

SHS Cheer Tryout Application Checklist:



- Application (including a picture) _____
- Proof of Insurance _____
- Current Progress Report _____
- Two Teacher/Coach Evaluations (to be turned in by the evaluator)

****Complete Packets are due to Coach Dewey on room 505 or the Front Office by 4:00pm on Tuesday, April 3rd****

Late applications will NOT be accepted

SANGER HIGH SCHOOL

CHEERLEADING APPLICATION

Cheerleader Name _____

Birthdate _____ Circle Grade: 8 9 10 11

ID Number _____

Address _____

City State Zip _____

Mother's Name _____

Father's Name _____

Parent Contact # _____

Cheerleader Contact # _____

Cheerleader's Email _____

Parent's Email _____

List any and all qualifications (previous cheer teams or gymnastics experience):

Why do you want to be a Sanger High School cheerleader?

Candidate for (check all that apply): _____ Freshman _____ JV Cheer. _____ Varsity Cheer

I am ready to tryout for the SHS Cheer Program for 2018-2019 and accept the decision for placement or non-placement in the SHS Cheer Program. I understand that ALL Sanger High Cheer practices, games, rallies, performances, and events **must take precedence of any and all other activities.**

Cheerleader's Signaure _____ Date _____

Parent's Signaure _____ Date _____

Return application, insurance form, and contract forms to Coach Dewey @ Sanger High School (Room 505) by Tuesday, April 3rd by 4:00PM. If your application packet is incomplete or not turned in by this date, you will NOT be able to tryout.



PROOF OF HEALTH INSURANCE

Students trying out for Sanger High School Cheerleading must be covered by a health/accident/hospitalization insurance policy and provide proof of coverage.

*If you already have health/accident/hospitalization coverage:

Complete Section I to provide proof of insurance. This means you are already covered by a parent/guardian's policy.

*If you DO NOT have health/accident/hospitalization coverage:

Complete Section II to enroll in Sanger High School's student insurance plan and fill out the application for insurance through the school.

Please complete and return this form with application by April 3rd to Coach Dewey at SHS in Room 505 by 4:00 PM. Failure to do so will prevent you from attending tryout clinics and from trying out for a team. Once this coverage is issued by the insurance company, it cannot be canceled. No premium refunds will be granted.

Student Name _____

Soc. Sec. No. _____

Student ID# _____

SECTION I: PROOF OF HEALTH/ACCIDENT/HOSPITALIZATION INSURANCE

Name of Insurance Company: _____

Address of Insurance Company: _____

Policy Number Certificate Number _____

Group Number Code Number _____

Other Policy Identifying Number(s) _____

Name of Insured Relationship to Student (e.g., Father) _____

Expiration Date or terms regarding when coverage will cease: (e.g., when student turns 21) _____

I hereby certify that the above information is complete and accurate to the best of my knowledge. I understand that if any of this information is to change I must notify Coach Wertenberger.

Student's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

SECTION II: HEALTH COVERAGE NEEDED

I hereby certify that I am not currently covered by any health/accident/hospitalization insurance policy and therefore must be covered by Sanger High School's insurance plan and will fill out and submit an application for SHS's insurance plan and attach a copy to this form.

Student's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

SHS Cheerleading Candidate Evaluation

Student's Name _____ ID# _____ Grade _____
School _____ Evaluator's Name _____

The student named above is a candidate for the Sanger High Cheer Team. As their teacher or coach please rate them according to their work ethic, attitude, and abilities in your classroom. This evaluation will be kept completely confidential. PLEASE take time and be sincere in your judgment. We ask your cooperation in filling out this form. Return to Coach Jerri Dewey at Sanger High School no later than Tuesday, April 3rd by 4:00pm. You may turn in a hard copy or email the form to jerri_dewey@sanger.k12.ca.us.

Please do not fail to sign this form!

Scale for evaluation

1- Poor 2- Fair 3- Average 4- Good 5- Excellent

Attendance record and punctuality 1 2 3 4 5

Cooperation with teacher/staff 1 2 3 4 5

Homework completed on time 1 2 3 4 5

Cooperation with peers 1 2 3 4 5

Ability to be a leader 1 2 3 4 5

Grade or average _____

Teacher's Signature _____

Thank You for your cooperation!!

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Teacher's Signature _____

Thank You for your cooperation!!