

You will need to know the following about tryouts:

1. Please read the following. **You must have all forms completed and signed to tryout**
2. Please wear workout wear to practice and auditions. Please choose whatever footwear you are most comfortable dancing in. No shorts or dangling earrings. **The judges need to see your body move so this is important!**
3. You must have a **QCA of 2.0 to tryout.**
4. Please attach a head shot photo to your application form.
5. Your tryout will be closed ... open for judges only. Sorry, no friends or parents allowed.
6. You may want to bring a water bottle and towels to practice with you.
7. A full list of requirements and the tryout schedule is available at <http://www.hokiesports.com/spirit/hightechs/tryouts.html>



HIGHTECHS TRYOUT APPLICATION FORM

Name: _____

Local Address: _____

Local/Cell Phone Number: _____

Email Address: _____

Previous cheer/dance experience (high school/collegiate): _____

University Student Status: **HS SR** **FR** **SO** **JR** **SR**

Anticipated Graduation Date: **Fall** or **Spring** of 20_____

I certify that I meet all the following requirements:

1. I am currently a student enrolled at Virginia Tech or I am an entering freshman who has received notification of acceptance. Wait listed individuals may tryout. Placement on the team is pending on acceptance.
2. I currently have a minimum cumulative QCA of 2.0 and do hereby release my academic transcript to the HighTech Coach and/or Administrative Advisor.
3. I am on good standing with the university and I am not on academic or disciplinary probation.
4. I have completed all medical and waiver forms included with this application.

Furthermore, I understand that:

1. I am expected to participate in all practice sessions, meetings and SUMMER DANCE CAMP, as designed by the HighTech Coach and/or Administrative Advisor.
2. I must maintain a minimum QCA of 2.0 each semester.
3. Performing with the HighTechs is a MAJOR commitment and must never be placed secondary to any other non-academic activity.
4. The HighTechs will perform at all home & away football and men's & women's basketball games and will be expected to perform during holiday, post-season football and basketball games.

HIGHTECHS TRYOUT APPLICATION FORM CONT.

5. The HighTechs are an integral part of Virginia Tech Athletics and a representative of the university, much practice is required. I am expected to be able to spend up to 18 hours per week in practice if deemed necessary by the HighTech Coach and/or Administrative Advisor.
6. I am expected to maintain an attractive and fit personal appearance in order to promote a good image of Virginia Tech and the athletics program. Failure to maintain a fit appearance or meet goals related to fitness can result in suspension or dismissal from team activities or performances.
7. I will adhere to the Virginia Tech Athletics Department drug testing policies.
8. I will actively participate in the weight training program. I understand that participation is mandatory and will be checked on a weekly basis.
9. I will purchase the outfits the squad selects for Camp and any additional uniform items selected by the squad that the Athletics Department does not purchase.

I will abide by these requirements.

Would you accept an alternate position? Yes / No

Signature _____ **Date** _____

PARENTAL CONSENT

(To be signed by parent or gaurdian if student is under 21 years of age)

In accordance with and subject to the rules and regulations applicable to participation in collegiate activites as established by the UNIVERSITY and the DEPARTMENT, I/we do give my/our consent and approval to the participation of the above names student in the following activites:

HIGHTECH TRYOUTS APRIL 21-22, 2018

HIGHTECHS (if applicable)

FOOTBALL BOWL GAME (if applicable)

BASKETBALL CONFERENCE TOURNAMENTS (if applicable)

BASKETBALL POST-SEASON TOURNAMENTS (if applicable)

NATIONAL COMPETITION (if applicable)

GAMES/PRACTICES OVER BREAKS/HOLIDAYS

I/We understand that participation is entirely voluntary and that I/we will not hold the UNIVERSITY or the DEPARTMENT or any of their agents, employees or officials responsible in case of accident or injury as the result of participation.

I/We also acknowledge and certify that the above names student is covered and protected by a policy of accidental/health insurance against accidents or injuries which might be sustained as the results of said participation.

Date: _____ **Signed:** _____
(Parent or Guardian)

City: _____ **State:** _____ **Zip:** _____

Daytime Phone Number: _____

Home Phone Number: _____

E-Mail Address: _____

BUCKLEY AMENDMENT CONSENT

Virginia Tech Cheerleaders & HighTechs 2018

By signing this form, you certify that you agree to disclose your education records.

You understand that this entire form and the results of any NCAA drug test you may take are part of your education records. These records are protected by the Family Educational Rights and Privacy Act of 1974 and they may not be disclosed without your consent.

You give your consent to disclose only to authorize representatives of this institution, its athletic conference (if any) and the NCAA, the following documents:

- This form
- Results of NCAA Drug tests
- Any transcript from your high school, this institution, or any junior college or any other four-year institutions you have attended.
- Pre-college test scores, appropriately related information and correspondence (e.g., testing sites and dates, and letters of test-score certification or appeal), and, where applicable, information relating to eligibility for or conduct of nonstandard testing.
- Records concerning your financial aid
- Any other papers or information pertaining to your NCAA eligibility.

You agree to disclose these records only to determine your eligibility for intercollegiate athletics, your eligibility for athletically related financial aid, for purpose of inclusion in summary institutional information reported for the NCAA (and which may be publicly released by it), for NCAA longitudinal research studies and for activities related to the NCAA athletes certification program and NCAA compliance reviews.

Name of Student Athlete

Signature of Student Athlete

Date

HEALTH HISTORY

Virginia Tech Sports Medicine Tryout Guidelines

1. Attain a copy of your insurance card (You cannot participate if you do not have proof of insurance).
2. Report to the Eddie Ferrell Training Room (160 Jamerson Athletic Center) for the following:
 - a. Complete the front side of the NEW ATHLETE PREPARTICIPATION PHYSICAL EVALUATION (BLUE) form.
 - b. Complete the top of the back side of the BLUE form (Height, Weight, Pulse, BP, Vision).
 - c. Signature on the bottom of the BLUE form.
 - d. Complete the Athlete Information Sheet.
 - e. Leave the completed forms and copy of your insurance card with the Sports Medicine Staff and sign the statement below.

I _____, desire to tryout for the Virginia Tech HighTechs. I accept responsibility for any injury that may occur due to this tryout. I have provided the Sports Medicine Department a copy of my up to date health insurance card that will cover any expenses which may result should an injury occur. I understand that this tryout is good for only three days and that if I am selected for the team, I must pass a physical exam prior to being placed on the roster.

Signature_____ Date_____