

Parents and Cheerleader Candidates:

Thank you for your interest in trying out for the Holley Elite Cheerleading Squad. We are excited to begin getting ready for what is sure to be a great year filled with big goals, hard work, lots of fun, and new traditions. Our cheerleaders are held to high expectations and standards by our school staff.

This Cheerleading Application Packet includes the following:

* Tryout Application/Parent Permission Form
* Medical Information Form
* Financial Commitments
* Tryout Information, Expectations & Requirements
* Sample Tryout Score Sheet

To be eligible, students must be in grades 2-5 and have good classroom behavior. **Cheerleaders who are selected for the squad must be dedicated and make a commitment. They will need to attend all practices and events so we can have a successful year.** Please make sure to read all the requirements before sending in the completed packet.

**Please note that there is a $10 clinic fee that includes a T-shirt for your child.**

Thank You,

Miss Alyssa Taylor

Holley Elite Cheer Coach/Sponsor

Alyssa.Taylor@fortbendisd.gov

(281) 327-6379

**Holley Elite**

**CHEERLEADING TRYOUT APPLICATION**

**PARENTS & CHEERLEADING CANDIDATES:**

Please read over this entire packet so you understand the expectations and responsibilities of being a cheerleader at Mary Austin Holley. **Students must be in 2nd-5th grade to tryout.** Complete this page and the Medical Information page. Return both pages and the **$10 clinic fee** to **Miss A. Taylor (room 806)** by **Friday, August 23rd.**  All forms must be completed and signed before try-out clinics.

**CHEERLEADER INFORMATION:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: Zip Code: \_\_\_\_\_\_

Shirt Size (circle one): YS YM YL AS AM AL

**PARENT/GUARDIAN INFORMATION:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (if different from above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yes! My child has permission to try out for Holley Elite Cheer. I understand that he/she must abide by the rules and guidelines of the school and be present for all practices and events. I understand that all required forms must be completed and turned in by the due dates, or my child will not be able to tryout. I understand the procedures of cheerleading tryouts and I agree to abide by the final decision of the judges. I understand all financial costs involved as stated in the Financial Information section of this packet.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Holley Elite**

**CHEERLEADING MEDICAL INFORMATION**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Medical Information

1. Does your child have any allergies to food or medication? \_\_\_\_\_\_\_\_ If yes, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Is your child currently taking any medications? \_\_\_\_\_\_\_\_\_ If yes, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Is your child currently being treated for any injuries? \_\_\_\_\_\_\_\_\_ If yes, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. List any prior injuries and treatment. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. List any other health issues we should be aware of. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Yes, my child is physically able to participate in the activities associated withtryouts and, if selected as a member of thecheer squad, may continue to participate in practice and special events.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Holley Elite**

**CHEERLEADING FINANCIAL INFORMATION**

Parents must pay cheerleading dues to cover the following costs if their child makes the cheerleading squad:

|  |  |
| --- | --- |
| Uniform and Accessories | $170 |
| * Uniform (rent) * Shoes * Bow * Socks * Warmup |  |
| **Total:** | **$170** |

**Financial Payment Plan:**

Upon making the squad (first parent meeting September 3rd) the first payment of $50 is due. The second payment of $60 is due September 20th. Final Payment of $60 is due October 1st.

The above due dates are in place to ensure the timely payment of cheerleading dues. These payments are minimums only and the account balance can be paid off at any time. This cost allows you to keep shoes, socks, bows, cheer briefs and warmups.

We have worked to keep the cost factor low, so it is not a financial strain for any family. Families that cannot afford to provide these costs should contact the coach.

In addition to the above required payments, we will attend some events throughout the year that may require small additional payments.

**Holley Elite**

**CHEERLEADING TRYOUT APPLICATION**

**Typical Events**

**Rice Football Halftime Extravaganza ………………………October 12th**

**Holiday Lights………………………………………………...TBA**

**Morning Greetings……………………………………………Every last Friday**

**Rockets…………………………………………………………TBA**

**Sweetheart Dance……………………………………………..TBA**

**Spring Showcase………………………………………...…….TBA**

**UIL…………………………………………………………….Twice a year**

**School Programs………………………………………………TBA**

**Regular Practices……………………………………………..Tuesdays/Thursdays**

**Holley Elite**

**CHEERLEADING TRYOUT INFORMATION**

**CLINIC DATES:** **August 26th-29th** 3:30-5:00 p.m.

During the Clinic, the participants will learn the tryout cheer, dance, basic motions, basic jumps. Candidates should also practice at home to work on what they have learned. Any late pickups will result in a disqualification from tryouts. Parents must be on time at the **BACK** of the school.

**TRYOUT DATE:** **August 30th** 3:30-5:30 p.m. Candidates who do not attend the full day of school will **NOT** be allowed to tryout. Parents should be at the back of the school to pick up students no later than 5:30 p.m. **Ending time is subject to change based on how tryouts are flowing, be advised they may run later.** Tryouts are closed to the public. Parents will not be allowed to watch.

**RESULTS:** Results will be posted online on the website by 7:00 p.m.

**WHAT TO WEAR:** Candidates should wear the tryout T-shirt and athletic type shorts. Hair must be pulled back in a ponytail. No jewelry is allowed.

**TRY-OUT DAY**: Candidates will perform in groups of three or four in front of the panel of judges. Candidates will be judged on:

* *Jumps:* The following jumps will be taught the Clinic: Straight Jump and Tuck Jump. Candidates can also add a third jump, if they wish, that shows the complexity of the jumps they can do. Judges will be looking for correct form, height, and flexibility of all jumps.
* *Motion Drill:* The following motions will be taught the Clinic: Ready, T Motion, High V, Low V, and Touchdown. Judges will be looking for correct form and sharpness.
* *Cheer:* Participants will be taught a short cheer at the Clinic. Judges will be wanting to see if you know the routine and speak in a loud, clear voice. They are also looking for motion technique and sharpness.
* *Dance:* Participants will be taught a dance the Clinic. Judges will be wanting to see if you know the dance and sharpness. They are also looking for motion technique and personality.
* *Overall Presence:* Judges will look at smile, eye contact, poise, attitude, and

neat appearance.

* *School Spirit*: Judges will look at attitude, smile, enthusiasm, and spirit.

**CHEERLEADER JUDGE’S SCORE SHEET**

CANDIDATE NAME/NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GRADE LEVEL: \_\_\_\_\_\_ JUDGE NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Category** | **Possible Points** | **Points Scored** | **Comments** |
| **JUMPS**  Correct Form (10)  Flexibility (5)  Height (5) | 20 |  |  |
| **CHEER**  Knows Routine (10)  Loud, Clear Voice (5)  Motion Technique and Sharpness (5) | 20 |  |  |
| **Dance**  Knows Dance (10)  Personality (5)  Motion Technique and Sharpness (5) | 20 |  |  |
| **OVERALL PRESENCE**  Smile and Eye Contact (10)  Poise and Attitude (5) | 15 |  |  |
| **SCHOOL SPIRIT**  Enthusiasm and Spirit (5) | 5 |  |  |
| **Teacher Review**  Student behavior in school (20) | 20 |  |  |
| **Total** | **100** |  |  |