## **Cheerleading/Mascot Tryout Paperwork Checklist 2014-2015**

All paperwork must be completed and turned in to Ms. Jozwiak in room 203 by Friday, April 25, 2014. NO EXCEPTIONS!

Failure to complete paperwork by April 25, 2014 may result in tryout eligibility.

- > WHS Cheerleading Application
- > Parent's Approval From/Physical Paperwork/Waiver (HISD)
  (if not already on file at Waltrip, if another HISD school a copy of paperwork must be provided)
- > Teacher Evaluation Forms (3)

Three of your current teachers must fill out a Teacher Evaluation form.

Your teacher will turn in the Teacher Evaluation form to Ms. Jozwiak or it must be in a sealed envelope or will not be accepted.

> Cheer Expectations/Release Form (signed and dated)

#### **Important Dates & Times:**

Activity	Date	Time
Cheerleading Paperwork Due Complete and submitted	Friday, April 25, 2014	By 4:30 p.m.
Cheerleading Tryout Clinic	Monday, April 28, 2014 Tuesday, April 29, 2014 Wednesday, April 30, 2014	4:15-6:15 p.m.
Cheerleading Tryouts  Attire: red shorts, white shirt, hair pulled back, tennis shoes	Thursday, May 1, 2014	Tryouts begin promptly at 5 pm  ***Candidates must remain for the full length of tryouts in case of call backs***

If you have any questions or concerns please contact Ms. Jozwiak in room 203 or email her at: ajozwiak@houstonisd.org

#### Criteria for Judging:

- > Jumps (one jump MUST be a toe touch)
- > Cheer (motions, technique, voice projection)
- > Chant (motions, technique, voice projection)
- > Dance (motions, technique, technique)
- > Tumbling

#### Tryouts will be closed to outside spectators

### Requirements for Cheerleading clinic and tryouts:

- > Attire: T-shirt, shorts, and appropriate tennis shoes. Hair must be pulled back.
- > Bring water bottle hand towel
- > No jewelry or chewing gum

\*\*\*Any outstanding balances from the previous year must be paid in order to try-out\*\*\*



Please print the following information clearly.

## Personal Information:

Name:	H	Iome Phone #:	
Cell Phone #	Eı	mail Address:	
Address:	City, State:	Zip:	
Date of Birth	Age		
Date of Birth	Age		
Grade Level:	School:	Homeroom Teacher:	_
			_
Parent Information			
Parents/Legal Gardian's Nar	ne·	·	
Talents/Legal Galdian 5 Hai			
Home Phone #	Work Phone#	Cell#	
Email			
			<u>. ·</u>
Medical Information:			
Doctor's Name:		Doctor's Phone #:	
		P. M. Levis	-
Insurance Company:	Po	olicy Number(s)	
Insurance Phone #			-
msurance Fhone #			
1. Are you allergic to a	ny medications?	If so, please list:	
-			
Z. Are you currently taking	any medications?	ii so, piease iist.	
3 Are you currently being	treated for any injuries?	If so, please list	



### Other Information:

Are you currently a member of any club, organization, or team requiring extra practice time?
If so, please list.
2. List any honors you have received in school:
3. When is your summer vacation?
Please list any other obligations that may interfere with attending summer camp.
5. Have you ever been suspended from WHS or your middle school (include in school suspension)? If so, please explain:





## **STUDENT PROFILE**

	Name: Grade: Student ID:
1.	Name two ways to get students interested in attending pep rallies.
2.	What would you do if a member of your squad had a very bad attitude problem?
3.	What three characteristics do you feel are most important for cheerleaders/mascots to posses?
4.	Do you feel cheerleaders/mascots are an important part of the athletic program? Why?
5.	Why are you trying out for cheerleader/mascot?
	<u> </u>

## WALTRIP HIGH SCHOOL CHEERLEADER APPLICATION 2014-2015

What is a new idea you would like to see implemented in next year's cheerleading/mascots program?
What was something the cheerleaders/mascots did last year that you feel was effective?
How could you get teachers and administrators involved with school spirit?
Please list/tell me anything else you would like for me to know about you and/or your interest in the WHS cheer/mascot spirit program.

This information is a part of the audition/tryout process.

# PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY OPAN must be completed annually by parent (or quardian) and student in order for the student to participate in athletic.

REVISED 1-6-09

Student's Name: (print)		s	·		geDate of Birth	_
Address					Phone	_
	School					
Personal Physician					Phone	_
In case of emergency, contact:						
Name	Relationship			Phone (	H)(W)	
medical evaluation which may	box below**. Circle questions yo include a physical examination. W ion in UIL practices, games or mate	ritten	t know the	e answe	rs to. Any Yes answer to questions 1,2,3,4,5, or 6 requires further physician, physician assistant, chiropractor, or nurse practitioner is	
Have you had a medical illn	ess or injury since your last check	Yes	No □	13.	Have you ever gotten unexpectedly short of breath with exercise?	
Have you been hospitalized Have you ever had surgery?					Do you have asthma?  Do you have seasonal allergies that require medical treatment?	_
Have you ever passed out do Have you ever had chest pa	uring or after exercise?			14.		
Do you get tired more quick exercise?	cly than your friends do during			15.	example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?  Have you ever had a sprain, strain, or swelling after injury?	
Have you had high blood pr				15.	Have you ever had a sprain, strain, or swelling after injury?  Have you broken or fractured any bones or dislocated any joints?	
Have you ever been told you  Has any family member or a  sudden unexpected death be	relative died of heart problems or of				Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	
Has any family member bee (dilated cardiomyopathy), h	en diagnosed with enlarged heart, ypertrophic cardiomyopathy, long				If yes, check appropriate box and explain below.  Head Elbow Hip	
QT syndrome or other ion c etc), Marfan's syndrome, or Have you had a severe viral	•				Neck Forearm Thigh Back Wrist Knee	
myocarditis or mononucleor Has a physician ever denied sports for any heart problem	l or restricted your participation in				☐ Chest         ☐ Hand         ☐ Shin/Calf           ☐ Shoulder         ☐ Finger         ☐ Ankle           ☐ Upper Arm         ☐ Foot	
Have you ever had a head in				16.	Do you want to weigh more or less than you do now?  Do you lose weight regularly to meet weight requirements for	
your memory? If yes, how many times?	When was the last concussion?			17.	your sport?  Do you feel stressed out?	_
How severe was each one?	(Explain below)			18.	Have you ever been diagnosed with or treated for sickle cell trait	<b></b> E
Have you ever had a seizure				Fan	or sickle cell disease?  cales Only	
Do you have frequent or sev	vere headaches?	$\overline{\Box}$			When was your first menstrual period?	
	ss or tingling in your arms, hands,	$\overline{\Box}$		17.	When was your most recent menstrual period?	
legs, or feet?	, burner, or pinched nerve?	_	_		How much time do you usually have from the start of one	
Are you missing any paired	· •				period to the start of another?	
Are you missing any paired  Are you under a doctor's ca	_	_			How many periods have you had in the last year?	
•	y prescription or non-prescription				What was the longest time between periods in the last year?	
(over-the-counter) medicati Do you have any allergies (	on or pills or using an inhaler? for example, to pollen, medicine,			card resti	ndividual answering in the affirmative to any question relating to a possible lovascular health issue (question three above), as identified on the form, shou icted from further participation until the individual is examined and cleared the probability of the content of the co	
food, or stinging insects)?  Have you ever been dizzy d	uring or after exercise? in problems (for example, itching,				lclan, physician assistant, chiropractor, or nurse practitioner.  (PLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if neces)	sarv):
rashes, acne, warts, fungus,  Have you ever become ill fi	or blisters)?			-		_
. Have you had any problems	•			L-		_
Interscholastic League nor the	school assumes any responsibility in	case a	n accident	occurs		
request, authorize, and consen	t to such care and treatment as may	be giv	en said stu	ident by	nediate care and treatment as a result of any injury or sickness, I do he any physician, athletic trainer, nurse or school representative. I do he from any claim by any person on account of such care and treatment or	reby
authorities of such illness or in	jury.				occur that may limit this student's participation, I agree to notify the sch	ool
	n to penalties determined by the U	JIL	ove quest an Signatur		complete and correct. Failure to provide truthful responses could  Date:	
					CRIMMAGE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.	
	s reviewed by: Printed Name					

Student's Name			Sex	Age	Date of Birt	h	
Height Wei	ght	% Body fat (o	ptional)	Pulse	BP	_/(	′,/
		·	. ,			brachial blood	pressure while sitting
Vision R 20/	L 20/	Co	rrected: 🗆 Y	Z □ N	Pupil	s: 🗆 Equal 🛭	⊒ Unequal
As a minimum requiragain prior to first an questions on the stude exam.	d third years of	f high school a	thletic particip	ation. It must b	e completed if	there are yes ar	iswers to specific annual physical
		NORMAL		ABNORMA	L FINDINGS		INITIALS*
MEDICAL		,					
Appearance							
Eyes/Ears/Nose/Throa	it	ы.					
Lymph Nodes							
Heart-Auscultation of	the heart in						
the supine position.							
Heart-Auscultation of							
the standing position.		<del> </del>					<del> </del>
Heart-Lower extremit	y puises	<u> </u>					<del>-   </del>
Pulses		,					
Lungs Abdomen	<del></del>		e				<del>-</del>
Genitalia (males only)		+					
Skin	,	1					
Marfan's stigmata (ar	ochnodoctyly	+		· · · · · · · · · · · · · · · · · · ·			
pectus excavatum, joi							
hypermobility, scolios							
MUSCULOSKELE							
Neck							
Back							
Shoulder/Arm							
Elbow/Forearm							
Wrist/Hand							
Hip/Thigh							
Knee			<u>.                                    </u>			<u> </u>	
Leg/Ankle	,						
Foot							
*station-based examin	nation only				-		
CLEARANCE							
_							
☐ Cleared after con	ipleting evaluat	tion/rehabilitati	on for:				
☐ Not cleared for:_				Reason:			
Recommendations: _							
_							
The following informa	ition must be fi	lled in and sign	ed by either a	Physician, a Phys	sician Assistant	licensed by a Si	ate Board of
Physician Assistant E.							
-		_	_				
or a Doctor of Chirop				_		_	
Name (print/type)				Date of I	Examination:		
Address:							
Phone Number:							
Signature:			_				

Must be completed before a student participates in any practice, before, during or after school, (both in-season and out-of-season) or games/matches.

#### 7/03

#### HOUSTON INDEPENDENT SCHOOL DISTRICT ATHLETIC DEPARTMENT

PARENT'S APPROVAL	FOR PARTICIPATION IN ATHLE	ETICS AND EMERG	ENCY MEDICAL AUTHORIZATION
hereby certify that		has r	my approval to play at home or away from
	(Student)		
nome on the athletic tea follows:	ms of the(Sci	hool)	Middle/High School, grade, as
Baseball/Basketball/Ch	neerleader/Cross-Country/Footbal (Parent will check sports		l/Swimming/Tennis/Track/Volleyball/Wrestling es not approve.)
	that the HISD Board of Education or injury as a result of any aspect		and agents of HISD assume no responsibility or esports listed above.
	otential risk of injury, I am giving r		reates the potential for receiving an injury. With mission to participate in athletics and accept full
In the event of an injunecessary medical treat		school officials and	d employees to render, secure, and authorize
	cal expenses for injuries will be prairies HISD's general immunity or		to the HISD Department of Athletics rules, and r injuries or damages.
My insurance company	is		
Policy Number		Group Nu	mber
(both parents, if possible	e)		
Date	Telephone	Home Address	s
Social Security Number		Signed	
, · · · · · · · · · · · · · · · ·	(Parent or Guardian)		(Parent or Guardian)
Date	Telephone	Home Address	s
Social Security Mumber		Signed	
Social Security Number	(Parent or Guardian)	Signed	(Parent or Guardian)
	was signed in my presence.		
			Student Social Security Number
Principal or Notary (no (first year of participation			
PLACE OF EMPLOYMI	ENT (both parents, if possible)		
(Father) Name of Firm		(Mother) Name of Firm	
Address		Address	
Phone		Phone	
NOTE TO THE COACH	H: You must have a completed office of the school attended. Yo	form before the stud ou must file a copy of	lent may participate in or practice for any sport. every school year. A notarized copy or a copy

signed by the parents in the presence of the principal must be filed for the first year of participation at the school the student attends. Thereafter, a parent approval signed by the parents or parent must be submitted before the student may participate.

# CHEER EXPECTATIONS and WAIVER/RELEASE FORM FOR TRYOUTS WALTRIP HIGH SCHOOL (4/28/2014-05/01/2014)

_, has my permission to tryout for the Waltrip
youts my child will be evaluated by the Waltrip side personnel. I agree to abide by their final
cheerleading, stunting, and gymnastics carry a ne participant and coach are, how many sed, the risk cannot be eliminated. I understand ol, the cheerleading coach, or any of its or injury at any time during the clinic or any
there are financial responsibilities with specific cipation in fundraising for the squad as a e of my child's individual financial es the squad additional HISD Athletic ryour child to participate.
Date:/
Date://
team at Waltrip High School. I understand the by the rules and regulations set forth by the see to cooperate, show respect, and follow the ner members of the squad at all times.  Date://

# CHEERLEADING TEACHER EVALUATION FORM

Candidates: Please	have <u>at</u>	least 3	of your	teacher	s fill ou	t this teacher evaluation form.
Name:			<u> </u>	я.		
Homeroom Teache	Valtrip HS)					
Student I.D.						Grade Level:
Teachers: Please fi Do not return to s	ll out the	e form a	nd plac	e it in N e <b>r scho</b>	As. Jozw ol, must	riak's box in the main office.  be in a sealed envelope.
Teacher Name:			-		·	Subject:
Please write in nun	nber gra	des:				
Last Six Weeks Cy	cle		Cu	ırrent gı	ade	
ratings will make	candid	ate inel	igible t	o try oı	ut for ch	ghest. Consistently low neerleader.
Dependability						
Leadership	1			4		
Attitude	1	2	3	4	5	
Cooperation	1	2	3	4	5	
Courtesy	1	2	3	4	5 ,	
Character	1	2	3	4	5	
Comments:		****	···			
						-
		-				
·						
	<u> </u>					

# CHEERLEADING TEACHER EVALUATION FORM

Homeroom Teache	er:		School (if not Waltrip HS)					
Student I.D.	,					Grade Level:		
Teachers: Please fi	ll out th	e form a	nd plac	e it in N er scho	Ms. Jozw ol, must	viak's box in the main office.  be in a sealed envelope.		
Teacher Name:						Subject:		
Please write in nur	nber gra	des:						
Last Six Weeks Cy	cle		Cu	ırrent gı	rade			
ratings will make	candid		igible t	o try oı	ut for ch	ghest. Consistently low eerleader.		
Dependability								
Leadership		2						
Attitude	1	2						
Cooperation	1	2	3	4	5			
Courtesy	1	2	3	4	5			
Character	1	2	3	4	5			
Comments:				<u> </u>		<u>.</u>		
	. ,			:				

# CHEERLEADING TEACHER EVALUATION FORM

Candidates: Please	have <u>at</u>	<u>least 3</u>	of your	teache	s fill out this teacher evaluation	torm			
Name:									
Homeroom Teache	er:			School (if not Waltrip HS)					
Student I.D.			·		Grade Level:				
Teachers: Please fi	ll out the	e form a	nd plac	e it in N e <b>r scho</b>	Is. Jozwiak's box in the main of ol, must be in a sealed envelope	fice.			
Teacher Name:		***			Subject:	-			
Please write in nur	nber gra	des:							
Last Six Weeks Cy	ycle		Cu	irrent gi	ade				
ratings will make  Dependability	candid	ate inel	igible t	o try o	g the highest. Consistently lov it for cheerleader. 5				
Leadership		2	3	4	5				
Attitude	1	2	3	4	5				
Cooperation	1	2	3	4	5				
Courtesy	1	2	3	4	5				
Character	1	2	3	4	5				
Comments:						_			
	······································	_							