



Utilize the Check List below, along with information posted on <https://www.uwa.edu/campus-life/student-involvement/cheerleading-and-mascot/> to complete the Tryout requirements.

Check List:

- ☐ Tryout Application Packet
 - Participant Information
 - Academic Information
 - Experience
 - Application Questions
 - Team Statement Form
 - Walk-On Agreement
 - Liability Waiver
- ☐ Tryout Video (Full information on website)
 - Self-Introduction (name, current school, hometown, age, position)
 - Jumps (toe touch, R or L hurdler, Pike)
 - Standing Tumbling
 - Running Tumbling
 - Stunts
 - UWA Fight Song (Twice through with tumbling and pom/meg use)
 - Create-Your-Own Chant (3 times through with props (sign, megs, poms))
- ☐ Acceptance letter from UWA
- ☐ 1 Letter of Recommendation from a previous high school coach and or from a high school teacher (If a transfer it can be from a previous college coach or professor)
- ☐ Photo Copy of Driver's License (Front & Back)
- ☐ Photo Copy of Health Insurance Card (Front & Back)
- ☐ Headshot/Picture of Participant

ALL items on the Check List are due to cheer@uwa.edu by 5:00pm on May 1st, 2026. Double check the website above to ensure all requirements have been met before submitting.

Contact with Questions:

Head Coach: Taylor Ward
Phone: (937) 926-4314
Email: tward@uwa.edu



PARTICIPANT INFORMATION

FULL NAME: _____

DATE OF BIRTH (MM/DD/YYYY): _____ AGE: _____

EMAIL (UWA EMAIL IF APPLICABLE): _____

HOME ADDRESS: _____

CITY STATE ZIP CODE

CELL PHONE #: _____

PARENT OR GUARDIAN INFORMATION

NAMES(S): _____

ICE ADDRESS: _____

CITY STATE ZIP CODE

CELL PHONE #: _____ CELL PHONE #: _____

EMAIL: _____ EMAIL: _____



ACADEMIC INFORMATION

CURRENT SCHOOL: _____ GPA: _____

PROBABLE/CURRENT MAJOR: _____

CLASSIFICATION FOR FALL 2026: ☐ FRESHMAN ☐ SOPHOMORE ☐ JUNIOR ☐ SENIOR

ANTICIPATED UWA GRADUATION YEAR: _____
(Month/Year)

UWA STUDENT ID: _____
(ONLY if you are a current UWA student)

LIST ANY COLLEGE HONORS, CLUBS, ACTIVITIES (attach separate sheet if necessary)

LIST ANY HIGH SCHOOL HONORS, CLUBS, ACTIVITIES (attach separate sheet if necessary)



EXPERIENCE

STUNTING POSITIONS: *circle all stunting positions you have experience and put a check next to where you have the most experience.*

FLYER

MAIN

SIDE

BACK

What experience do you have with cheerleading? (Please list all previous and current experience including choreography, positions held on past squads, all tumbling, and stunting skills you have mastered, etc.) Attach a separate sheet if necessary.

What are your skill-based goals for this year as a UWA Cheerleader? What will you do to help yourself reach these goals? Attach a separate sheet if necessary.



APPLICATION QUESTIONS

What motivated you to try out for West Alabama Cheerleading?

If you make the squad, how do you plan on managing your time and balancing your academic, athletic, and personal commitments?

What can you bring to the University of West Alabama Cheerleading program?



What does commitment mean to you? How will you be committed to the UWA Cheerleading Program?

List any medical conditions, allergies, or any other relevant information we should be aware of:

DO YOU UNDERSTAND THAT BEING ON THE UWA CHEERLEADING SQUAD IS A PRIVILEGE AND A COMMITMENT FOR THE ENTIRE YEAR (SUMMER INCLUDED)?

☐YES ☐NO

DO YOU UNDERSTAND THAT IF YOU ARE AWARDED A SPOT ON THE UWA CHEERLEADING SQUAD THAT ALL CHEERLEADING COMMITMENTS WILL COME IMMEDIATELY AFTER ACADEMIC COMMITMENTS AND NOT BEFORE OTHER SCHOOL/ORGANIZATION/ETC. INVOLVEMENT?

☐YES ☐NO



TEAM STATEMENT FORM

Please initial by each statement indicating you have read and will abide by the following.

_____ (Initial) I understand that being a University of West Alabama cheerleader is a time commitment, and if selected, I will be expected to attend **ALL** practices, performances, and special events year-round.

_____ (Initial) I will **NOT** make any travel plans prior to the final schedule being given out for each semester that may make me miss required practices, games, events, etc.

_____ (Initial) I understand there is an academic, appearance, performance, and conduct expectation for the West Alabama Cheerleaders. I understand that failure to meet any of these may result in being held from performances or dismissed from the team.

_____ (Initial) I understand every game/performance is a privilege. Being withheld from a performance opportunity is at the discretion of the West Alabama Coaching Staff. My attendance, skills, attitude, and academics will be some factors used to determine this privilege.

_____ (Initial) I understand that travel to and from Livingston, AL over the summer and any other school breaks will be required and is the sole responsibility of me.

_____ (Initial)_____ I understand that if I am dismissed from the team during any point in the semester and have been awarded a scholarship, it is my responsibility to pay that allotted amount back to UWA Cheerleading within the given time frame

_____ (Initial)_____ I understand that I will need to read and agree to an additional team statement form (contract) given by the West Alabama Coaching Staff and must abide by all rules and regulations set forth.

PARTICIPANT SIGNATURE

DATE

**SIGNATURE OF PARENTS OR LEGAL GUARDIAN
IF UNDER 19 YEARS OLD**

DATE



WALK-ON AGREEMENT

Walk-ons: A walk-on position is offered to a cheerleader who demonstrates strong potential and valuable qualities but may need time to further develop specific skills, improve academic standing, and/or strengthen their overall attitude and consistency before earning a scholarship spot. Walk-on athletes are fully integrated into the program - cheering at all games, competitions, and events, and receive all amenities the scholarship squad members receive.

- Earning a walk-on position vs. a scholarship position WILL NOT be disclosed to the squad.
- Walk-on athletes are **required to pay a fee of \$250** prior to the first team practice. Payments may be made as checks payable to UWA Cheerleading or cash payments given directly to Coach Taylor.

WOULD YOU ACCEPT A WALK-ON POSITION?

☐ YES

☐ NO

SIGNATURE

DATE _____

PRINTED NAME

DATE _____

PARENTS SIGNATURE (IF UNDER 19 YEARS OLD)

DATE _____



**LIABILITY WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT/
COVENANT NOT TO SUE/CONSENT TO MEDICAL TREATMENT/MEDIA
RELEASE**

- **Read this document completely before signing. Its effect is to release the University of West Alabama, its employees, students, governing board, and the State of Alabama from any liability resulting from participation in the cheerleading activities described below, and to waive all claims for damages or losses against the University which may arise from such activities.**
- **PARTICIPANT'S FULL NAME:** _____
- **DATE OF BIRTH (MM/DD/YYYY):** _____
- In consideration of me or my son/daughter/ward (hereinafter referred to as "Participant") being allowed to participate in cheerleading activities and its affiliated activities, which may include, but are not limited to, cheering, stunts, tumbling, running, jumping, spotting other participants, and other activities associated with cheerleading, wellness and fitness activities (hereinafter referred to as "Program"), I, exercising my own free choice, hereby RELEASE, RELIEVE, WAIVE, DISCHARGE, INDEMNIFY, HOLD HARMLESS AND COVENANT NOT TO SUE The University of West Alabama, its members, board of trustees, officers, servants, agents, employees, and any other persons or entities acting on their behalf and the successors and assigns of any and all of the aforementioned persons and entities (hereinafter referred to as "University" or "Release") from any and all liability, claims, demands, damages, and causes of action whatsoever, whether known or unknown in the past, present or future, either in law or equity, relating to injury, disability, death, or other harm to person or property or both arising out of Participant's participation in and/or presence at the Program.
- To the best of my knowledge, Participant is in good physical condition, and I am not aware of any physical infirmity, which would place Participant at risk to participate in any way in the Program's activities. I acknowledge that I am fully aware of the risks and hazards that maybe associated with this Program, including the risks of bodily injury, death, or damage to property that may occur from known or unknown causes, and I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISK OF LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by Participant, or any loss or damage to property owned by me/Participant, as a result of being engaged in the Program's activities, that may occur from known or unknown causes.
- I understand, accept, and assume all such hazards and risks, and waive all claims against the University and other persons as set forth herein. I understand that I am solely responsible for any costs arising out of any bodily injury or property damage sustained through my and/or Participant's participation in all acts associated with the above-identified Program. It is my intent by the execution of this Release to fully bind Participant, myself, my parents, spouse, heirs, legal representatives, and assigns to all of the provisions of this Release.
- I expressly acknowledge by my execution of this Release that it is my intent that this Release is to be construed to be as broad and inclusive as permitted by the laws of the State of Alabama and that, if any portion is held to be invalid, it is agreed that the balance shall continue in full force and effect. I understand and agree that the execution of this Release and my voluntary consent to be bound by the terms and conditions set out herein are a material consideration for the University offering and allowing my participation in the Program, and that but for the execution of this Release no such Program would be available to me. I acknowledge the receipt and sufficiency of such valuable consideration in order to fully bind me, my heirs, representatives, or assigns to the provisions of this Release.
- I specifically acknowledge and assume all risk and responsibilities relating to, directly or indirectly, Participant's participation in the Program, and specifically understand and agree that the University may



not have medical personnel available at the location of the Program, and that the University assumes no responsibility for any injury or damage which might arise out of or in connection with the Program described above and any medical treatment provided to Participant by the University or by any third party as a result of participation in such Program. I further agree to comply and be bound by any University rules or regulations, as amended, that relate to the Program identified herein.

- In signing this Release, I acknowledge and represent that I have fully informed myself of the contents of the foregoing release by reading it before I sign it, and I understand that I sign this Release as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written provisions, have been made to me by the University or any third party prior to or in consideration of the execution of this Release. I warrant and understand that the University has relied upon my representations and agreements set out in this Release as adequate and sufficient consideration relating to the execution of this Release, and I fully intend to be bound by the same. I further represent to the University that there are no health-related reasons or problems which preclude or restrict Participant's participation in the Program, and that **I and Participant have adequate insurance necessary to provide for and pay any medical costs that may be incurred as a result of injury to Participant or any third parties.**
- During the period of the Program, I hereby give permission for representatives of the University to administer appropriate medical attention to Participant in the event of an accident, illness, or injury. **I will be responsible for any and all costs of medical coverage and treatment provided not covered by insurance.**
- I recognize and acknowledge that the University may record Participant's participation and appearance in this Program on any recorded medium (including, but not limited to video, audio, photos) for use in any form (publications, brochures, books, movie, electronic media, etc.) I authorize such recording and release the University to use Participant's name, likeness, and voice resulting from Participant's participation in this Program for any purpose at the sole discretion of the University.

I HAVE READ, UNDERSTOOD, AND AGREED TO ALL INFORMATION PROVIDED IN THIS PACKET.

PARTICIPANT SIGNATURE

DATE

IF UNDER 19 YEARS OLD:

I, *(printed name)* _____, am the **parent or legal guardian** of the Participant listed above. I have read and I understand the provisions of this document, I consent to the Participant taking part in the Program described above, and I fully enter into and agree to be bound by the terms of the **LIABILITY WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT/COVENANT NOT TO SUE/CONSENT TO MEDICAL TREATMENT/MEDIA RELEASE** set out hereinabove.

SIGNATURE OF PARENTS OR LEGAL GUARDIAN

DATE