

University of Florida Cheerleading Application



Name (print): _____

Checklist:

- Completed and signed application
- Signed liability waiver
- Front and back copy of health insurance card
- Copy of Gator1 ID or acceptance letter
- \$20 registration fee (cash only)

SCHOOL INFORMATION	
<i>(need your Gainesville address)</i>	
Address:	_____

Phone:	_____

PARENT INFORMATION	
Parents Name:	_____
Address:	_____

Phone:	_____

PERSONAL INFORMATION	
UFID:	_____
Date of Birth:	_____
Classification for fall:	_____
GPA:	_____ Major: _____
Email address:	_____

CHEER EXPERIENCE
1) Where did you cheer in High School? What strength did you bring to your team?
2) What experience do you have with co-ed stunting?
3) List any personal skills that may contribute to your success as a cheerleader at the University of Florida.

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AS A PROSPECTIVE MEMBER OF THE UNIVERSITY OF FLORIDA CHEERLEADING SQUAD, I UNDERSTAND THAT I MUST ADHERE TO THE FOLLOWING REQUIREMENTS AND CONDITIONS OR RISK THE CHANCE OF BEING TERMINATED FROM THE TRYOUT PROCESS OR REMOVED FROM THE SQUAD.

1. I am a full time student at the University of Florida and have at least a 2.0 GPA, semester and cumulative.
2. I am in good standing with the University of Florida and am not on academic or disciplinary probation.
3. I have no health or physical defects which would hamper my ability to perform as a cheerleader or which might cause cheerleading to be unsafe to my health.
 - a. I am covered by adequate health insurance to cover any cost of accident or injury that may occur to me during the try-out clinic, practices, or anytime I may be a member of the University of Florida cheerleading program.
 - b. Any costs not covered by insurance will be my personal responsibility.
4. I also understand and accept that I may be cut at any time during the tryout process for any reason.

I have completed this application packet to the best of my ability. I understand that collegiate cheerleading involves elements of gymnastics and acro-sport activity, and thus involves the risk of personal injury. I am participating in these tryouts with this knowledge and do not hold the University of Florida, the University Athletic Association or the State of Florida Board of Regents liable. **I also understand that judging will partially be of subjective nature and that the final decision of choosing squad members rests with the judges, coaches, and the University of Florida Athletic Association.**

Insurance Co: _____ **Policy#:** _____

Participant Signature: _____ **Date:** _____

Waiver of Liability and Hold Harmless Agreement

In consideration for participating in the _____ on _____, I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the University Athletic Association, Inc., the University of Florida, the Board of Trustees, the State of Florida, any of their officers, servants, agents, or employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise, while participating in such athletic and related event activities, or while in, on or upon the premises where the activities are being conducted. To the best of my knowledge, I am in good physical condition and am not aware of any physical infirmity which would place me at risk to participate in _____ activities. I am fully aware of risks and hazards connected with the activity, including the risk of injury to my neck, back, spine, knees or other parts of my body, and I hereby elect to participate as a voluntary participant in said activity, and to enter the premises of the _____ facility and engage in such activity knowing that the activity may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such an activity, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEES from any loss, liability, damage or costs, including court costs and attorney's fees, that they may incur due to my participation in said activity, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES or otherwise.

It is my express intent that this Waiver of Liability and Hold Harmless Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above-name RELEASEES, I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Florida. In signing this release, I acknowledge and represent that I have read and understand it and sign it voluntarily; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

I HAVE READ THIS WAIVER OF LIABILITY AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant's Printed Name: _____
(If eighteen (18) years of age or older)

Signature: _____ **Date:** _____

Parent's Printed Name: _____
(If Participant under eighteen (18) years of age)

Signature: _____ **Date:** _____