







MIDDLE TENNESSEE STATE UNIVERSITY CHEERLEADING FALL COLLEGE PREP CLINIC

SATURDAY, MARCH 23, 2019

10:00 AM – 1:30 PM

The MTSU Cheerleaders are hosting a College Prep Clinic to assist you as you prepare to try out for cheerleading at the collegiate level. Come familiarize yourself with MTSU's style of cheerleading. You will have the opportunity to meet and interact with current MTSU Cheerleaders and Coach, while gaining valuable information about the tryout process. You will also have the opportunity to get answers to your questions as they pertain to cheerleading tryouts, and meet others who are also interested in trying out for cheerleading at the collegiate level and at Middle Tennessee State University!

-  The clinic will be held on campus in the Recreation Center (1848 Blue Raider Drive)
-  Registration will begin at 9:30 AM in the Recreation Center Lobby.
-  Be dressed and prepared to tumble, stunt, learn band dances, and cheer.
-  Registration Form and Payment are due in office by **Monday, March 18th**
-  Clinic T-Shirt will be given to all attendees that register and pay by the deadline
-  Registration Forms and Payments received after the due date will not be guaranteed a clinic t-shirt.

PAYMENT INFORMATION


Clinic Fee is \$50.00 – Non Refundable

Cash, Check/Money Order (made payable to MTSU), or Credit Card accepted

To pay by credit card, call the MTSU Recreation Center at 615.898.2104 during regular business hours.

Monday - Friday 7:30 AM – 5:00 PM

Please mail the completed forms and payment to the following address:

MTSU Cheerleading 
Attn: 2019 Spring Clinic
1301 E. Main Street | Box 556
Murfreesboro, TN 37132

You and your parent/guardian (if under 18 yrs. old) must sign the Parent Release Form and return it with your registration.

You will not be permitted to participate unless this form is filled out completely and signed by you and your parent/guardian (if under 18 yrs. old).

If you have any other specific questions regarding this clinic, please contact Spirit Coordinator Dante Tennant at (615) 494-8907 or at cheer@mtsu.edu

**MIDDLE TENNESSEE STATE UNIVERSITY CHEERLEADING
FALL CHEERLEADING CLINIC**

SATURDAY, MARCH 23, 2019

10:00 AM – 1:30 PM

NAME:

(Last)

(First)

(Middle)

GENDER:

FEMALE

MALE

BIRTH DATE:

(Check One)

(MM/DD/YYYY)

ADDRESS:

(Street Address)

(City, State, Zip)

HOME PHONE:

CELL PHONE:

EMAIL ADDRESS:

(Please write legibly! Upon receiving your clinic registration, an email confirmation will be sent to the address provided.)

HIGH SCHOOL or CURRENT COLLEGE:

(If Applicable)

ALL STAR GYM:

(If Applicable)

TEAM NAME/LEVEL:

CURRENT GRADE: 9th 10th 11th 12th College Transfer Current MTSU Student

(Check One)

T-SHIRT SIZE:

AS

AM

AL

AXL

AXXL

(Check One)

Please check all that apply:

___ I have coed stunting experience

___ I have experience as an All-Girl Fly/Top

___ I have experience main basing (holding toe and heel)

___ I have experience secondary basing (holding the middle of the foot)

___ I have experience back spotting

List all standing and running tumbling skills you have mastered (on a non-spring floor):

FORM OF PAYMENT: *(Check One)* Cash Check Money Order Credit Card

MIDDLE TENNESSEE STATE UNIVERSITY CHEERLEADING COLLEGE PREP CLINIC

PARENTAL RELEASE FORM

I, _____, the parent(s) or legal guardian of _____ hereby give permission for my child/children to participate in the Middle Tennessee State University Cheerleading College Prep Clinic on March 23, 2019. By signing this release form, I fully understand that there is a risk of potential danger or personal injury to myself or my child/children that may occur as a result of participation in this clinic. In understanding this, I hereby agree to hold harmless Middle Tennessee State University's Campus Recreation Department, officers, directors, staff, and MTSU Cheerleading Team members for any injury that I or my child/children may incur while being a participant in the MTSU Cheerleading College Prep Clinic.

I have read the above statement and certify that I fully understand the information contained in this statement.

Signature (Parent): _____ Date: _____

Signature (Participant): _____ Date: _____

EMERGENCY CONTACT INFORMATION:

Full Name: _____

Relationship to Participant: _____

Contact Phone Number: _____