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

*The University of Texas at El Paso is looking for dedicated men and women to audition for the Paydirt Pete mascot team. Book scholarships are available to select members of the team. Members will have an opportunity to perform 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 Paydirt Pete Mascot Team consists of both male and female members*

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

- 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).
- Photo
- Character Profile **

*Character Profile from current sponsor, sport coach or teacher must be emailed by May 2, 2020, to Coach Caesar at bccubillos@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 by invitation. Email link to bccubillos@utep.edu by 5:00pm (MDT) on May 2, 2020, with the subject: “Your Full Name; UTEP Paydirt Pete 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 Paydirt Pete Program.
3. Mascot Background: if applicable
4. Gameday or Performance: Any video footage of yourself in mascot character

***There will be a complete tryout reassessment of finalists during the first week of practice which could be as late as June. Experience as a mascot is helpful, but NOT mandatory. Video link will be released April 27th ****

** Please refrain from wearing any school or team logos when our of character in your video **

**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. ****
***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

TEAM PETE EXPECTATIONS

- Team Pete is a full-time commitment.
- Weekly meetings begin 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 meetings or appearances
- Regular meetings will be held once per week during cheerleading practice. Practices are Mondays, Wednesdays and Fridays from 9:30am-12:00pm
- Members are expected to keep Pete character and clothing in optimal condition. Pete is never to attend an event in a dirty or tattered condition.
- Four (4) hours of mandatory study hall each week.
- Community Service
- Campus Engagement

Next year’s team will be required to attend multiple events both on and off campus. Performance ideas will be discussed to be ready for summer camp, games and national competition. In addition, meetings, games 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 concurrently mascot for any other university or community college for any reason.

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

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: _________

UTEP Major: ____________________________

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 as Mascot or in Sports, or Other Extra-Curricular Activities:

_____________________________________________________________________________________

_____________________________________________________________________________________

COACH RECOMMENDATION

Each applicant must have their current sponsor/coach or a current teacher write a character profile and email to Coach Caesar Cubillos, bccubillos@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 como 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 INSTITUCIÓN, SU JUNTA DIRECTIVA (THE UNIVERSITY OF TEXAS SYSTEM BOARD OF REGENTS), OFICIALES, EMPLEADOS, REPRESENTANTES U OTRAS ENTIDADES, O DE CUALQUIER OTRA FORMA.
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.

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

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

Witness/Testigo

Date/Fecha: ____________________

Rev. 10/2011

Page 2 of 2
ATHLETE PHYSICAL FORM

NAME ___________________________ DATE ________________

LAST  FIRST  MIDDLE

HEIGHT _______ WEIGHT _______  BP _______  PULSE _______

VISION: Left _______ Right _______ Glasses _______ Contacts _______

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<thead>
<tr>
<th>To be completed by Team Physician</th>
<th>NORMAL</th>
<th>ABNORMAL</th>
<th>EXPLAIN</th>
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<tbody>
<tr>
<td>1. GENERAL APPEARANCE</td>
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<td>2. SKIN (rashes, lesions, etc)</td>
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<td>3. HEAD (hair, scalp, face)</td>
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<td>4. EYES (pupils, EOM’s)</td>
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<td>5. EARS/NOSE</td>
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<td>6. MOUTH/THROAT (including hygiene)</td>
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<td>7. CHEST/LUNGS</td>
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<td>8. HEART (size, rhythm, sound)</td>
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<td>9. ABDOMEN (masses, tenderness, BS)</td>
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<td>10. MALE GENITALIA</td>
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<td>11. EXTREMITIES/SPINE</td>
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<td>12. NEUROLOGIC</td>
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<td>13. PSYCHIATRIC (any known psychiatric deviations)</td>
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<td>14. LAB WORK/ADDITIONAL or TESTS NEEDED:</td>
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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