

# Cheerleading 2018-2019

## The Catholic High School of Baltimore Cheerleader Candidate Application

Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_

School that you are coming from: \_\_\_\_\_

List any cheer experience:

\_\_\_\_\_

List any dance experience:

\_\_\_\_\_

List any gymnastics experience:

\_\_\_\_\_

Do you anticipate being involved in anything that could conflict with cheerleading? (Job, clubs, fall sport, fall play, etc.)

\_\_\_\_\_

Many events are in the evenings and weekends and they are not optional, but mandatory.

Do you anticipate a problem fulfilling this requirement? \_\_\_\_\_

If yes, explain. \_\_\_\_\_

Why do you want to be a Catholic High Cheerleader?

\_\_\_\_\_

\_\_\_\_\_

I have read all of the requirements and standards for Catholic High Cheerleading. I am willing to commit to the squad and follow all standards.

\_\_\_\_\_  
Cheerleader Candidate Signature

\_\_\_\_\_  
Date

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The Catholic High School of Baltimore

## Cheerleading Tryouts

Thursday, August 23<sup>rd</sup>: 4:00 p.m. -7:00 p.m.

Location: The gymnasium at Catholic High.

### Tryout Attire:

All candidates must wear shorts, spandex shorts (to go under shorts), t-shirts, ankle socks, and athletic sneakers. Hair must be pulled back in a ponytail. **NO JEWELRY AT ALL – THIS INCLUDES ANY BODY PIERCINGS!** We will not be responsible for lost or stolen valuables. Please do not bring them to tryouts. Cell phones must stay in purses/bags for the entire session.

### Tryout Requirements:

Candidates will be taught a dance, cheer, forward roll, and jumps. The first part of tryouts you will be taught material. At the end of tryouts, a mock tryout will be shown to the girls so they know what to expect when it's time for them to tryout. The coaches will put the girls in small groups for the tryout portion. Then each girl will get to execute gymnastics skills (optional). An application and medical release form must be turned into the athletic office prior to the tryout.

### About Catholic High Cheerleading:

Catholic High Cheerleading is considered a winter sport, but has requirements throughout most of the school year. We perform for Hello Day in September, cheer home football games for Archbishop Curley, participate in The Mayor's Christmas Parade, the White Marsh Christmas Parade, the St. Patrick's Parade, perform for pep rallies at Catholic High and Archbishop Curley, cheer all home basketball games for Catholic High, and some home basketball games for Archbishop Curley. Monthly calendars for practices and events will be given out in advance. You must schedule other appointments around ALL cheerleading activities.

All cheerleaders must purchase poms, shoes, socks, briefs, bows, and a body liner. The cost is approximately \$150, but a definite cost will be given out at the parent meeting.

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## Medical Release Form & Parent Permission to Participate in Cheerleading Tryouts

\_\_\_\_\_ has my permission to participate in cheerleading tryouts.  
I understand and agree to the following:

- The cheerleader's family must assume some costs associated with being a member of the cheerleading squad.
- Candidates must attend the entire 3 hours of tryouts.
- All dates for cheerleading practices and performances must take priority when scheduling other appointments.
- Cheerleader standards for 2018-2019.
- Permission slip/Medical Release and the cheerleader application must be returned to the athletic office on tryouts day.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### Emergency Medical Treatment Release

I hereby authorize The Catholic High School of Baltimore to obtain through a physician of its choice, any emergency care that may become reasonably necessary for the applicant in the course of tryout activities. Payment of all charges incurred for medical treatment is guaranteed by me or the insurance company listed herein which provides coverage for this student.

Parent/Guardian Telephone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy/Group Number: \_\_\_\_\_

Pediatrician/Family Physician: \_\_\_\_\_

List any special medical conditions or medicine:

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

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date