

2024-2025 CHS Cheerleading
Tryout Information Packet

2024-2025 CHS Cheerleader Tryout Packet



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2024-2025 CHS Cheerleading Tryout Information Packet

Dear Parents/Guardian,

Your child has expressed an interest in becoming a cheerleader. If he/she is selected, there are certain responsibilities and obligations that he/she must assume in order to qualify to tryout for and remain a member of the cheerleading squad.

The attached pages contain the cheerleader tryout information. If you have any questions please feel free to email Coach Thorne at sheryl.thorne@bvsd.org.

Please note that the tryout permission form, the insurance information form, and the medical history/physical form must be completed and turned in *before* your child will be allowed to participate in any part of the tryout process. Current students should return all completed paperwork to Coach Thorne in person or via email to sheryl.thorne@bvsd.org. Eighth grade students and any students transferring from another school system, should return all completed paperwork via email to sheryl.thorne@bvsd.org. Everything in the tryout packets is non negotiable. **If we have not received your child's paperwork by 4/26, before tryouts, he/she will not be allowed to participate and will be sent home.**

Students in the past have received many beneficial experiences from cheerleading, and we hope that this experience will be enriching and worthwhile for your child as well.

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Please read the entire application packet then both the candidate and the parent/guardian must sign the waiver/permission slip and required forms. The forms must be completed and turned in by 4/26/24 in order for the candidate to tryout.

IMPORTANT DATES

Parent/Candidate Info Meeting: **April 23rd 5:00-6:00 @ CHS Student Center**

Tryout Clinics: **April 23rd from 6:00 - 8:00 Small Gym**

April 24th from 5:00 - 7:00 Small Gym

Tryouts: **April 26th**

Small Gym from 5:00 - 7:00 (CLOSED TO PUBLIC)

Team Meeting & Uniform Fitting: **May 10th 5:00 - 7:00 @ Student Ctr**

First Official Mandatory Practice: **8/12/24**

Summer Practice Schedule: **TBD**

REQUIRED PAPERWORK:

1. All cheerleaders must meet the Colorado High School Athletic Association's eligibility requirements. All participants must have obtained a "C" average to tryout and cannot have more than one F. **Candidates from a middle school or another high school must provide a copy of their own report card.**
2. All forms must be completed, signed by a parent/guardian and turned in on the day of tryouts.

PROCEDURES:

TRYOUT DAY: Candidates must be checked in by **4:45pm**. Candidates should warm up on their own. **DO NOT BE LATE!**. Late check-ins will not be allowed to participate.

DRESS CODE:

Participants must wear black shorts, a solid black shirt (**no v-neck shirts/tank tops and shirts should not have visible logos**), white socks, and tennis shoes for tryouts, NO JEWELRY. Female participants must have all hair pulled back in a ponytail, if possible, for tryouts (no bows allowed). Anyone not in the complete and correct tryout uniform will not be allowed to tryout. Stick-on numbers will be given to each candidate. Numbers must be placed on the front of the shirt where it is visible. Failure to wear the proper number will result in disqualification.

NOTES:

1. Tryouts will be held before your coaches and a qualified panel of judges who have no former associations with any participants or the sponsors.
2. Selection of cheerleaders will be based on the skill scores from tryouts and teacher recommendations.
3. Must be in good standing with CHS Cheerleading Staff and school administration.
4. When tryouts are completed, all participants will be dismissed. All participants **must** leave the school premises. The list of cheerleaders will be available via the CHS Instagram page no later than 9pm on 4/27/24. Please follow us **@centauruscheerleaders**
5. **ALL** fees are the responsibility of the cheerleader and their parents, this is not a school covered expense.

PARENT MEETING/UNIFORM FITTING:

1. There will be a mandatory meeting for all newly selected cheerleaders and their parents Friday, May 10th from 5:00-6:30 in the CHS Student Center.
2. Uniform fitting will be from 4:00-5:00. Parents are encouraged to attend to assist in the fitting and ordering process. Team/parent meeting to follow at 5:00.

PRACTICE:

1. The first mandatory practice for the CHS Cheerleading Squad will be on **8/12/24**.
2. A Summer Schedule will be given out prior to the first Summer practice.
3. During the school year we will practice 3-4 days a week after school.

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REQUIRED FORMS

The forms that follow must be **SIGNED** and **RETURNED** to Coach Thorne no later than the day of tryouts. .

Please carefully read all material within this entire packet. By signing these forms, you are indicating that you have read and also agree to abide by all information contained within this document.

Current Sports Physical	Due: 4/26/24
Application/Waiver for Tryouts	Due: 4/26/24
Medical Insurance Form	Due: 4/26/24
CHSAA Registration Form	Due: 8/12/24

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Cheerleading Tryout Application/Waiver Permission Form

Cheerleader's Name: _____

2024/2025 Grade Level: _____

Parent Contact Information:

Parents' Names: _____

Contact Phone Number: _____

Email: _____

Participation Release:

Student Agreement - I _____ am interested in being a cheerleader. I understand the risks stated above. If selected, I promise to abide by the CHS Cheerleader Handbook and the rules and regulations set forth by the coaches, athletic director and CHSAA. I promise to cooperate and follow the instructions of the cheerleading coaching staff. I agree to participate in all required activities if selected as a member of either the cheerleading squad.

Student Signature: _____ **Date:** ___/___/___

Parent Agreement:

My child, _____, has my permission try out to be a cheerleader. I understand that all forms attached must be completed before the first day of tryouts, or my child will not be allowed to tryout. I understand that my child must attend all practices (unless excused by the coaches) and tryout sessions, or my child will not be considered for a cheerleading position. I understand that my daughter/son will be evaluated by qualified judges, and we agree to abide by the decision of the judges. I understand that, if selected, he/she must abide by the rules and regulations set forth by the coaches, athletic director, CHS Cheerleader Handbook and CHSAA. I understand that my child must be present for all practices and games. I have read the rules and regulations and understand that the violation of any of these rules may lead to temporary or permanent suspension from the squad. I understand all costs are my responsibility and I must meet all payment deadlines set by the coaches. I understand by the very nature of the activity of cheerleading carries a risk of physical injury. No matter how careful the participant and coach are, how many spotters are used, or what landing surface is used, the risk cannot be eliminated. The risk of injury includes minor injuries such as muscle pulls, dislocation, and broken bones. The risk also includes catastrophic 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 the school or any of its personnel responsible in the case of accident or injury at any time. I agree to indemnify the school and its employees for any claim which may hereafter be presented by my child as a result of such injuries. In the event that I am unavailable for purposes of providing parental consent, I authorize the staff, hospital, or emergency care center affiliated with the school or school district to provide such hospital care that includes routine diagnostic procedures and medical treatment as necessary to my minor child. I understand that consent does not include major surgical procedures.

Parent Signature: _____ **Date:** ___/___/___

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MEDICAL INSURANCE/EMERGENCY INFORMATION

MEDICAL INFORMATION

DO YOU HAVE A DISABILITY, ALLERGY, SPECIAL MEDICATION, OR OTHER MEDICAL CONDITION THAT YOU REQUIRE SPECIAL CARE? YES NO

IF YES PLEASE EXPLAIN BELOW.

PROOF OF MEDICAL INSURANCE

PLEASE PROVIDE YOUR INSURANCE INFORMATION BELOW

INSURED'S NAME: _____

NAME OF INSURANCE COMPANY:

POLICY NUMBER:

STREET ADDRESS:

CITY, STATE, ZIP:

TELEPHONE:

IN CASE OF AN EMERGENCY:

NAME:

RELATIONSHIP:

DAYTIME PHONE:

EVENING PHONE:

CELL PHONE:

NAME:

RELATIONSHIP:

DAYTIME PHONE:

EVENING PHONE:

CELL PHONE:

SIGNATURE OF PARENT/GUARDIAN: _____ DATE:

**A COPY OF YOUR INSURANCE CARD MUST BE SUBMITTED ALONG
WITH THIS PAGE**