

2021-2022 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 **Friday April 5th by 3:00pm.**

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				
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.

PARENTS/ GUARDIANS

I have read and understand the rules and regulations as stated in the Tracy High Cheer/ Dance Team 2019-2020 Try-Out Packet and understand there are additional rules in the 2019-2020 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 Lauren Ortega 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, Lauren Ortega, 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 Lauren Ortega, 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 Lauren Ortega 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 3rd QUARTER REPORT CARD!

Please return this form to the cheer/dance box in the THS Career Center (James Franco Building) by Friday April 5th 3:00pm

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 2018-19 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): _____

2021-2022 TRACY HIGH CHEER/ DANCE TRYOUTS

WRITTEN REQUIREMENT

DUE BY May 7th 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.

2019-2020 TRACY HIGH CHEER/ DANCE TRYOUTS

Coach, Advisor, or Supervisor Evaluation

This form is due by Friday April 5th by 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 a valuable 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	6	7	8	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 **Friday May 7th 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. 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!**

2021-2022 TRACY HIGH CHEER/ DANCE TRYOUTS – Teacher Evaluation

Teachers: Please return this completed form by **Friday April 5th 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 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:

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