



TRY OUT PACKET

2016-2017

Tesoro High School Pep Squad

Try Out Checklist

In order to participate in the Tesoro Pep Squad Try Outs, each candidate must return the following documents **NO LATER THAN Monday, May 16th AT 3:00 PM** to the Tesoro front office. Students who have not turned in these documents will be unable to participate. **NO EXCEPTIONS!**



- 1. THS Cheerleader application sheet with current picture
 - 2. THS Pep Squad Permission Form/Medical Release
 - 3. A copy of your THS fall report card (current THS students) OR Academic Advisor Grade Check (8th grade students)
 - 4. Four (4) teacher evaluation forms (ALL members). All evaluations must come from current teachers.
 - 5. THS Athletic Clearance packet with current physical. Download from www.tesorocheer.com. THIS FORM IS TURNED IN DIRECTLY TO our Athletic Secretary, Mrs. Merchant in the Tesoro office.
 - 6. THS Pep Squad Rules & Policies, page 7, signed by both parent(s) and student. Download from www.tesorocheer.com
- (Rules & Policies will be given out at the Tryout Info Meeting on May 9th @ 6:30pm in Tesoro Library
- 7. \$20 Donation Requested (cash or check made payable to Tesoro Cheer)

#1 & #2- Please place items in an envelope with your name on it and turn in to the front office of Tesoro anytime PRIOR to 3:00 PM on May 16th.

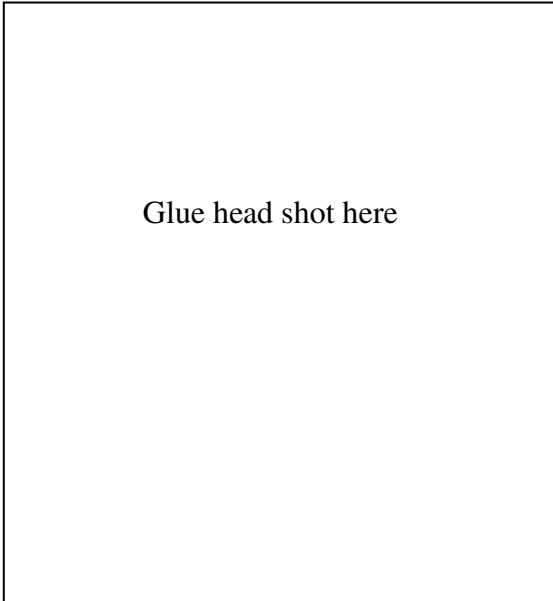
#3- THS Students may include report card in envelope with #1 & #2 above. Academic Advisors send grade check form directly to Tesoro for current 8th graders.

#4- Completed evaluations are sent directly to Tesoro from the teachers.

#5- Athletic Clearance Packet is turned in directly to Mrs. Merchant in the front office.

#6- Last page of Rules & Policies may be turned in to the front office after the tryout information parent meeting, but prior to 3:00 PM on May 16th.

2016-2017 Cheerleader Application



Name _____

Grade Level in Fall 2016 _____

Date of Birth _____ Shirt Size- XS S M L XL
Circle Size

Home Phone _____ Parent Cell _____

Address _____

City/State/Zip _____

Email Address _____

Parents' Names _____

Training

Years of Training

Places of Training

Tumbling/Gymnastics	_____	_____
Stunting Experience (ie. Base, Flyer, Back Spot)	_____	_____
Hip Hop	_____	_____
Cheerleading	_____	_____
Other _____	_____	_____

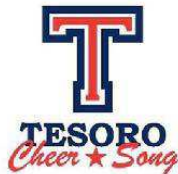
Team/Group Experience

Years

Name of Team

All Star Team	_____	_____
Cheer Team	_____	_____
Gymnastic Team	_____	_____

Why do you want to be a member of Tesoro Pep Squad and what character traits do you possess that will make you an asset to the team?



TESORO HIGH SCHOOL PEP SQUAD Teacher Evaluation (print 4)

Student Name		
Trying Out for (circle one)	CHEER	SONG
Teacher Name/School		
Teacher Signature		

Dear Teacher:

These evaluations account for a percentage of the total score in the tryout procedure. Please be as honest as possible as we do thoughtfully consider all comments. Thank you in advance for your assistance.

Low

High

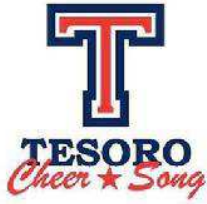
										Academic performance and effort
1	2	3	4	5	6	7	8	9	10	Attendance (always in class, absent occasionally, excessive absences)
1	2	3	4	5	6	7	8	9	10	Integrity (trustworthy and honest)
1	2	3	4	5	6	7	8	9	10	Attitude toward other students (helpful and kind to others)
1	2	3	4	5	6	7	8	9	10	Attitude toward authority (respectful and follows rules and directions)
1	2	3	4	5	6	7	8	9	10	Responsibility and leadership (effective role model for other students)
1	2	3	4	5	6	7	8	9	10	School Spirit (participates and shows school pride)
1	2	3	4	5	6	7	8	9	10	Overall Impression (as a future representative of Tesoro High School)

Please provide any additional comments below:

Please do not show this completed form to the applicant. Please return to:

Attn: Head Cheer Coach – Cris Stuart
 Tesoro High School
 1 Tesoro Creek Road
 Las Flores, CA 92688

FORM DUE NO LATER THAN 3:00 PM on May 16, 2016



TESORO HIGH SCHOOL PEP SQUAD

Academic Advisor Grade Check For Eighth Graders Only

PLEASE HAVE THIS FORM COMPLETED BY YOUR ACADEMIC ADVISOR

Dear Academic Advisor,

_____ is trying out for the Tesoro Pep Squad.

At the conclusion of the most recent grading period, his/her GPA was _____.

The number of absences he/she had during the first semester was _____.

If you would like to add any additional comments, please do so below:

Thank you in advance for your assistance. Please return this form to:

Attn: Head Cheer Coach - Cris Stuart
Tesoro High School
1 Tesoro Creek Rd.
Las Flores, CA 92688

Form due no later than 3:00 PM on May 16, 2016

TESORO HIGH SCHOOL CHEER TEAM

Parent Permission Form and Medical Release

Student Name	Birth Date	Current Grade
Home Address	City	Zip Code
Mother's Name	Day Phone	Cell Phone
Father's Name	Day Phone	Cell Phone
Name of Relative or Friend in case of emergency	Day Phone	Cell Phone
Health Insurance Company	Policy Number	Phone
Family Doctor	Phone Number	
Allergies/prescription drugs/corrective lenses/current medication		

The undersigned hereby authorizes the Tesoro Pep Squad Head Coach/Coach to act as agents for the undersigned and to consent to any x-ray, anesthetic, medical, dental or surgical diagnostic, treatment or hospital care for the above named minor which is deemed advisable by and to be rendered upon the general or specific supervision of any physician and/or surgeon licensed under the Provision of Medicine Practice Act or any dentist licensed under the Dental Practice Act. We the undersigned also accept full responsibility for financial liability for any such care as outlined above or for emergency rescue vehicles as may be needed. We the undersigned also agree to release Tesoro High School, the coaches, of all liabilities associated with our child's participation in the program. The undersigned also acknowledges that the above named minor must have his/her own travel/accident/medical insurance. The company and policy number must be listed above. **Students without insurance will not be allowed to participate in the program.**

Parent Name

Parent Signature

Date

Parent Name

Parent Signature

Date