

2024-2025 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 A BUILDING with ALL PAPERWORK

PLEASE COMPLETE FORM & ATTACH A COPY OF YOUR 3rd QUARTER REPORT CARD

	9 10 11 12	CHEER DANCE
Name of Candidate (please print clearly)	Grade For 19-20 Season (Circle One)	TRYING OUT FOR (Circle ONE)

Candidate's Phone Number	Candidate's E-mail Address
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Parent/ Guardian's Phone Number	Parent/ Guardian's E-mail Address
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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 always. 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 2024-2025 Try-Out Packet and understand there are additional rules in the 2024-2025 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 the Coaches 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, 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, its coaches or any of its personnel or volunteers responsible in the case of accident or injury at any time. I understand that the coaches 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
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Parent or Legal Guardian Signature	Date
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PLEASE COMPLETE & ATTACH A COPY OF YOUR 3rd QUARTER REPORT CARD!

Please return this form to the cheer/dance box in the ATTENDANCE OFFICE

2024-2025 TRACY HIGH CHEER/ DANCE TRYOUTS

WRITTEN REQUIREMENT

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 been 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

Please turn in with permission slip and release form.

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

2024-2025 TRACY HIGH CHEER/ DANCE TRYOUTS

Fine and Saturday School Hour Clearance Form for Try-Outs

TURN THIS FORM IN WITH PACKET

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 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 should you have any questions or concerns. Thank you for your support!

2024-2025 TRACY HIGH CHEER/ DANCE TRYOUTS

Coach, Advisor, or Supervisor Evaluation

This form is due by THURSDAY MARCH 11TH.

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 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!**

2024-2025 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. 11th 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 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	CHEER DANCE
Student's Name	Current Grade Level (circle one)	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: _____

2024-2025 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. 11th 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 for any questions, comments, and/ or concerns. Thank you for your support!

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Subject/ Class Title: _____

Period: _____

Current Letter Grade: _____

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Additional Comments: _____

Teacher's Printed Name: _____ Teacher's Signature: _____

Subject/ Class Title: _____ Period: _____ Current Letter Grade: _____

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	___ Motivation	

Additional Comments: _____

Teacher's Printed Name: _____ Teacher's Signature: _____

Subject/ Class Title: _____ Period: _____ Current Letter Grade: _____

2024-2025 TRACY HIGH CHEER/ DANCE TRYOUTS – Teacher Evaluation

Teachers: Please return this completed form by **THURSDAY April 24th 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. 11th 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	CHEER DANCE
Student's Name	Current Grade Level (circle one)	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
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	___ Motivation	

Additional Comments: _____

Teacher's Printed Name: _____

Teacher's Signature: _____

Subject/ Class Title: _____

Period: _____

Current Letter Grade: _____

2024-2025 TRACY HIGH CHEER/ DANCE TRYOUTS – Teacher Evaluation

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Teacher's Printed Name: _____

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