

# 2022-2023 TRACY HIGH CHEER/ DANCE TRYOUT PERMISSION SLIP

**THIS FORM IS REQUIRED – STUDENTS WILL NOT BE ALLOWED TO PARTICIPATE WITHOUT THIS!**

Please return this completed form to the Tracy High Cheer/ Dance Box in the career center

This form is due by **THURSDAY MARCH 24<sup>TH</sup>** by **3:00pm**.

**PLEASE COMPLETE FORM & ATTACH A COPY OF YOUR 3<sup>rd</sup> QUARTER REPORT CARD**

	9    10    11    12	<b>CHEER    DANCE</b>
Name of Candidate (please print clearly)	Grade For 19-20 Season (Circle One)	<b>TRYING OUT FOR (Circle ONE)</b>
Candidate's Phone Number	Candidate's E-mail Address	
Parent/ Guardian's Phone Number	Parent/ Guardian's E-mail Address	

Period	Class Name (subject)	Teacher's Name (no signature required)
1		
2		
3		
4		
5		
6		
0/ 7		

**PARTICIPANTS**

*I understand that as a member of the Tracy High School Cheer or Dance Team I am to conduct myself in a manner that shows spirit, and good sportsmanship at all times. I must maintain a 2.0 GPA and earn no F's on my report cards, as well as maintain 15 or fewer Saturday School Hours to be an eligible member. I understand and have carefully considered the rules and regulations that Tracy High School requires of spirit leaders/ cheer/ dance team members. I understand that the Cheer/ Dance Team is a major commitment of my non-academic time and cannot be placed secondary to any other non-academic activities. I will abide by these rules and regulations if I am selected to become a member of the Tracy High School Cheerleading or Dance Team. I also understand that placement of positions are not based on prior years and I will accept the positions/placements I am assigned by the coaches.*

**PARENTS/ GUARDIANS**

*I have read and understand the rules and regulations as stated in the Tracy High Cheer/ Dance Team 2022-2023 Try-Out Packet and understand there are additional rules in the 2022-2023 Tracy High School Cheer/ Dance Team Handbook that will be reviewed and enforced if my daughter/ son is selected to be a member of the Cheer/ Dance Team. I will, in so far as I am able, assist in every way to see that these rules and regulations are followed. I agree to contact Coach Sheila Soares and/or Mackenzie Rhinehart for clarifications whenever I have a question, comment, or concern. I understand that my daughter/ son must attend all expected meetings, practices, summer camps, games, competitions, photo sessions, parades, and rallies if they are selected to be on the team. I also understand the financial obligations required. I understand that my daughter/ son will be evaluated by Coaches Sheila Soares, Mackenzie Rhinehart, and/ or other coaches or judges during the try-out process and I agree to abide by the decision of the coaches. If selected to be a Cheer/ Dance Team member, my daughter/ son will have a completed physical form on file with the school. I understand by the very nature of the activity (cheerleading and dancing) carries a risk of physical injury; I understand these risks and will not hold Tracy High School, Coach Sheila Soares, Coach Mackenzie Rhinehart, or any of its personnel or volunteers responsible in the case of accident or injury at any time. I understand that Coaches Sheila Soares and Mackenzie Rhinehart will provide additional information including but not limited to uniforms, practice clothing, calendars, and game/ competition/ rally schedules, and agree to abide by any additional requirements if my son/ daughter is selected for the Team.*

Candidate's Signature	Date
Parent or Legal Guardian Signature	Date

**PLEASE COMPLETE & ATTACH A COPY OF YOUR 3<sup>rd</sup> QUARTER REPORT CARD!**

# TRACY HIGH SCHOOL ATHLETIC RELEASE FORM

Athletes will not be allowed to practice or compete until this form is completed and on file with the Athletic Department

STUDENT'S NAME: \_\_\_\_\_ Grade: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY/ZIP: \_\_\_\_\_

Emergency Phones: Hm \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

My student has my permission to participate in the following activity at Tracy High School during the 2022 school year (please indicate name of sport):

Fall Sport: \_\_\_\_\_ Winter Sport: \_\_\_\_\_ Spring Sport: \_\_\_\_\_

\*\*\*\*\*

## PHYSICAL REQUIREMENT

Weight: _____	E.N.T.: _____
Height: _____	Heart: _____
Blood Pressure: _____	Lungs: _____
Eyes: _____	Abdomen: _____
Urinalysis: Pro. _____ Cluc. _____ Other _____	
Broken Bones or Injury: _____	
Serious Illness: Yes _____ No _____ (Heart Disease, Diabetes, Epilepsy, Kidney, Convulsions, Hepatitis, Other)	

I hereby certify that the above named student is physically fit to engage in sports.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Signature

\*\*\*\*\*

## INSURANCE REQUIREMENT

Our personal health or group insurance is adequate to pay for and reimburse us for medical, dental, hospital and surgical expenses that may be incurred due to injuries that may result from participation in the activity. I will continue this medical coverage in force through the time of the activity. I will promptly notify the school in the event insurance coverage changes. (Various types of insurance may be purchased through the school including Tackle Football, School Time Insurance or Full Insurance. Forms are available in the Tracy High School Athletic Office).

\_\_\_\_\_  
Name of personal insurance company

\_\_\_\_\_  
Policy or Group Number

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\*\*\*\*\*

## CONSENT AUTHORIZATION

I hereby authorize the Tracy Unified School District and its authorize representatives to obtain or provide reasonable medical and/or emergency treatment for my child if he/she becomes ill or injured while participating in the extra- curricular activity. I agree to release and hold harmless the District and its representatives from any and all liability resulting from such injury and/or treatment. (See California Education Code Sections 35330 and 49407. I understand that this authorization is given in advance of any required diagnosis, treatment, or hospital care and provides authority and power to the aforementioned agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which a licensed physician or dentist may deem necessary. I understand that the Tracy Unified School District, its employees and its Board assume no liability of any nature in relation to the transportation or treatment of the said minor. I further understand that all costs of paramedic transportation, hospitalization, and any examination, X-ray, or treatment provided in relation to this authorization shall be my responsibility.

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_

PRINT NAME (Parent/Guardian): \_\_\_\_\_

# 2022-2023 TRACY HIGH CHEER/ DANCE TRYOUTS

## WRITTEN REQUIREMENT

**DUE BY March 24th by 3:00pm**

**ALL participants are required to submit their written answers to the questions below. Please write approx. 1-2 paragraphs per question. Participants will be evaluated on quality and content of responses.**

### **New Members:**

Please answer the following on a separate piece of paper:

- Tell us a little about yourself. (You can include things such as: favorite activities, personality, any interesting details about yourself, etc.)
- Why do you want to be a member of the Tracy High School Cheer or Dance Team?
- What qualities do you have that will make you a good candidate to be on the team?
- CHEER: Besides “pumping” up the crowd, what do you feel the role of a cheerleader is?  
DANCE: Besides performing, what do you feel the role of a dancer is?
- Feel Free to include any other details that you would like to share with the coaches.

### **Returning Members:**

Please include the following details/ answers in your essay:

- What has being a Tracy High Cheerleader or Dancer meant to you and why do you want to continue to be a Tracy High Cheerleader/ Dancer?
- What is your most memorable moment while being on the Team?
- What qualities about yourself make you a good candidate to return to the team?
- What do you feel you can and will improve on if you are selected for next season? (This can be in relation to anything such as: personality, skills, attitude, etc.)
- Feel Free to include any other details that you would like to share with the coaches.

**THIS IS A REQUIRED PORTION OF TRYOUTS**

**This must be turned in no later than FRIDAY May 7th.**

**Please turn in with permission slip and release form.**

Please return this to the Tracy High Cheer/ Dance Box located in the career center.

# 2022-2023 TRACY HIGH CHEER/ DANCE TRYOUTS

## Fine and Saturday School Hour Clearance Form for Try-Outs

This form is due by **THURSDAY MARCH 24th at 3:00pm**

*If you are an incoming Freshmen and your school does not have a bookkeeper, librarian, or personal authorizing Saturday School hours, please have the person responsible for clearing fines/ requirements for graduation complete this form.*

Student's Name: \_\_\_\_\_ Student's Current School: \_\_\_\_\_

Trying Out for (circle one): **CHEER** **DANCE** Student's Current Grade Level in School: 8 9 10 11

1: **BOOKKEEPER:** Does this student owe any fines? YES NO

If yes, what fine(s) does this student owe?

Bookkeeper's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Bookkeeper's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2: **LIBRARIAN:** Does this student owe any fines? YES NO

If yes, what fine(s) does this student owe?

Librarian's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Librarian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

3: **Saturday School Hours:** Does this student have any hours? YES NO

If yes, how many hours does this student have?

Person of Authorization's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Person of Authorization's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If the student owes fines or hours, please give the student a list of fines/ hours owed. Once fines/hours have been cleared, please give the student a receipt or verification that they have been cleared.

The student may not be accepted to the Team until both this form and clearance of fines/ hours (if necessary) are received.

**It is the student's responsibility to show proof of fine/ Saturday School clearance prior to the conclusion of try-outs.**

Please return this completed form by **Friday March 24<sup>th</sup> by 3:00pm** to the Tracy High Cheer/ Dance Box in the ATTENDANCE Office in person or via inter-district transfer Attention: Cheer/ Dance Advisor

Please contact Sheila Soares (209) 815-6187 or [tracy.cheer.dance@gmail.com](mailto:tracy.cheer.dance@gmail.com) should you have any questions or concerns. Thank you for your support!

# 2022-2023 TRACY HIGH CHEER/ DANCE TRYOUTS

## Coach, Advisor, or Supervisor Evaluation

This form is due by **THURSDAY MARCH 24TH 3:00pm**

Student's Name: \_\_\_\_\_

Student's Current School: \_\_\_\_\_

Trying Out for (circle one):    **CHEER**    **DANCE**

Grade in School:    8    9    10    11

The Coach/ Advisor/ Supervisor evaluation for each applicant gives an indication of motivation, leadership skills, and attitude. Your input will be an asset toward the overall try-out score. Please rate this student in the following areas on a scale from 1-10.

**This information is confidential and will be viewed only by the advisors. Thank you for your support!**

1-Poor	2	3	4	5- Average	6	7	8-Above Average	9	10-Superior
Responsibility and Dependability									
1	2	3	4	5	6	7	8	9	10
Leadership									
1	2	3	4	5	6	7	8	9	10
Attitude Working With Fellow Students									
1	2	3	4	5	6	7	8	9	10
Attitude Working With Authority									
1	2	3	4	5	6	7	8	9	10
Positive Role Model									
1	2	3	4	5	6	7	8	9	10
Motivation									
1	2	3	4	5	6	7	8	9	10
Promptness and Preparedness									
1	2	3	4	5	6	7	8	9	10
Ability to Follow Rules									
1	2	3	4	5	6	7	8	9	10
Work Ethic									
1	2	3	4	5	6	7	8	9	10
Parental Support									
1	2	3	4	5	6	7	8	9	10

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Years Known: \_\_\_\_\_

Coach/ Advisor/ Counselor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return this form by **THURSDAY MARCH 24TH by 3:00pm** to the Tracy High Cheer/ Dance Box in the ATTENDANCE OFFICE  
 Attention : Sheila Soares. Please put in a signed and sealed envelope to ensure confidentiality. Please contact coaches:  
 : Sheila Soares (209) 815-6187 or tracy,cheer,dance@gmail.com if you have any questions, comments, or concerns. **Thank you!**

## 2022-2023 TRACY HIGH CHEER/ DANCE TRYOUTS – Teacher Evaluation

**Teachers:** Please return this completed form by **THURSDAY MARCH 24th by 3:00pm** to the Tracy High Cheer/ Dance Box in the ATTENDANCE OFFICE in person or via inter-district transfer. Attn: Cheer/ Dance Advisor, 315 E. 11<sup>th</sup> Street Tracy, CA 95376. You may also allow the student to turn in the form in a **signed & sealed** envelope. Please contact Sheila Soares (209) 815-6187 or [tracy.cheer.dance@gmail.com](mailto:tracy.cheer.dance@gmail.com) for any questions, comments, and/ or concerns. Thank you for your support!

**This evaluation is confidential and will only be viewed by Advisors. Comments are strongly encouraged!**

	8   9   10   11	
Student's Name	Current Grade Level (circle one)	<b>CHEER   DANCE</b> Trying out for (circle one)

This evaluation for each student is a valuable asset (and possibly a deciding factor) toward the applicant's acceptance on the squad. Please rate this student in the following areas. Thank you for your time!

E- Excellent	S- Satisfactory	N- Needs Improvement
___ Responsibility and Dependability	___ Leadership	___ Attendance
___ Attitude Working with Fellow Students	___ Positive Role Model	___ Promptness and Preparedness
___ Attitude Working with Authority	___ Work Ethic	___ Ability to Follow Rules
	___ Motivation	

Additional Comments: \_\_\_\_\_

Teacher's Printed Name: \_\_\_\_\_

Teacher's Signature: \_\_\_\_\_

Subject/ Class Title: \_\_\_\_\_

Period: \_\_\_\_\_

Current Letter Grade: \_\_\_\_\_

## 2022-2023 TRACY HIGH CHEER/ DANCE TRYOUTS – Teacher Evaluation

**Teachers:** Please return this completed form by **THURSDAY March 24th by 3:00pm** to the Tracy High Cheer/ Dance Box in the Attndanc Office in person or via inter-district transfer. Attn: Cheer/ Dance Advisor, 315 E. 11<sup>th</sup> Street Tracy, CA 95376. You may also allow the student to turn in the form in a **signed & sealed** envelope. Please contact Sheila Soares (209)815-6187 or [tracy.cheer.dance@gmail.com](mailto:tracy.cheer.dance@gmail.com) for any questions, comments, and/ or concerns. Thank you for your support!

**This evaluation is confidential and will only be viewed by Advisors. Comments are strongly encouraged!**

	8   9   10   11	
Student's Name	Current Grade Level (circle one)	<b>CHEER   DANCE</b> Trying out for (circle one)

This evaluation for each student is a valuable asset (and possibly a deciding factor) toward the applicant's acceptance on the squad. Please rate this student in the following areas. Thank you for your time!

E- Excellent	S- Satisfactory	N- Needs Improvement
___ Responsibility and Dependability	___ Leadership	___ Attendance
___ Attitude Working with Fellow Students	___ Positive Role Model	___ Promptness and Preparedness
___ Attitude Working with Authority	___ Work Ethic	___ Ability to Follow Rules
	___ Motivation	

Additional Comments: \_\_\_\_\_

Teacher's Printed Name: \_\_\_\_\_

Teacher's Signature: \_\_\_\_\_

Subject/ Class Title: \_\_\_\_\_

Period: \_\_\_\_\_

Current Letter Grade: \_\_\_\_\_

## 2022-2023 TRACY HIGH CHEER/ DANCE TRYOUTS – Teacher Evaluation

**Teachers:** Please return this completed form by **THURSDAY March 24h by 3:00pm** to the Tracy High Cheer/ Dance Box in the Career Center in person or via inter-district transfer. Attn: Cheer/ Dance Advisor, 315 E. 11<sup>th</sup> Street Tracy, CA 95376. You may also allow the student to turn in the form in a **signed & sealed** envelope. Please contact Sheila Soares (209) 815-6187 or [tracyhighcheer@gmail.com](mailto:tracyhighcheer@gmail.com) for any questions, comments, and/ or concerns. Thank you for your support!

**This evaluation is confidential and will only be viewed by Advisors. Comments are strongly encouraged!**

	8 9 10 11	<b>CHEER    DANCE</b>
Student's Name	Current Grade Level (circle one)	<b>Trying out for (circle one)</b>

This evaluation for each student is a valuable asset (and possibly a deciding factor) toward the applicant's acceptance on the squad. Please rate this student in the following areas. Thank you for your time!

E- Excellent	S- Satisfactory	N- Needs Improvement
___ Responsibility and Dependability	___ Leadership	___ Attendance
___ Attitude Working with Fellow Students	___ Positive Role Model	___ Promptness and Preparedness
___ Attitude Working with Authority	___ Work Ethic	___ Ability to Follow Rules
	___ Motivation	

Additional Comments:

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Teacher's Printed Name:

Teacher's Signature:

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Subject/ Class Title:

Period:

Current Letter Grade:

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## 2022-2023 TRACY HIGH CHEER/ DANCE TRYOUTS – Teacher Evaluation

**Teachers:** Please return this completed form by **THURSDAY MARCH 24<sup>th</sup> by 3:00pm** to the Tracy High Cheer/ Dance Box in the ATTENDANCE OFFICE in person or via inter-district transfer. Attn: Cheer/ Dance Advisor, 315 E. 11<sup>th</sup> Street Tracy, CA 95376. You may also allow the student to turn in the form in a **signed & sealed** envelope. Please contact Sheila Soares (209)815-6187 or [tracyhighcheer@gmail.com](mailto:tracyhighcheer@gmail.com) for any questions, comments, and/ or concerns. Thank you for your support!

**This evaluation is confidential and will only be viewed by Advisors. Comments are strongly encouraged!**

	8 9 10 11	<b>CHEER    DANCE</b>
Student's Name	Current Grade Level (circle one)	<b>Trying out for (circle one)</b>

This evaluation for each student is a valuable asset (and possibly a deciding factor) toward the applicant's acceptance on the squad. Please rate this student in the following areas. Thank you for your time!

E- Excellent	S- Satisfactory	N- Needs Improvement
___ Responsibility and Dependability	___ Leadership	___ Attendance
___ Attitude Working with Fellow Students	___ Positive Role Model	___ Promptness and Preparedness
___ Attitude Working with Authority	___ Work Ethic	___ Ability to Follow Rules
	___ Motivation	

Additional Comments:

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Teacher's Printed Name:

Teacher's Signature:

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Subject/ Class Title:

Period:

Current Letter Grade:

## 2022-2023bTRACY HIGH CHEER/ DANCE TRYOUTS – Teacher Evaluation

**Teachers:** Please return this completed form by **THURSDAY April 24<sup>th</sup> by 3:00pm** to the Tracy High Cheer/ Dance Box in the Career Center in person or via inter-district transfer. Attn: Cheer/ Dance Advisor, 315 E. 11<sup>th</sup> Street Tracy, CA 95376. You may also allow the student to turn in the form in a **signed & sealed** envelope. Please contact Sheila Soares (209) 815-6187 **THANK** you for your support!

**This evaluation is confidential and will only be viewed by Advisors. Comments are strongly encouraged!**

	8 9 10 11	<b>CHEER</b>	<b>DANCE</b>
Student's Name	Current Grade Level (circle one)	<b>Trying out for (circle one)</b>	

This evaluation for each student is a valuable asset (and possibly a deciding factor) toward the applicant's acceptance on the squad. Please rate this student in the following areas. Thank you for your time!

<b>E- Excellent</b>	<b>S- Satisfactory</b>	<b>N- Needs Improvement</b>
___ Responsibility and Dependability	___ Leadership	___ Attendance
___ Attitude Working with Fellow Students	___ Positive Role Model	___ Promptness and Preparedness
___ Attitude Working with Authority	___ Work Ethic	___ Ability to Follow Rules
	___ Motivation	

Additional Comments:

Teacher's Printed Name:

Teacher's Signature:

Subject/ Class Title:

Period:

Current Letter Grade:

## 2022-2023 TRACY HIGH CHEER/ DANCE TRYOUTS – Teacher Evaluation

**Teachers:** Please return this completed form by **THURSDAY MAARCH 24TH** to the Tracy High Cheer/ Dance Box in the ATTENDANCE OFFICE in person or via inter-district transfer. Attn: Cheer/ Dance Advisor, 315 E. 11<sup>th</sup> Street Tracy, CA 95376. You may also allow the student to turn in the form in a **signed & sealed** envelope. Please contact Sheila Soares (209)815-6187 or [tracy.cheer.dance@gmail.com](mailto:tracy.cheer.dance@gmail.com) for any questions, comments, and/ or concerns. Thank you for your support!

**This evaluation is confidential and will only be viewed by Advisors. Comments are strongly encouraged!**

	8 9 10 11	<b>CHEER</b>	<b>DANCE</b>
Student's Name	Current Grade Level (circle one)	<b>Trying out for (circle one)</b>	

This evaluation for each student is a valuable asset (and possibly a deciding factor) toward the applicant's acceptance on the squad. Please rate this student in the following areas. Thank you for your time!

<b>E- Excellent</b>	<b>S- Satisfactory</b>	<b>N- Needs Improvement</b>
___ Responsibility and Dependability	___ Leadership	___ Attendance
___ Attitude Working with Fellow Students	___ Positive Role Model	___ Promptness and Preparedness
___ Attitude Working with Authority	___ Work Ethic	___ Ability to Follow Rules
	___ Motivation	

Additional Comments:

Teacher's Printed Name:

Teacher's Signature:

Subject/ Class Title:

Period:

Current Letter Grade:



