



**SPIRIT PROGRAM  
CO-ED CHEER/DANCE/MASCOT APPLICATION**

2011-12

The primary goals of this program are to lead the crowd in cheers, entertain the crowd during performances and enhance school spirit. Members are expected to be flexible, have good attitudes, be willing to work hard and possess the ability to adapt and excel in various situations.

Qualified applicants are those with talent, cheer skills and excellent character. They must be regularly available from two weeks prior to the start of the fall semester for camp and throughout basketball season as well as for additional scheduled events and appearances, which may include commitments during fall, Christmas and spring breaks.

**I AM APPLYING FOR** (Please circle one):    Cheerleading            Dance            Mascot

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Dorm Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Year of College in 2011-2012: \_\_\_\_\_

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

**YEARS OF EXPERIENCE**

**Cheer Experience:**

| School/Cheer Gym | City, State | Years | JV | Varsity | All-Star |
|------------------|-------------|-------|----|---------|----------|
|------------------|-------------|-------|----|---------|----------|

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**Stunt Experience:** *(Please mark all that apply)*

All-Girl Base/Backspot \_\_\_\_\_ All-Girl Flyer \_\_\_\_\_  
 Male Partner \_\_\_\_\_ Female Partner \_\_\_\_\_ No Stunt Experience \_\_\_\_\_

**Dance Experience:**

| School/Company, etc. | City, State | Years | JV | Varsity |
|----------------------|-------------|-------|----|---------|
|----------------------|-------------|-------|----|---------|

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**OTHER RELATED EXPERIENCE**

Please list other relevant experience and skills:

**TEAMWORK**

What are some aspects of a team that are important to you?

Why are you a good fit for the ORU Spirit Program?

How do teammates describe you?

Team Roles (Circle the three strongest traits you possess in team situations):

- |           |          |            |              |
|-----------|----------|------------|--------------|
| Calm      | Humor    | Peacemaker | Organized    |
| Motivated | Flexible | Kind       | Encouraging  |
| Leader    | Listener | Sincere    | Communicator |

**COMMITMENT**

I, \_\_\_\_\_, have completed the above information and declare it to be true and accurate. I understand that, as representatives of ORU, team members are expected to be an example in leadership to their peers. A member of the ORU Spirit Program is part of a unified team that works very hard to achieve a high level of excellence.

I also understand and agree to follow the requirements of the Oral Roberts University Spirit Program (listed below).

- a. attend all practices and games as well as program commitments as scheduled
- b. maintain satisfactory academic progress
- c. devote required hours per week to cheer or mascot activities

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date



LIABILITY RELEASE AND INDEMNIFICATION

Risk Management

I, the undersigned, request to participate in the ORU Spirit Program tryouts for Cheerleading, Dance Team and/or ELI (the mascot) hereinafter referred to as the "activity".

I acknowledge that participation may involve risk or serious injury or death, including losses which may result not only from my own actions, inactions or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment or areas where the activity is being conducted, and/or the rules of play of this type of activity. I understand that if I have any risk concerns, I should discuss the risks associated with participation with the activity staff before I sign this document before the activity begins.

RELEASE

In consideration of allowing me to participate in this activity, I hereby assume all risks, release and hold harmless Oral Roberts University, its faculty and staff of and from, and do discharge and waive any and all claims, demands, losses, damages and liabilities that I may have with respect to any and all damage or injury, of any type, arising from my participation in the activity. I also agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

I certify that I am in good health and have no physical condition that would prevent participation in this activity. Furthermore, I agree and understand that insurance of any kind is not provided by Oral Roberts University for ORU Spirit Program tryouts for Cheerleading, Dance Team and/or ELI (the mascot). I consent to emergency medical treatment in the event such care is required.

Print name of participant

Signature

Date

IF THE PARTICIPANT IS UNDER 18 YEARS OF AGE THE FOLLOWING MUST BE SIGNED BY PARENT OR LEGAL GUARDIAN - INDEMNIFICATION BY PARENT/GUARDIAN:

The undersigned parent/guardian further agrees to indemnify, save and hold harmless Oral Roberts University, its faculty and staff from any and all claims, demands, losses, damages and liabilities for indemnities, contributions or otherwise with respect to any damage and/or injury, of any type, arising from my child's participation in this event.

The undersigned also agreed that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by Oral Roberts University, its faculty and staff and is intended to be as broad and inclusive as permitted by the laws of the State of Oklahoma in which the activity is conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I certify that my child is in good health and has no physical condition that would prevent participation in this activity. Furthermore, I agree and understand that insurance of any kind is not provided by Oral Roberts University for ORU Spirit Program tryouts for Cheerleading, Dance Team and/or ELI (the mascot). I consent to emergency medical treatment for my child in the event such care is required.

Print name of parent/guardian

Signature

Date

**INSURANCE INFORMATION**

Applicant Name: \_\_\_\_\_

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

Insurance Company Phone Number: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

Group/Policy Number: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Phone Number of Physician: \_\_\_\_\_