

2026-2027 TRACY HIGH CHEER TRYOUT PERMISSION SLIP

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

Please return this completed form to the Cheer Box in room A113 in the A building at Tracy High with ALL PAPERWORK by 4/4/26

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

9 10 11 12

Name of Candidate (please print clearly)

Grade For 26-27 Season (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 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 cheer team members. I understand that the Cheer 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 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 Team 2026-2027 Try-Out Packet and understand there are additional rules in the 2026-2027 Tracy High School Cheer Team Handbook that will be reviewed and enforced if my daughter/ son is selected to be a member of the Cheer 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 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) 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

Parent or Legal Guardian Signature

Date

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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 Team?
- What qualities do you have that will make you a good candidate to be on the team?
- 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 meant to you and why do you want to continue to be a Tracy High Cheerleader?
- 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

Please return this form to the Cheer box in room A113 in the A building at Tracy High by 4/4/26.

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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:

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 form to room A113 in the A building at Tracy High by 4/4/26.

Please contact Sofia Posten at thscheerteam@yahoo.com, should you have any questions or concerns. Thank you for your support!

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Applicant choice -Coach, Advisor, or Supervisor Evaluation This form is due by FRIDAY April 4TH.

Student's Name:

Student's Current School:

Advisor Name:

Grade in School: 8 9 10 11

The Coach/ Advisor/ Supervisor chosen by 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 by circling appropriate number.

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

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

Comments:

Relationship to Applicant:

Years Known:

Coach/ Advisor/ Counselor Signature:

Date:

Please return this form to room A113 in the A building at Tracy High. Please put it in a signed and sealed envelope to ensure confidentiality. Please contact coaches:

Please contact Sofia Posten at thscheerteam@yahoo.com if you have any questions, comments, or concerns.

