**UTEP Cheerleader Tryout Application**

Check one: Orange Team-(Lg Coed) \_\_\_\_\_ Blue Team (All-girl/Smoed) \_\_\_\_\_\_

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ UTEP ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (As it appears on ID)

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**please write clearly**)

UTEP Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_

**Circle one:**

High School Senior College: Freshman Sophomore Junior Senior Graduate Student

School Attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current GPA: \_\_\_\_\_\_\_\_\_\_

**Health/Hospitalization Insurance:**

Insurance Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person Insurance is under: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Group Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Indicate Any Past or Current Physical Limitations and/or Health Problems:

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

Please List Previous Experience in Cheerleading, Dancing, Sports, or Other Extra-Curricular Activities:

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

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

Please List Cheerleading and Gymnastics Skills

**COACH RECOMMENDATION**

Each applicant must have their current cheer coach (if a member of a cheer team) or a current teacher (if applicant is not currently a cheerleader) write a character profile and email to Coach Bianca Marquez, bmarquez6@utep.edu, no later than 5:00pm, April 28, 2022, in order to proceed with tryouts.

Coaches, please include the following information pertaining to the applicant’s character in your recommendation letter:

* Work ethic
* Attitude
* Academics
* Discipline
* Infractions

**RELEASE AND INDEMNIFICATION AGREEMENT /**

**CONVENIO DE LIBERACION DE RESPONSABILIDAD E INDEMNIZACION**

***(Adult Student Participant/ Participante Estudiante Adulto)***

**Student Participant/Participante Estudiante:Institution/Institución:**

**(*Name and Address)/(Nombre y Domicilio)***

 **The University of Texas at El Paso** Department/Departamento:

**Description of Activity or Trip / Descripción de la Actividad o Viaje:**

**Location/Lugar:**

I, the above named student, am 18 years of age or older and have voluntarily applied to participate in the above Activity or Trip. I acknowledge that the nature of the Activity or Trip may expose me to hazards or risks that may result in my illness, personal injury, or death and I understand and appreciate the nature of such hazards and risks.

In consideration of my participation in the Activity or Trip, I hereby accept all risk to my health and of my injury or death that may result from such participation. **I hereby release the above named Institution, its governing board (The University of Texas System Board of Regents), officers, employees and representatives, in their individual and official capacities, from any liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person, including my death, that may result from or occur during my participation in the Activity or Trip, WHETHER CAUSED BY NEGLIGENCE OF THE INSTITUTION, ITS GOVERNING BOARD, OFFICERS, EMPLOYEES, OR REPRESENTATIVES, OR OTHERWISE.**

I further agree to indemnify and hold harmless the above-named Institution and its governing board (The University of Texas System Board of Regents), **Date(s)/Fecha(s):**

Yo el/la estudiante cuyo nombre aparece arriba, tengo 18 años de edad o más y voluntariamente he solicitado participar en la Actividad o Viaje que se especifica arriba.

Reconozco que por su naturaleza, dicha Actividad o Viaje puede implicar ciertos riesgos o peligros que tal vez me causen enfermedad, lesiones o la muerte, y entiendo y estoy consciente de la naturaleza de dichos riesgos o peligros.

En consideración a mi participación en la Actividad o Viaje, por medio de la presente acepto todos los riesgos a mi salud y el riesgo de lesiones o mi muerte que puedan resultar con motivo de mi participación.

**En este acto libero a la Institución arriba identificada, su consejo directivo (The University of Texas System Board of Regents), oficiales, empleados y representantes en lo personal y en su capacidad oficial, de toda responsabilidad hacia mi persona, mis representantes personales, mi patrimonio, masa hereditaria, mis herederos, parientes o cesionarios con respecto a todas y cada una reclamación, causal o acción legal por concepto de pérdida o daños ocasionados a mi propiedad y toda enfermedad o lesiones a mi persona, incluso mi muerte, que puedan resultar de u ocurrir durante dicha Actividad o Viaje,**

**SEAN CAUSADOS POR NEGLIGENCIA POR PARTE DE LA INSTITUCIÓN, SU JUNTA DIRECTIVA (THE UNIVERSITY OF TEXAS SYSTEM BOARD OF REGENTS), OFICIALES, EMPLEADOS, REPRESENTANTES U OTRAS ENTIDADES, O DE CUALQUIER OTRA FORMA.**

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Además acepto asimismo indemnizar y liberar de cualquier responsabilidad a la Institución arriba identificada, su junta directiva (The University of Texas officers, employees, and representatives, in their individual and official capacities, from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in the described Activity or Trip.

**I HAVE CAREFULLY READ THIS**

**AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DEATH OR DAMAGE TO MY PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED**

**ACTIVITY OR TRIP AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENT OR**

**INTENTIONAL ACT OR OMISSION.**

*Signature of Student/ Firma del Estudiante*

*Witness / Testigo*

System Board of Regents), oficiales, empleados y representantes en lo personal y en su capacidad oficial, en caso de las lesiones o muerte de cualquier persona o personas y de daños a la propiedad que puedan ocurrir como resultado de un acto intencional o de negligencia mío o de una omisión de mi parte durante mi participación en la Actividad o Viaje descrita.

**HE LEÍDO CON CUIDADO ESTE DOCUMENTO Y ENTIENDO QUE SE TRATA DE UNA LIBERACIÓN Y DESCARGO DE**

**RESPONSABILIDAD RESPECTO DE TODO RECLAMO, CAUSAL Y ACCION LEGAL POR MIS LESIONES, MUERTE O DAÑOS A MI PROPIEDAD QUE PUEDAN OCURRIR DURANTE MI PARTICIPACIÓN EN LA ACTIVIDAD O VIAJE DESCRITO, Y QUE ME OBLIGA A INDEMNIZAR A LAS PARTES NOMBRADAS POR CUALQUIER RESPONSABILIDAD POR LESIONES O LA MUERTE DE CUALQUIER PERSONA Y POR DAÑOS A LA PROPIEDAD OCASIONADOS POR UN ACTO INTENCIONAL O NEGLIGENTE DE MI PARTE U OMISION.**

*Date / Fecha:*

*Date / Fecha:*

