

CULVER CITY MIDDLE SCHOOL

2011-2012 Cheerleading Tryouts

Dear Parents/ Guardians,

Thank you for your interest in trying out for the Culver City Cheerleading Program. Cheerleading is an athletic sport that not only provides students with many fitness benefits but also strengthens their leadership capabilities and self confidence.

The Culver City Cheerleading Program is a competitive cheer team. Our main focus will be to represent our school at regional and national cheerleading competitions and provide leadership at all school sponsored events. In addition to competition, we will engage in local community service projects and the cheerleaders will serve as student leaders at many school functions.

Cheerleaders are expected to acquire muscular strength, flexibility, cardiovascular endurance. They will also learn proper techniques in cheer jumps, stunting and tumbling. Cheerleaders will train to achieve those skills. Cheerleaders should be model citizens on campus. Their academic work and behavior should be exceptional at all times.

Tryouts are three days long, April 26, 27, & 28, 2011. Students are expected to attend all three days. Please wear P.E. type clothes and hair up off face. NO Jewelry! Skills will be taught and reviewed every day. There will be one and final cut on Day 3. Final cut will be made based on skill level, basic stunting, and performance of the cheer and dance routine in front of a panel of judges.

If your child makes the team, practices will be afterschool every Tuesday and Thursday for the duration of the school year. Summer we will practice 3 times a week days and times will be subject to cheerleaders' schedules. In Fall we will practice every Tuesday and Thursday, Before competitions we might add extra practices during the week.

The total cost of the uniform and summer cheerleading camp will be approximately \$600.00. Amounts will be due in installments over three months. Additional competition fees throughout the season total approx. \$250.00. Cheerleaders may be asked to attend an additional tumbling class for \$80. Fundraising will be available. Those cheerleaders, who do not pay \$50.00 deposit by May 4th, will be dismissed and an alternate will take their place. If your child makes the team there is also a mandatory parent meeting on May 4, 2011. Failure to attend the parent meeting will also qualify for dismissal.

**Good Luck!
Coach Amber Masek**

Culver City Middle School Cheer Application

Cheerleader's Name _____

Cheerleader's Cell# () _____ Grade _____

Address _____

City State Zip _____

Mother's Name _____ Cell #() _____

Father's Name _____ Cell #() _____

Home Phone# () _____

Cheerleader's Email _____

Parent's Email _____

Standing tumbling skills: _____

Running tumbling skills: _____

List any qualifications (previous cheer teams or gymnastic experience):

List other teams, clubs, activities or programs you plan to be involved in during the 2011-2012 season:

Why do you want to be a CCMS Cheerleader?

What does team commitment mean to you? _____

I am ready to tryout for the CCMS Cheer program for 2011-2012 and accept the decision for placement or non placement in the

CCMS Cheer program. I understand that ALL CCMS Cheer practices, competitions and performances must be priority over any and all other activities.

Athlete's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Please
attach
Current
PHOTO
here

CULVER CITY UNIFIED SCHOOL DISTRICT
4034 Irving Place, Culver City, CA 90232

**MEDICAL TREATMENT AUTHORIZATION
WAIVER, RELEASE, AND INDEMNIFY AGREEMENT
FOR PARTICIPATION IN THE VOLUNTARY EXCURSION/FIELDTRIP – MINOR**

Student's Name: _____ Date _____
hereby request participation in the following:

Description of Activity: Cheerleading Tryouts

Date(s) of Activity: April 26, 27, 28, 2011

Sponsor in Charge: Amber Masek Position: Cheer Coach Telephone: 310-842-4200 ex.3335

Type of Transportation: _____ Participant will use transportation provided by Culver City Unified School District.

_____ Students will walk to destination

_____ Participant will accept responsibility for arranging his/her own transportation.

Health or special needs: Check as appropriate:

<input type="checkbox"/>	Participant has no special health needs the staff should be aware of, and no medication is required.
<input type="checkbox"/>	Participant has a special need, and instructions are attached. Number of attached pages
<input type="checkbox"/>	Other:

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

For and in consideration of permitting the above-named child to participate in the activity described above, I hereby voluntarily release, discharge, waive, and relinquish any and all actions or causes of action for personal injury, property damage, or wrongful death occurring to the above-named child arising in any way whatsoever as a result of engaging in said activity or any activities incidental thereto, wherever or however the same may occur and for whatever period said activities may continue. I, for myself, my heirs, executors, administrators and assigns and the above-named child and his/her heirs, executors, administrators, and assigns, hereby release, waive, discharge and hold harmless the Culver City Unified School District ("District"), its officers, agents, servants, or employees (hereinafter collectively "District and District Personnel") from any action or cause of action, aforesaid, which may hereafter arise for myself and my estate and for the above-named child and his/her estate, and agree that under no circumstances will I, my executors administrators, and assigns or the above-named child, or his/her heirs, executors, administrators and assigns, prosecute or present any claim for personal injury, bodily injury, property damage or wrongful death against District and/or District Personnel of any of said causes of action, whether the same shall arise by the negligence of any of said persons or otherwise. Further, I shall indemnify and defend District and District Personnel against any such claims for personal injury, bodily injury, property damage, or wrongful death arising in any way whatsoever as a result of the above-named child's engaging in the above-described voluntary activity or any activities incidental thereto.

California Education Code Section 35330 provides, in pertinent part, as follow:

All persons making the field trip or excursion shall be deemed to have waived all claims against the district of the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion.

I have read and understand Education Code Section 35330. I further understand that I hold harmless the District and District Personnel from any and all liability or claims that may arise out of or in connection with my child's participation in this activity.

I further acknowledge that the District does not provide any type of insurance including liability, collision, comprehensive or medical coverage for students who provide their own transportation or provide transportation to other individuals in connection with an excursion/field trip activity.

Parent/Guardian Signature _____ Student Signature _____ Date _____

Parent/Guardian Name (Print) _____ Student Signature (Print) _____ Date _____

Family Medical Insurance Carrier: _____ Policy Number: _____ Child's Date of Birth _____
(e.g., Blue Cross)

In the Event of an emergency, please contact:

Name _____ (Relationship) _____
Work () _____
Home () _____
Cell () _____