SOUTHEASTERN LOUISIANA UNIVERSITY
CHEERLEADING TRYOUT INFORMATION PACKET 2026-2027

TRYOUTS (\$80 Tryout Fee- CASH or CHECK) Please make checks payable to LAA-Cheer

May 1st | Kinesiology Gym | Check in at 4:30 PM | 5PM - 9PM (UNTIL).

- First Round: Fitness test 5pm. Review material, Fight song, cheers, and standing/running tumbling. First cut, free stunt after.

May 2nd | Kinesiology Gym | Check in at 8:30 AM | 9:00AM - (UNTIL)

- Second Round: Interviews, Stunts, Fight song, cheer and tumbling

A mandatory team meeting, orientation and varsity fitting following tryouts on May 2nd & 3rd. Details will be given out after the final cut. Be prepared for a full day on May 3rd.

TRYOUT ATTIRE:

Females:

- Plain White athletic sleeveless top
- Green/Gold Athletic Shorts/Skirt
- Natural Game-day Makeup
- Hair half-up with Green/Gold Ribbon
- Cheer Shoes

Males:

- White Athletic T-shirt
- Green or Gold Athletic Shorts
- Athletic Shoes
- Clean cut hair style and facial hair
- Tape for your wrist (if needed

WHAT TO EXPECT:

- Standing and Running Tumbling Evaluations
- Game Day Material Evaluations
- Stunting Evaluations
- Interview
- Fitness Evaluation
  - -1 Mile Run-10 Minutes
  - -Additional tests

TRYOUT CHECKLIST:

- Signed and completed Tryout Application/Emergency Contact/Hold Harmless/Assumption of Risk (Pages 2-3)
- Current physical (within 12 months)
- Copy of the FRONT and BACK of your insurance card
- Confirmation of Application to University (email confirming application or acceptance letter - Transcript from High School or College
- Letter of Recommendation for current coach or guidance counselor
- Water/Running Shoes (For fitness Testing)

********FAILURE TO BRING ALL ITEMS WILL DISQUALIFY YOU FROM TRYING OUT********

CHEERLEADING

Tryout Application Packet

This Packet should be completed and sent in one of the following ways:

MAIL:
Athletics: Hearrt Williams
SLU 10309
Hammond, La, 70402

EMAIL:
SLUSpirit@southeastern.edu

BRING WITH YOU TO THE FIRST DAY OF TRYOUTS

Name _____Age _____ DOB_____

Phone # _____Email Address:_____

Home Address: _____

City/State_____

Emergency Contact: _____Phone # _____

Medical or Health Issues: _____ Allergies:

_____

Health Insurance Company: _____

Health Insurance Group #_____ Health Insurance Policy # _____

High School/Current College_____GPA_____Year in College: _____

Have you applied to Southeastern? YES or NO **Accepted**? YES or NO **W#: _____**

PLEASE ATTACH A CURRENT COPY OF YOUR TRANSCRIPT & CONFIRMATION OF APPLICATION TO THE UNIVERSITY TO THIS FORM. IT DOES NOT HAVE TO BE SEALED.

CHEER BACKGROUND:

Schools/Allstar gyms you have cheered for:

FEMALES ONLY:

Primary Stunting Position (Circle One):

Main Base Secondary Base Back Spot All Girl Flyer Coed Flyer

Secondary Stunting Position (Circle One):

Main Base Secondary Base Back Spot All Girl Flyer Coed Flyer

ASSUMPTION OF RISK, VOLUNTARY RELEASE AND MEDICAL CONSENT FORM FOR INTERCOLLEGIATE ATHLETIC TRY-OUTS AT SOUTHEASTERN LOUISIANA UNIVERSITY

I understand that participation in intercollegiate athletics poses potential risk of injury. Being fully aware of the hazards and potential risks of injury involved in my voluntary participation in try-outs, I being legally competent to give consent, hereby consent to participating in try-outs for Southeastern Louisiana University in Hammond, and hold SLU, their employees and agents, free and harmless from any claims, demands, suits, or damages from any injury or complications whatever may result from such participation.

I understand that the University's professional staff may provide treatment regarding routine first aid, major emergencies or medical trauma and may refer me to appropriate physicians/medical personnel for further treatment in the event that an injury takes place. I hereby authorize consent to any X-ray, examination, anesthetic, medical or surgical diagnosis or treatment or hospital care, which is deemed necessary and rendered under the guidance or special supervision of the physician.

Being fully aware of the hazards and possible consequences involved in treatment of the above described routine and major emergency conditions, I being legally competent to give consent, hereby consent to such treatment and hold SLU, their employees and agents, free and harmless from any claims, demands, suits, or damages form any injury or complications whatever may result from such treatment.

All medical expenses incurred due to my participation in try-outs are understood to be my responsibility and I hereby give authorization to provide such insurance information as necessary, should I incur any injury that requires medical attention. I do hereby declare and represent that in making, execution, and tendering this voluntary release and medical consent form for try-outs, I understand and acknowledge the risks involved in participation in the described activities, and that I have read this statement, understand its contents, and executed, of my own free will and choice, and do so to benefit the best interest of myself. I also understand that my tryout at Southeastern Louisiana University is limited to May 10th..

****I HAVE READ THE ABOVE AND UNDERSTAND****

In witness thereof, I have executed this document this_____day of _____, 20_____

_____ Signature of Participant

_____ Signature of Parent/Guardian (For participants under age 18)

_____ Witness Signature

_____ Date

HOLD-HARMLESS AGREEMENT

I hereby release the State of Louisiana, all State Departments, Agencies, Boards and Commissions, and their respective officers, employees, agents, or representatives from any and all liability, claims, cost, expenses, injuries, illness, or loss resulting from, in whole or part, including attorney fees, for my participation in **Southeastern CHEER Tryouts.**

Recognizing every activity has a certain degree of risk, some more than others, I knowingly and voluntarily assume the risk of these injuries, regardless of severity. Further, as a condition of my participation, I attest that I have medical insurance coverage provided by _____, a duly licensed provider of health care insurance.

I, the undersigned, am at least eighteen (18) years of age and have read this release form and understand all its terms. If I, the undersigned, am under the age of eighteen (18) years, in addition to my signature, my parent or legal guardian also shall state their having read, signed, and understand this release form and all its terms.

_____ _____
Signature of Participant Date

_____ _____
Signature of Guardian Date
(For participants under age 18)