



## Concordia College-Selma Cheerleading

Spring 2009

Dear Student:

We are so excited to hear that you have considered Concordia College Selma as your choice in furthering your education! We are also excited that you have expressed interest in joining Concordia's 2009-2010 Cheer Squad! Concordia is revamping the cheer program and we are currently looking for quality people to fulfill the role as a representative for the College's standards.

**Tryouts for Concordia's Cheer Squad will be Saturday, May 2, 2009 from 10:00am-4:00pm.**

Early selection will allow members to be well prepared for the upcoming seasons.

Please bring with you (1) application, (2) letter of recommendation (from current cheer coach, counselor, teacher, etc.) (3) student athlete information form, (4) physicians physical release, (5) \$25 application fee (cash, check---*Made payable to Concordia College*, or money order)

You must have all of the above information with you in order to try-out. The forms are included in this package. Also, be prepared for a short informal interview and to show the following:

- One Cheer(taught during tryouts)
- One Dance Routine(taught during tryouts)
- Jumps( Toe Touch and/or Jump of choice)

Lunch will be provided for each participant. Please email Ms. Thomas or Ms. Washington by **Monday, April 20, 2009** if you plan to attend the tryout.

Look forward to meeting you!

**Lakendria Thomas**  
Cheer Coach  
334-874-5700 ext 187  
lthomas@concordiaselma.edu

**Courtney Washington**  
Cheer Coach  
334-874-5700 ext 186  
cawashington@concordiaselma.edu

**Felicia Wimberly**  
Cheer Advisor  
334-874-5700 ext. 101  
fwimberly@concordiaselma.edu

**2009-2010 CONCORDIA COLLEGE SELMA  
CHEERLEADER APPLICATION**

NAME: \_\_\_\_\_  
                    LAST  FIRST  MIDDLE

PARENT'S ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME TELEPHONE NUMBER: \_\_\_\_\_

CELL NUMBER: \_\_\_\_\_

**YOUR CURRENT MAILING ADDRESS IF DIFFERENT FROM PARENT'S:**

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CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ YOUR CELL \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

BIRTH DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

INTENDED MAJOR: \_\_\_\_\_

CLASSIFICATION (CHECK ONE): FR: \_\_\_\_\_ SOPH: \_\_\_\_\_ JR: \_\_\_\_\_ SR: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ CONTACT #: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ CONTACT #: \_\_\_\_\_

HIGH SCHOOL ATTENDED: \_\_\_\_\_

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ADDRESS  CITY  STATE                    ZIP

HIGH SCHOOL CHEER COACH: \_\_\_\_\_

SCHOOL TELEPHONE NUMBER: \_\_\_\_\_

*If selected for the Concordia College – Selma Cheer Squad, please describe the attributes you will bring to the squad.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONCORDIA COLLEGE SELMA  
STUDENT ATHLETE INFORMATION FORM  
SCHOOL YEAR: 2009-2010**

**NAME:(LAST)** \_\_\_\_\_ **(FIRST)** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_/\_\_\_\_/\_\_\_\_

**YOUR CLASSIFICATION IN FALL 2009: (FR., SO., JR., SR.)** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **PARENT'S PHONE:** \_\_\_\_\_

**LOCAL ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**PARENT'S NAME:** \_\_\_\_\_

**PERMANENT ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**INSURANCE COMPANY NAME:** \_\_\_\_\_

**POLICY AND GROUP NUMBER: (MUST LIST!!)** \_\_\_\_\_

**INSURANCE CO. ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**INSURANCE CO. PHONE:** \_\_\_\_\_

**NAME OF INSURED: (EXAMPLE: PARENT)** \_\_\_\_\_

**NAME OF INSURED SOCIAL SECURITY  
#** \_\_\_\_\_

**RELATION TO STUDENT ATHLETE:** \_\_\_\_\_

I, the undersigned, understand that it is necessary for me to have medical insurance to be permitted to tryout and to participate in the Cheerleader program at Concordia College Selma. It is also understood my parents or I have and will maintain medical insurance that will cover me in the event of injury while participating in these programs.

The Athletic Department has my permission to check my grade point average for the purpose of tryouts and to continue to check each semester while I am participating in this program. If for any reason I am dismissed from the squad or fail to maintain my full time student status (min. 12 hours), I understand my scholarship monies must be reimbursed to Concordia College Selma Business Office.

**STUDENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PARENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**STATE OF ALABAMA)  
DALLAS COUNTY)**

**CONSENT TO RELEASE AND  
DISCLOSURE OF CONFIDENTIAL INFORMATION**

I, \_\_\_\_\_, the undersigned student, hereby voluntarily and knowingly **consent to authorize** the Athletic Director (or his designee); Concordia College Selma, Selma, Alabama, to receive information and records concerning any of the following.

(a) My academic progress, including, but not limited to, grades, class standing, course work and results of academic counseling.

(b) My physical and/or mental health, including but not limited to, medical treatment, diagnosis, prescriptions, mental health counseling, and results for drug testing for substance abuse;

(c) The award, renewal, reduction or cancellation of institutional financial aid based in any degree on athletics ability, including any facts or circumstances of any hearing conducted by the College in connection therewith.

I also hereby give permission to and authorize the Athletics Director (or his designee), Concordia College Selma, to disclose any or all of the above said information and/or records to my parents or legal guardian and to athletics governing organizations for the purposes of and in connection with establishing and maintaining my eligibility as a student-athlete, the awarding, renewing, reducing, or canceling of institutional financial aid based in any degree on athletics ability, or counseling with my parents or legal guardian with regard to my academic progress, my physical, and/or mental health, any academic or non academic misconduct, or the awarding, renewing, reducing, or canceling of institutional financial aid based in any degree on athletics ability.

I hereby voluntarily and knowingly waive on behalf of myself and any persons who may have an interest in the matter all provisions of law, federal and state, relating to the disclosure of educational records or other confidential information and the right of privacy.

I understand and acknowledge that this Consent to Release and Disclosure shall remain in effect and until revoked by me in written notice to the Athletics Department.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

Students Signature \_\_\_\_\_

**2009-2010 Concordia College Selma Cheer Squad  
Tryouts  
Saturday, May 2, 2009  
10:00am-4:00pm  
Itinerary**

10:00am-12:00pm                    **CLINICS**  
30 Minute Workout, Motion Drills, Teach Cheer and Dance Routine

12:00pm-1:00pm                    **LUNCH**  
Provided by coaches: Subway tray with chips and Gatorade or Water

1:00pm-2:00pm                    **BREAK-OUT GROUPS**  
Participants break-out into groups and practice cheer and dance routine. One on one interview with coaches.

2:00pm-4:00pm                    **TRYOUTS**  
Participants tryout in front of judges in groups of three.