Dance Tryout Information

Prior to tryouts, complete the following:

1. Online Application  
   *Once you have signed up through the website, you will receive an email to sign up for an interview time: This is on a first come first serve basis**
2. 1 current photo of yourself
3. Freshmen & Transfer candidates:  
   a. Copy of acceptance letter to USD
4. Release and Waiver of Liability (Bring to Check-In)
5. $20 tryout fee; $10 current USD Students (Bring to Check-In)
6. Current Health Insurance (Bring a copy to Check-In)

Student Requirements:

• **Freshman/Transfer Students**  
  o Must be accepted to USD for 2018-2019 academic year  
  o Cumulative GPA of 2.5 or above
• **Current USD Students**  
  o Enrolled full time (Undergraduate: 12 hours, Graduate: 9 hours)  
  o Cumulative & Current GPA of 2.5 or above
• **Current Health Insurance**  
  o Proof of insurance card must be presented at tryout check-in (e.g. picture of insurance card)

Female Tryout Attire

• Black spandex shorts
• Solid black fitted top
• Dance shoes

Male Tryout Attire

• Black Shorts
• Solid black top
• Dance Shoes
Tryout Schedule: *Subject to change*

**9:30am** Check-In Opens @ Sanford Coyote Sports Center  
*Uniform try-on*

**10:00am** Introduction & Interviews begin

**11:30am** Lunch

**12:00pm** Learn USD Fight Song

**12:30pm** Dance Stations  
15 minutes: Motions  
15 minutes: Turns  
15 minutes: Leaps  
15 minutes: Open (work on skills you want to show in your tryout)

**1:30pm** Learn Routine  
4-8 counts of Pom  
4-8 counts of Hip Hop  
4-8 counts of Jazz

**2:30pm** Review Skills, Fight Song, and Routine

**3:00pm** Skills & Tryouts Review

**3:30pm** Tryout Begin

**4:00pm** Fitness Test

*Team Announcement will be made via Social Media within 24 hours*
Tryout Skills:

**Required Skills**
1. Split Leap
2. Side Leap
3. Calypso
4. Tilt Jump
5. Toe Touch
6. A La Secondes

**Bonus Skills**
1. Ring Leap
2. Switch Leap
3. Turning Disc
4. Leg Hold Turn
5. Tumbling Skills
6. Hip Hop Skills
7. Other High Level Technical Skill

Interview:

Panel of Judges

Plan Ahead:

**USD Skills Progression Camp:** June 9th-12th and July 24th-26th

**UDA Summer Camp:** July 27th-29th

**High School Camps:** May-July (based off of team availability)

We will go to area high schools and host 1-3 day camps during the summer.

**All-Squad Move-In:** August 21st
RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF THE RISK AND INDEMNITY AGREEMENT AND CONSENT TO MEDICAL TREATMENT

By my signature below, I acknowledge that I am aware of, appreciate the character of, and voluntarily assume the risks involved in participating in: Cheerleading for the University of South Dakota. By my signature below, on behalf of myself, my heirs, next of kin, successors in interest, assigns, personal representatives, and agents, I hereby: 1. Waive any claim or cause of action against and release from liability the State of South Dakota, its officers, employees, and agents for any liability for injuries to my person or property resulting from my participation in the activity listed above; 2. Agree to indemnify and hold harmless the State of South Dakota, its officers, employees, and agents for any claims, causes of action, or liability to any other person arising from my participation in the activity listed above; and 3. Consent to receive any medical treatment deemed advisable during my participation in the activity listed above. I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF THE RISK AND INDEMNITY AGREEMENT AND CONSENT TO MEDICAL TREATMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Name ________________________________ Date of Birth _____________________

Signature ______________________________ Address________________________

Date__________________________________

If the participant is a minor, the following must be completed: Guardian's

Name___________________________ Date of Birth__________________

Signature _________________________________ Address ______________________

Date____________________________________