The University of Texas at El Paso is looking for athletic men and women to audition for the cheer and stunt team. Book scholarships are available to select members of the team. New members will have an opportunity to cheer for football, volleyball, soccer and basketball, travel to numerous away games, make public appearances, and compete for spots on our national competition team.

The UTEP Cheer Team consists of a large coed partner stunt team and an all-girl/small coed group stunt team. All girls must have a minimum standing tuck and standing back handspring back tuck.

**ALL interested applicants must have the following documents on the first day of clinic:**

- a copy of a current physical
- sickle cell test (the results take 2-3 days. Get this done asap)
- proof and copy of insurance
- tryout application with liability waiver (last 5 pages).
- Photo
- Character Profile

*Character Profile from current cheer coach must be emailed by May 1st to Coach Bianca at bmarquez6@utep.edu to proceed with tryouts.*

You may not participate without all the documents listed above.

No exceptions!!!!

Eligibility Requirements:

- Incoming freshman must have already applied to UTEP.
- Good Academic Standing (minimum 2.0 GPA).
- Undergraduates must be enrolled in at least twelve (12) semester hours.
- Graduate students must be enrolled in at least six (6) semester hours.
- **Current Medical Insurance.** Please bring a copy to the first practice. If you are not currently insured, you may not participate. No exceptions!

- **Pre-Tryout Practice Schedule:** (To be held in Holliday Hall on UTEP Campus)
  - April 24th and April 26th, 5:30–8:00 p.m. (Open Gym)
  - ***May 1st, 5:30–8:00 p.m.
  - **May 3rd, 5:30–8:00 p.m.
  - **May 4th, 5:30–8:00 p.m.
    *** Mandatory Practices (conflicts should be addressed with the coach).

- **Tryouts:**
  - May 5th 10:00a.m. – 4:00p.m in Memorial Gymnasium
  - If you have any questions contact: Coach Bianca Marquez (915) 747–6113 or bmarquez6@utep.edu
  - Important–Tentative **First Cut on May 3rd.** Only those coming in from out-of-town are exempt from this.

**Paydirt Pete Interviews**
Interviews will also be held for UTEP’s mascot, Paydirt Pete.
Interviews can be scheduled with Coach Caesar Cubillos at bccubillos@utep.edu

**Cheer Tryout Rules and Regulations**
All participants should have medical insurance before attending pre-tryouts practices. No Exceptions!!
All participants must turn in a physical and copy of sickle cell test in order to participate at tryout clinic!

- Please wear workout clothes and appropriate shoes (not running shoes) to practices.
- Males should be able to lift at least 130lbs pounds above their heads.
- Males are not required to have cheerleading experience, but must either be able to stunt (technique will be taught at tryout clinic) or tumble.
*The coach must clear girls weighing over 120lbs. before they can stunt.
1. Those weighing over 120lbs. are restricted to liberties.
2. Those 125 lbs. are restricted to extensions.
3. Those weighing over 130 lbs. will be recommended for all-girl/smoed team.

**Remember only those cleared by the coach can stunt if they are over 120 lbs. This will be based on musculature and body structure, the safety of the men doing lifting, and the safety of the women being lifted.

**Females MUST** be able to perform, at minimum, a standing back tuck. Only those with a solid standing back and standing back handspring back tuck will be eligible for varsity coed. All-girl/small coed must have both a standing tuck and standing back handspring back tuck. Applicants must ATTEMPT a standing back tuck to be considered for an alternate or practice team position.

New females will be divided rendering to weight and will be assigned to an experienced male to stunt with. New males will be divided according to strength and experience and will be assigned an experienced female to stunt with.

**Tryouts will include:**
1. Game Day Cheer (use of signs, megs, poms, etc…)
2. Appearance/Physique
3. Toe Touch Jump (Girls Double)
4. Tumbling (Standing & Running)
5. Sideline Cheers (Chants)
6. Fight Song - (All Girl/Smoed incorporation must be handspring back tuck; Coed will be hands extend new males and hands/toss liberty veterans).
7. Dance (Girls Only)
8. Stunts as listed below:

**Required Stunts:** All applicants will learn stunting techniques at tryout clinic.
- Toss-hands extend: bump down (coed)
- Toss hands; liberty cradle (coed)
- Toss hands; stretch full down (veterans)
- Full up stretch to full down cradle and switch up to liberty (all-girl/small coed).

**Tryouts and clinics will be closed to the public.** A panel of highly qualified judges will select finalists who will compete for varsity positions.
Everyone is a finalist until grades and transcripts are checked at the end of the spring semester. **YOU MUST HAVE AND MAINTAIN AT LEAST A 2.0 TO PARTICIPATE.**

Finalists will be notified by email by 8p.m. on Monday, May 7, 2018. There will be a mandatory meeting the following week for all finalists on May 15th at 5:30p.m.

Please keep in mind that cheering at UTEP is a full-time commitment. We begin practicing in June. Summer vacations will not be excused. There will be a mini vacation the end of July (dates TBD). There will be consequences for anyone who misses practices. In addition to games, travel, and public appearances, squad members practice Mondays, Wednesdays, and Fridays from 11:00am–1:30pm during the summer. In the fall and spring, practices will continue at 11:00am–1:30pm on Mondays, Wednesdays, and Fridays. Members are also required to attend mandatory strength & conditioning two–three times a week on Mondays and Wednesdays (3p–5p). Next year’s team will go through rigorous and extensive conditioning in order to be ready for summer camp, games, and mandatory national competition. In addition, EVERYONE will have four (4) hours of mandatory study hall each week. Cheerleading–Practice, games, strength and conditioning, and your academics must have priority over work schedules and any other extracurricular activity! Make sure you are willing to make the commitment. You are not permitted to be on an all–star team and cheer at UTEP. Make a choice!

Please bring the following information to first day of tryout clinic.

- **a copy of a current physical**
- **sickle cell test (the results take 2-3 days. Get this done asap)**
- **proof and copy of insurance**
- **tryout application (next 4 pages) with liability waiver**
- **photo**
- **Character Profile from current cheer coach must be emailed by May 1st to Coach Bianca at bmarquez6@utep.edu to proceed with tryouts.**
UTEP Cheerleader Tryout Application

Check one: Large Coed _____ All-girl/Smoed_____ Both Teams ________

Full Name: _________________________ UTEP ID #: _________________________
(As it appears on ID)
Address: ___________________________ Cell Phone: ___________________________

Emergency Contact Name: _______________ Phone: ___________________________

Email: _______________________________ (please write clearly)

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: _________________________

********No insurance; No Participation*****
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 May 1, 2018, 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
(Minor Participant/ Menor de Edad)

Student Participant/Participante Estudiante:
(Name and Address)/(Nombre y Domicilio)

Institution/Institución:
The University of Texas at El Paso
Department/Departamento: __________

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

Location/Lugar: ______________________________

Date(s)/Fecha(s): ______________________________

I am the Parent/Guardian of the above named Participant who is under 18 years of age and am fully competent to sign this Agreement. I give permission for Participant to participate in the above-referenced Activity or Trip. I acknowledge that the nature of the Activity or Trip may expose Participant to hazards or risks that may result in Participant’s illness, personal injury, or death and I understand and appreciate the nature of such hazards and risks.

In consideration of Participant being permitted to participate in the Activity or Trip, I hereby accept all risk to Participant’s health and of his/her 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 Participant, Participant’s personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to Participant’s property and for any and all illness or injury to Participant’s person, including his/her death, that may result from or occur during Participant’s participation in the Activity or Trip, WHETHER CAUSED BY NEGLIGENCE OF THE INSTITUTION, ITS GOVERNING BOARD, OFFICERS, EMPLOYEES, OR REPRESENTATIVES, OR OTHERWISE.

Yo soy padre/madre o tutor(a) legal del Participante cuyo nombre aparece arriba, el (la) cual es menor de 18 años de edad, y soy competente para firmar este Acuerdo. Doy permiso para que el/la Participante participe en la Actividad o Viaje identificado arriba. Reconozco que por su naturaleza, dicha Actividad o Viaje puede exponer al Participante a peligros o riesgos que pueden resultar en enfermedad, lesiones o la muerte del Participante, y entiendo y aprecio la naturaleza de dichos riesgos y peligros.

En consideración a que el Participante le sea permitido participar en la Actividad o Viaje, por medio de la presente acepto todos los riesgos a la salud del Participante y el riesgo de lesiones o muerte a su personal, incluido su muerte, que puedan resultar de su ocurrencia durante la participación del Participante en 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.

Rev. 10/2011
I further agree to indemnify and hold harmless the above-named Institution and its governing board (The University of Texas System Board of Regents), 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 Participant’s 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 PARTICIPANT’S INJURY OR DEATH OR DAMAGE TO PARTICIPANT’S 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 PARTICIPANT’S NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

Date/Fecha: __________________________

Signature of Parent/Guardian/
Firma del Padre/la Madre o Tutor(es)

Address, if different than Participant’s/
Domicilio (Si es diferente del Participante)

Date/Fecha: __________________________

Witness /Testigo

Además acepto asimismo indemnizar y liberar de cualquier responsabilidad a la Institución arriba identificada, su junta directiva (The University of Texas 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 u omisión del Participante durante su participación en la Actividad o Viaje descrita.

HE LEÍDO CON CUIDADO ESTE DOCUMENTO Y ENTENDO QUE SE TRATA DE UNA LIBERACIÓN Y DESCARGO DE RESPONSABILIDAD RESPECTO DE TODO RECLAMO, CAUSAL Y ACCION LEGAL POR LESIONES, MUERTE DEL PARTICIPANTE O DAÑOS A LA PROPIEDAD DEL PARTICIPANTE QUE PUEDAN OCURRIR DURANTE SU 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 NEGLIGENTu OMISION DEL PARTICIPANTE.
# ATHLETE PHYSICAL FORM

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VISION: Left  Right  Glasses  Contacts

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**To be completed by Team Physician**

1. **GENERAL APPEARANCE**
2. **SKIN** (rashes, lesions, etc)
3. **HEAD** (hair, scalp, face)
4. **EYES** (pupils, EOM's)
5. **EARS/NOSE**
6. **MOUTH/THROAT** (including hygiene)
7. **CHEST/LUNGS**
8. **HEART** (size, rhythm, sound)
9. **ABDOMEN** (masses, tenderness, BS)
10. **MALE GENITALIA**
11. **EXTREMITIES/SPINE**
12. **NEUROLOGIC**
13. **PSYCHIATRIC** (any known psychiatric deviations)

15. **LAB WORK/ADDITIONAL** or **TESTS NEEDED**:

**TESTED FOR SICKLE CELL Trait** (circle only: YES/NO)

**INITIALS OF ADMINISTRATOR**: ________  RESULTS (circle one): POSITIVE/NEGATIVE

**COMMENTS:**

**CLEARED FOR PARTICIPATION** (circle one) YES  NO  (EXPLAIN)

**FOLLOW-UP NEEDED:** YES  NO

Physician Signature  Date

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Updated: May 2017

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