Tryout Packet

Must be turned in on day of tryouts May 15, 2018.

Page 1.

- Name
- Grade you will be in for the 2018-2019 school year
- Head shot

Page 2.

- Grades, Quarters 1st – 3rd (make sure it's a copy of your official report card and GPA is calculated)

Page 3.

- Letter of why you want to be a Hillcrest Cheerleader

Page 4.

- Candidate Background

Other items

3 teacher/coaches recommendation

Candidate Background

Have you ever participated in a competition style dance or cheer team?

What level did your team compete at?

How long were you on this team AND from what ages?

How many hours each week are you used to practicing?

If you were previously on a cheer squad, what was your stunt group position?

What other Hillcrest sports, clubs, or companies do you plan on trying out for/fitting into your schedule?

Is cheerleading your number one priority?

Please list any and all injuries that are recurring or problematic.. I.E. back pain, knee injuries, strained tendons/muscles etc.

By signing this I am allowing my student to tryout for the 2018-2019 Hillcrest Cheerleading squad. I understand that if my student is chosen to be a part of the team my student will be held to all things listed in the contract. I have read through the contract and agree to all things planned, including but not limited to the financial obligations, physical requirements and time commitment of participating in cheerleading.

Parents Signature: _____

Academic	Teacher	Evaluation

Student's Name:			Grade (Currently):						
Subject:	ubject:				_ Current Academic Grade:				
Teacher's Name:									
Students Attendance: Excellent 0	Good	_ Poor _							
Please evaluate the student on the fo improvement.	llowin	g qualiti	ies: 5 be	eing the	best, 1 need	S			
Academic Achievement	1	2	3	4	5				
Attendance and Tardiness	1	2	3	4	5				
Leadership	1	2	3	4	5				
Work Ethic	1	2	3	4	5				
Attitude	1	2	3	4	5				
Total									
Comments:									
Ι	Rec	ommen	d			for the			
(Teacher's Name)	(Candidates Name)								

2018-2019 Hillcrest High School Cheerleading squad.

Thank you for your referral. Please score and put the evaluation in the cheer box at Hillcrest High School. All evaluations will be kept confidential and will help determine the student's participation in cheerleading.

Middle School teachers: please send all evaluations through the district mail in care of Erika Wilde. HHS teachers: please seal the evaluation and put in cheer faculty box.

Academic	Teacher	Eval	luation

Student's Name:			_ Grade (Currently):				
Subject:			Current	t Acader	nic Grade:		
Teacher's Name:							
Students Attendance: Excellent	Good _	_ Poor _					
Please evaluate the student on the f improvement.	ollowin	ıg qualiti	es: 5 be	eing the	best, 1 need	S	
Academic Achievement	1	2	3	4	5		
Attendance and Tardiness	1	2	3	4	5		
Leadership	1	2	3	4	5		
Work Ethic	1	2	3	4	5		
Attitude	1	2	3	4	5		
Total							
Comments:							
Ι	Rec	comment	d l			for the	
(Teacher's Name)	(Candidates Name)						

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Student's Name:	e: Grade (Currently):					
Subject:	Current Academic Grade:					
Teacher / Coaches Name:						
Students Attendance: Excellent	_ Good _	_ Poor _				
Please evaluate the student on the following qualities: 5 being the best, 1 needs improvement.						
Academic Achievement	1	2	3	4	5	
Attendance and Tardiness	1	2	3	4	5	
Leadership	1	2	3	4	5	
Work Ethic	1	2	3	4	5	
Attitude	1	2	3	4	5	
Total						
Comments:						

Ι	Recommend		for the
(Teacher / Coaches Nam	e)	(Candidates Name)	

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