

Cheerleading Tryout Packet

Name:

Grade (2022-2023):

Student's Phone Number:

Name of one parent/guardian:

Parent/guardian phone number:

Parent/guardian email address:

Which season(s) will you be participating?

Fall / Winter / Both

Please answer the following questions to the best of your ability:

- 1) Why are you tryout out for cheerleading?
- 2) What can you add to the BCCHS Cheerleading Team? Why should you be considered for the team?

Experience: (please answer to the best of your ability. If not applicable to you or none, just answer with N/A).

- 1) Do you have any dance experience? Please explain.
- 2) Please describe any stunting experience that you have, including all skills you have mastered and skills you are currently working towards mastering.
- 3) Do you have any tumbling skills? Please explain.

Any medical conditions we need to know about:

***Any dates this summer/school year that you will not be available due to drivers ed, vacations, etc:**

Name: (First and Last) _____

As a BCCHS Cheerleader/Candidate, I agree to meet all of the following requirements:

1. I will follow any and all safety guidelines set forth by the National High School Association and Montana High School Association for cheerleaders. I understand that there is some risk involved in cheerleading and following all the safety guidelines and taking all precautions may not prevent all injuries.
2. I have read, understand and agree to follow all rules, guidelines and regulations set for by the Coaches and MHSA

MONTANA HIGH SCHOOL ASSOCIATION (MHSA) RULES

- No jewelry may be worn at practice or games. This rule includes spacers, fishing line, band-aids and tape. The only exception is religious or medical jewelry, which may be worn without a chain taped to the body. Wearing jewelry during any cheerleading activity will result in benching at coaches discretion.
 - Hair must be worn up in ponytail for practice and games. Hair must remain off the neck and out of the face for entire length of activity. If hair is too short to be put up or bangs cannot stay back, bobby pins may be used. Headbands, bandanas, hoodies and hats are not allowed.
 - Gum is never allowed at practice or games
 - Nails must be kept at an appropriate length (not be seen when looking at the palm of your hand), with no polish or acrylics.
 - Cheerleader must have 10 practices in before first performance
3. I understand cheerleading is a major commitment and will not be placed second to any extracurricular activity or job. I will manage my schedule to accommodate for all games, practices and cheerleading events.
 4. I will follow the MHSA rules in regards to my academic performance. I understand failing two or more classes will result in ineligibility.
 5. I have no health or physical problems that would hinder my ability to perform. I will report any injuries or problems to my Coach and the BCCHS trainer ASAP. A doctor's release will be required to participate after an injury.
 6. I will pay all fees necessary for participating in cheerleading
 7. I understand that at the coaches' discretion, my actions may, at any time, result in benching, suspension, or dismissal from the squad.
 8. I understand that quitting during the cheer seasons deems me ineligible to make the team the following year (upon Coaches discretion).

Student Name: _____

(Student Signature)

(Date)

**I (parent/guardian) have read, understand, and will follow the BCCHS
Cheerleading Handbook & Consent for Participation/Travel**

My child, _____ has my permission to be a cheerleader at BCCHS. I understand she/he must abide by the rules set forth by Coaches and Central High School, and must be present at all practices, games, and events. I have read the handbook and understand that the violation of any of these rules may lead to temporary or permanent suspension from the team. I understand all costs involved as stated in the rules. I understand by the very nature of activity, cheerleading carries a risk of physical injury. These risks include minor and major injuries such as permanent paralysis or even death from landing or falls on the back, neck, or head. I understand these risks and will not hold BCCHS or any of its personnel responsible in the case of accident or injury at any time. I realize that staff will do all possible to provide for the safety of my child. In the event of an accident in which my child is injured, I give my express consent for the Coaches to obtain medical treatment and will bear all expenses incurred on behalf of my child.

I give my permission for said student to travel on all athletic trips scheduled for their team. In granting this permission, I also assume full responsibility for any and all damage to person or property caused by my child. I understand that by participating in interscholastic athletics, my child is exposed to the risk of serious injury. I give my permission and consent to BCCHS athletic director, coach and/or staff to care for and provide appropriate medical treatment for my child in the event of injury. In the event of an emergency, I prefer my child to receive treatment at _____ (hospital name).

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Parent Cell Phone Number: _____

Parent(s) Email Address: _____

INSURANCE INFORMATION

Child Name: _____

Child DOB: _____

Primary Insurance Co: _____

Name of Policy Holder: _____

Policy #: _____

Group #: _____

Insurance Co. Phone # (____)____ - ____ ext ____

****PLEASE BE AWARE OF THE FOLLOWING WHEN CARING FOR MY CHILD****

Medical Conditions:

Allergies:

Medications & Condition:

PERMISSION FOR AUTHORIZATION TO TREAT IN PARENT ABSENCE

*I give permission for representatives of BCCHS to authorize medical treatment for my child in my absence. This may include, but is not limited to, activation of emergency services, emergency room procedures, and injury/illness evaluation and treatment by certified athletic trainers at away competitions.

Print Parent Name: _____

Parent Signature: _____