2020-21 UTEP Cheerleading VIDEO Tryouts  

May 2, 2020

**In accordance with the guidance of The University of Texas System and The University of Texas at El Paso, the UTEP Cheer program will move forward with tryouts for the 2020-2021 season, virtually.***

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. 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 two (2) teams:**

**Orange Team** (large coed partner-stunt team). **Girls must have a minimum standing tuck and standing back-handspring back tuck. Males need no stunting experience, but will be evaluated based on progress within a specified time range.**

**Blue Team** (all-girl/small coed group stunt team). Girls must have a minimum standing back-handspring and running tumbling. Males must have a minimum back handspring and/or learn to partner stunt within a specified time range.

***ALL interested applicants must have the following documents on hand and ready to submit at the first initial team meeting -TBD:

- **Tryout Application**
- **Copy of a current physical**
- **Sickle cell test (Can be administered at CPL Labs, 4224 N. Mesa)**
- **Proof and copy of insurance**
- **Tryout application with liability waiver (last 5 pages).**
- **Character Profile **

*Character Profile from current cheer coach, sport coach or teacher must be emailed by May 2, 2020, to Coach Bianca at bmarquez6@utep.edu in order for video submission to be cleared for judging.*
Eligibility Requirements:

- Incoming freshman must have already applied and been accepted to UTEP.
- Minimum 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 nine (9) semester hours.
- Current Medical Insurance. Please bring a copy to the first meeting and practice. If you are not currently insured, you may not participate. No exceptions!
- Copy of Physical and Copy of Sickle Cell Test Results (administered at CPL Labs, 4224 N. Mesa)

VIDEO SUBMISSION CRITERIA

Videos must be submitted via YouTube link. Upload video to YouTube as a private link. Email link to bmarquez6@utep.edu by 5:00pm (MST) on May 2, 2020, with the subject: “Your Full Name; UTEP Cheer Tryout”

Video Outline:

1. Name and current school. (You must have already applied and been accepted to UTEP.)
2. Explain why you feel you would be an asset to the UTEP Cheer Program.
3. Standing Tumbling: in this order (if applicable): back handspring, back tuck, back handspring back tuck
4. Fight Song: Must learn UTEP fight song. Link will be released on April 27th. Girls should perform the All-Girl version, but be able to adapt to coed. Guys who tumble must show tumbling. Guys who stunt should mark skill.
5. Running Tumbling: Most elite pass (This can be sent from previous footage as a link in the same email).
6. Stunts: Email as previous footage taken within the year (photo or video).

***There will be a complete tryout reassessment of finalists during the first week of practice which could be as late as June. At that time coaching staff will determine your placement on Orange Team, Blue Team or dismissed***
What To Wear In Video Tryout:

GAME DAY APPEARANCE: Look Professional

1. Girls: Solid sports bra with black or navy spandex (no school logos)
   Guys: Solid tee shirt (tucked in) with black or navy shorts (no school logo)

2. Keep make-up to a minimum; clear or nude nail polish; no jewelry, neatly
groomed; no bangs; detailed appearance expectations will be discussed at
meeting.

IMPORTANT INFORMATION

Everyone is a finalist until grades/transcripts are checked at the end of the spring semester and a reassessment of skills has been made.

***There will be a complete tryout reassessment of finalists during the first week of practice which could be as late as June. At that time coaching staff will determine your placement on Orange Team, Blue Team or dismissed***

Stunting Guidelines

- 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 partner stunt (technique will be taught) or tumble.
- The coach must clear girls weighing over 120lbs. before they can stunt.
- Those weighing over 130 lbs. will be recommended for all-girl/smoed team.

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

***Finalists will be notified by email by 8:00p.m. on Wednesday, May 6, 2020. There will be a mandatory meeting for all finalists - TBA***
CHEER PROGRAM EXPECTATIONS

- Cheering at UTEP is a full-time commitment.
- Practice begins in June.
- Summer vacations will not be excused. There may be an opportunity for a week vacation the end of July (dates TBD).
- There will be consequences for anyone who misses practices, workouts…
- Practices are Mondays, Wednesdays and Fridays from 9:30am-12:00pm
- Mandatory strength & conditioning two-three times a week on Mondays and Wednesdays (2:00pm-5:00pm).
- Four (4) hours of mandatory study hall each week.
- Community Service
- Campus Engagement

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, 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 or cheer concurrently at EPCC to go to Daytona. Make a choice!

UTEP Cheer is governed by a set of by-laws, in addition to, compliance of University Student Code of Conduct. Rules and Regulations of the UTEP Cheer Program will be presented at first initial MANDATORY team meeting-TBA.
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)

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, May 2, 2020, 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 que puedan resultar con motivo de dicha 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 el Participante, los representantes personales del Participante, su patrimonio, masa hereditaria, herederos, parientes o cesionarios con respecto a todas y cada una reclamación, causal o acción legal por concepto de pérdida o daños ocasionados a la propiedad del Participante y toda enfermedad o lesiones a su persona, incluso su muerte, que puedan resultar de u ocurrir durante la participación del Participante en dicha Actividad o Viaje, SEAN CAUSADOS POR NEGLIGENCIA POR PARTE DE LA INSTITUCION, 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

Page 1 of 2
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.

HE LEÍDO CON CUIDADO ESTE DOCUMENTO Y ENTENDÍ QUE SE TRATA DE UNA LIBERACIÓN Y DESCARGO DE RESPONSABILIDAD RESPECTO DE TODO RECLAMO, CAUSAL Y ACCIÓN LEGAL POR LESIONES, MUERTE DEL PARTICIPANTE O DAÑOS A LA PROPIEDAD DEL PARTICIPANTE QUE PUEDAN OCURRIR DURANTE SU PARTICIPACIÓN EN LA ACTIVIDAD O VIAJE DESCrita, 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 U OMISIÓN DEL PARTICIPANTE.

_________________________________________ Date/Fecha: ___________________________
Signature of Parent/Guardian/ Firma del Padre/la Madre o Tutor(es)
Firma del Padre/la Madre o Tutor(es)

_________________________________________ Date/Fecha: ___________________________
Address, if different than Participant’s/ Domicilio (Si es diferente del Participante)
Domicilio (Si es diferente del Participante)

_________________________________________ Date/Fecha: ___________________________
Witness /Testigo

Rev. 10/2011
# ATHLETE PHYSICAL FORM

**Name** __________________________  
**Date** ________________  
**Last**  
**First**  
**Middle**  

<table>
<thead>
<tr>
<th>Height</th>
<th>Weight</th>
<th>BP</th>
<th>Pulse</th>
<th>Vision: Left</th>
<th>Right</th>
<th>Glasses</th>
<th>Contacts</th>
</tr>
</thead>
</table>

**To be completed by Team Physician**

<table>
<thead>
<tr>
<th>1. GENERAL APPEARANCE</th>
<th></th>
<th>NORMAL</th>
<th>ABNORMAL</th>
<th>EXPLAIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. SKIN (rashes, lesions, etc)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. HEAD (hair, scalp, fluid)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. EYES (pupils, EOM's)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. EARS/NOSE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. MOUTH/THROAT (including hygiene)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. CHEST/LUNGS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. HEART (size, rhythm, sound)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. ABDOMEN (masses, tenderness, BS)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. MALE GENITALIA</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. EXTREMITIES/SPINE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. NEUROLOGIC</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. PSYCHIATRIC (any known psychiatric deviations)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. LAB WORK/ADDITIONAL or TESTS NEEDED:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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**

**Updated:** May 2017  
**8**