope, to the attention of Kaylyn Hansen.

**Transcript**

Most current High School/College Transcript

**\$15 Registration fee**

Checks payable to Northwestern Cheer

**Ride, Rangers, Ride!**

# **2012-2013 NWOSU RANGER CHEERLEADING & MASCOT TRYOUT APPLICATION**

Name \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_

Current Classification \_\_\_\_\_ E-Mail \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

Previous Experience (Check all that apply): \_\_\_\_ Coed Cheer \_\_\_\_ All Girl \_\_\_\_ Pom

I, \_\_\_\_\_, submit this application for Ranger Cheerleading tryouts. My academic classification for the 2012-2013 school year will be \_\_\_\_\_ and my NWOSU cumulative GPA is \_\_\_\_\_. In submitting this application, I understand and agree to the following.

1. My academic standing and GPA will be verified by the cheerleading coach. I must have at least a 2.0 GPA or have been accepted to NWOSU. I must not be on academic or disciplinary probation. Any of the above may disqualify me from tryout out for a position on the NWOSU Ranger Cheerleading Squad or Mascot.
2. If selected, I understand I must have at least a 2.5 GPA to receive any scholarship money for being a Ranger Cheerleader or Mascot.
3. If selected, I understand that I am required to have a physical performed by the school athletic trainer prior to the 2012-2013 school year in order to be covered by NWOSU medical insurance, which covers only injuries received during supervised cheerleading activities. I must have current and up to date insurance.
4. If selected, I will attend all scheduled practices, classes, performances, summer camp, fundraisers and other designated functions/duties assigned by the coach.
5. I agree to follow all safety guidelines deemed necessary by the coach.

I understand and accept that failure to meet any of the above items will result in my disqualification from consideration/participation. I also agree that if selected, I will fully abide by the NWOSU Ranger Cheerleading/Mascot rules and regulations both stated and not state in the contract.

**I accept and understand that the decision of the coach will be final.**

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

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

(if applicant is under the age of 18 years)

All registration forms may be submitted online and then signed at tryouts, except those who need a parent/guardian signature.

Women: \_\_\_\_Shoes \_\_\_\_T-Shirt \_\_\_\_Sports Bra \_\_\_\_Spanks

Men: \_\_\_\_Shoes \_\_\_\_T-Shirt \_\_\_\_Short

# Northwestern Oklahoma State University

Athletic Training Department – Alva, OK – 73717

## ***Participation Release***

Name: \_\_\_\_\_ SS#: \_\_\_\_\_ Sport: CHEERLEADING  
*\*\*If you are under 18 years old, this must be completed by a parent/guardian\*\**

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## **Catastrophic Injury & Assumption of Risk**

The possibility of sustaining a catastrophic injury, which would lead to permanent disability or even death, is inherent in any athletic activity. I understand that the potential of a catastrophic injury does exist, even though the likelihood of an injury is limited. With this information, I understand the importance of rules and procedures as well as the necessity of using proper techniques. Furthermore, I understand that the possibility of a catastrophic injury does exist even though proper rules and techniques of my sport are followed to the fullest. I understand that Northwestern Oklahoma State University is not liable for any catastrophic injury that may occur while participating until I am on the official roster.

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

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## **Release of Liability**

I understand that I am not a part of Northwestern Oklahoma State University intercollegiate-level athletics and I understand that I am responsible for any and all medical expenses incurred. By signing below, I also certify that I do have medical insurance that covers athletic related injuries and I will pay for my own medical expenses that could occur while participating in Northwestern Oklahoma State University athletic activities.

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

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## **Consent to Treat**

I give authorization to the Coordinator of Sports Wellness, staff athletic trainer, student athletic trainer and/or team physician to evaluate and treat any injuries that occur during my athletic participation at Northwestern Oklahoma State University, this also includes immediate first aid and treatment. I understand the athletic trainer has the authority to eliminate me from further participation due to an injury and/or the undue liability of risk Northwestern Oklahoma State University.

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

*\*\*These authorizations may be withdrawn at any time by a written, dated request of the signer\**