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 12:30 PM
* Be dressed and prepared to tumble, stunt, learn band dances, and cheer.
* Registration Forms and Payment are due (not postmarked) by **February 26th**

### PAYMENT INFORMATION

**Clinic Fee is $50.00 – Non Refundable**
(cash, check, or money order only – checks made payable to MTSU)

A MTSU Cheerleading Clinic T-Shirt will be given to all attendees.

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

MTSU Cheerleading  
Attn: 2018 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 dante.tennant@mtsu.edu
MIDDLE TENNESSEE STATE UNIVERSITY CHEERLEADING  
SPRING CHEERLEADING CLINIC  
SUNDAY, MARCH 4, 2018  
1:00 PM – 5:00 PM

NAME:  
(Last)  (First)  (Middle)

GENDER:  (Circle One)  FEMALE  MALE  BIRTH DATE:  
(MM/DD/YYYY)

ADDRESS:  
(Street Address)  (City, State, Zip)

HOME PHONE:  
CELL PHONE:  

EMAIL ADDRESS:  
(A confirmation email will be sent upon receiving your registration form)

HIGH SCHOOL or PREVIOUS COLLEGE:  
(If Applicable)

ALL STAR GYM:  
TEAM NAME/LEVEL:  
(If Applicable)

CURRENT GRADE:  
9th  10th  11th  12th  College Transfer  Current MTSU Student  
(Circle One)

T-SHIRT SIZE:  
AS  AM  AL  AXL  AXXL  
(Circle 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):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
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 held on March 4, 2018. 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:_________________________________________________________________