

2024-2025 LEHS Cheer Tryout Application

This application must be turned in to Coach Fields (room 1230, the front office or the small gym 2 period) by 3:00 pm on Friday, March 20 2024 in order for you to be considered an eligible candidate for tryouts - an electronic copy with all fields signed and completed can be sent to afields@leisd.ws - but paper copy must be given to Coach Fields at try outs if sent electronically.

First Name: _____
Last Name: _____ Current Grade: _____
Student ID: _____ Current School: _____

This application denotes my interest in trying out for the 2024-2025 LEHS Cheer Program as a cheerleader or mascot.

- I understand that my parent or guardian must have been present at the mandatory parent meeting in order for this application to be valid, or has been in contact with Coach Fields prior to tryouts.
- I understand that I must be present at the mandatory tryout clinics listed below in order to maintain my eligibility to tryout. If my parent has not contacted Coach Fields about an excused absence before the application deadline (March 20th), then my absence will result in losing my eligibility to try out.
- I acknowledge that my parent and I were given a copy of the 2024-2025 LEHS Cheer Program Constitution at the parent meeting and signing this application means that we have read, understand, and agree to all parts of the constitution.
- I agree to pay the additional fees owed by the due date if I make the team and I understand that the failure to pay these fees may result in removal from the squad.
- I understand that no money will be refunded in the event that I quit or am removed from the squad.
- I understand that I must have a current physical on file with the school to be eligible to try out. If not, I must submit my physical with this application or else it will be invalid.

Prior to Tryouts: Medical Release & Copy of Current Physical Must be Completed and Turned In

Mandatory Tryout Clinics

Monday March 25th 5:00-8pm (small gym)

Tuesday March 26th 5:00-8pm (small gym)

Wednesday March 27th 5:00-7pm (small gym)

Final Tryouts

Thursday March 28th

High School Students: 330-5pm & Middle School Students 5:30-730

I am trying out for the following position: (select all that apply)

- JV Cheerleader
- Varsity Cheerleader
- Mascot

Please note that the Alternative Placement Contract included in this packet is only for current juniors who are trying out for Varsity. Incoming freshman must try out for freshman, but may also try out for JV - it is understood that if a freshman is not selected for JV, but their scores are appropriate for the Freshman team, they will be placed on the Freshman team.

2024-2025 LEHS Cheer Program Application

Teachers, please sign this contract as an acknowledgement that your student is trying out for the 2024-2025 LEHS Cheer Program. If you have any concerns about academic eligibility, credits, or behavior, please contact Coach Fields at afields@leisd.ws.

1st period _____

2nd period _____

3rd period _____

4th period _____

(Please understand that if you are not truthful on this document, you can be disqualified from trying out.)

Have you earned any failing grades on a 9-weeks report card (quarter) this school year? yes no

Were you ineligible for any games this previous year? yes no/not applicable

Have you been assigned ISS this school year? yes no

Please list any other LEHS Sports, Programs or Clubs that you participate in.

Please circle your main stunting position: **base** **back spot** **flyer**

(leave blank if you have never stunted - this does not go towards/against your try out score)

List any other stunting positions you have done (flyers please list your highest level skill you can do in the air):

Briefly please tell us why you want to be a cheerleader at LEHS.

Candidate Signature: _____

Parent Signature: _____

Parent Printed Name: _____

Parent Phone Number: _____

Parent Email Address: _____

**CURRENT SOPHOMORES & JUNIORS TRYING OUT FOR
VARSITY MUST SIGN THIS FORM AS PART OF HIS OR HER
APPLICATION.**

Alternative Placement Contract

I, _____, acknowledge that I am an eligible candidate to tryout for the 2024-2025 LEHS Cheer Program. I have discussed the following alternative placement with the coaches and understand that if my scores are not satisfactory for my primary placement, I may be qualified for my secondary placement. I understand that if I voluntarily remove myself from the team as a reaction to my secondary placement. I understand that the failure to turn in this contract with the appropriate signatures before the tryout date (3/28/2024) could result in no placement in the LEHS Cheer Program, pending tryout results.

Primary Placement:

- Varsity Cheerleader

Secondary Placement:

- JV Cheerleader
- None - If I do not make my primary choice, I will choose to take myself out of tryouts & not make any team.

Candidate Signature: _____

Coach Signature: _____

Parent Signature: _____

LEHS Cheerleading Medical Release Form

This completed form will enable the LEHS Cheer Coaches and LEHS Athletic Trainers to provide prompt care to your minor child.

Participant's Full Name _____

Birth Date _____

Guardian's Name/Relationship _____

No Yes Allergic Reactions (drugs, food, asthma...) _____

No Yes Taking any medication at this time _____

Date of last tetanus shot _____

In Case of Emergency _____

Father Home Telephone _____

Father Work Telephone _____

Mother Home Telephone _____

Mother Work Telephone _____

Other Emergency Number (List person to contact) _____

Your Insurance Company _____

Policy # _____

Name of Policy Holder _____

Any instructions regarding your insurance _____

I/We, the undersigned hereby certify that I (we) am (are) the parent or legal guardian of the participant. I hereby give permission for the LEHS Cheer Coach and LEHS Athletic Trainers to seek appropriate medical attention for the participant and for medical attention to be given and for the participant to receive medical attention in the event of accident, injury, or illness. I (we) will be responsible for any and all costs of medical attention and treatment.

I/We, the undersigned, for ourselves and as the guardian's of _____ (participant's name) understand that cheerleading is an active, physical sport, and that injuries can take place during play.

I/We understand that, as with any sport, injuries can occur, and we hereby acknowledge that our child is physically fit and mentally capable of participating in cheerleading activities.

I/We also understand that it is my/our responsibility in caring for the participant listed above, and to be assured that he/she is fully capable of engaging in this sport's activity, and I/we are confident that he/she is able to engage in such a sport.

I/We, the undersigned for ourselves, our heirs, executors and administrators, waive, release and forever discharge Little Elm Independent School District, Little Elm High School, its coaches, board members and others working with my child, from all rights and claims for damages, injury, or loss to person or property which may be sustained or occur during participation in football activities, whether or not damages, injury, or loss is due to negligence.

Signature of Parent or Guardian _____ Date _____