

Candidate Name: _____

**Please complete and turn in the following documents by
March 9th at 3:30pm. *No late packets will be accepted.***

- Cheerleader/Mascot Tryout Acknowledgement Form
- Huffman ISD Physical Agreement
 - A physical *(if applicable)*
 - ECG *(if applicable)*
- HMS Cheerleading Constitution Agreement
- Contact Information
- Medical Information
- A Little Bit About Me – *filled out by candidate*
- 3 Teacher Recommendations – *Hand out one paper to 3 teachers and they will submit them to Mrs. Avelar directly.*
- Copy of latest Report Card
(If did not pass all classes at report card, include a copy of the latest progress report)

CHEERLEADER/MASCOT TRYOUT ACKNOWLEDGEMENT FORM 2026-2027

I _____

(Student name)

have read the 2026-2027 Huffman Middle School Cheerleader/Mascot tryout rules and requirements. I understand and agree to follow all rules of the tryout process. I understand that if I fail to do so, I will be immediately disqualified from the tryout process.

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

I _____

(Parent/Guardian name)

have read and fully understand the 2026-2027 Huffman Middle School Cheerleader/Mascot tryout rules and requirements. I have discussed them with my child. I understand that if any of the rules are not followed during the tryout process by myself or my child, he/she will be immediately disqualified from the tryout process. It is understood that the selection process is completely objective, and I will not hold Huffman ISD, Huffman Middle School, the Cheer Coach, or judges responsible in the event my child is not selected to the squad.

I also grant permission to access my child's attendance and discipline records for the purpose of Huffman Middle School cheerleading/mascot tryouts.

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

HUFFMAN ISD PHYSICAL AND ECG AGREEMENT

Student Name: _____

Grade in 2026-27 School Year: _____

My child is trying out for:

- Huffman Middle School Cheer Team
- Hargrave High School Cheer Team

I agree to submit a complete and accurate physical examination report and Electrocardiogram or ECG to Huffman ISD for my child. This physical exam has been conducted by a licensed medical professional and certifies that he/she is physically fit to participate in Cheerleading. I acknowledge that any pre-existing medical conditions or physical limitations may affect his/her ability to participate in the sport and agree to disclose any such conditions or limitations to the coach and medical staff at Huffman ISD.

PHYSICAL EXAMINATION REPORT - I am choosing to:

- Submit a NEW PHYSICAL for my child for the 2026-2027 Cheer Tryouts and school year at the time tryout packets are due.

OR

- Use the current 2025-2026 physical on file for my child for CHEER TRYOUTS.

I will get a NEW PHYSICAL for my child for the 2026-2027 school year by May 18th, 2026.

**This option is ONLY for current 7th-12th grade students with a current physical on file with the Huffman ISD Athletic Department.*

ELECTROCARDIOGRAM – ECG - I am choosing to:

- Submit a NEW ECG for my child for the 2026-2027 Cheer Tryouts and school year at the time tryout packets are due.

OR

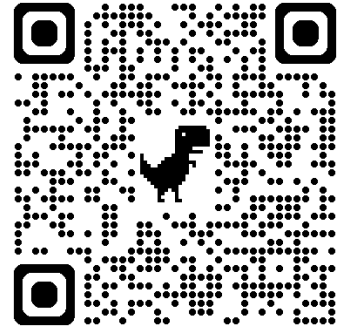
- Use the current 2025-2026 ECG on file for my child for Cheer Tryouts. **This option is ONLY for current 7th-12th grade students with a current ECG on file with the Huffman ISD Athletic Department. A new ECG is not needed until their freshman year at high school.*

Parent/Guardian Signature

____/____/____
Date

HMS Cheerleading Constitution Agreement

1. **Scan the QR code** to access a copy of the Huffman Middle School Cheerleading Constitution 2026-27.
2. **Read through the contents.**
3. **Sign** the “Parent/Student Agreement” on the next page if you agree to abide by this constitution.
4. **Turn in** the agreement with the other necessary documents for the tryout packet.



SCAN ME!

Parent/Student Agreement

We, the undersigned parents, and children, acknowledge and agree to abide by the guidelines listed in this cheerleading constitution. We understand that the purpose of these guidelines is to ensure the safety and well-being of all participants, as well as to promote teamwork, fairness, and good sportsmanship.

We agree to follow all rules and regulations set forth in the cheerleading constitution, including but not limited to the guidelines for practices, school events, behavior, and discipline. We understand that failure to comply with these guidelines may result in disciplinary action, up to and including suspension or expulsion from the cheerleading program.

We agree to support and encourage our children, as well as all other members of the cheerleading program, to follow these guidelines and to act in accordance with the principles of good sportsmanship at all times.

We understand that participating in cheerleading involves physical activity and that there are inherent risks involved. We assume full responsibility for any injury or harm that may result from our children's participation in the cheerleading program.

We acknowledge that the cheerleading constitution is subject to change and that any revisions will be communicated to us in a timely manner.

We, the undersigned parents, assume all financial responsibility and agree to meet the payment deadlines.

By signing this agreement, we confirm our understanding and agreement to the terms set forth in the cheerleading constitution and our commitment to promoting a safe and positive environment for all participants in the cheerleading program.

Printed Name of Student

Student Signature

Date

Printed Name of Parent/Guardian

Parent/Guardian Signature

Date

CONTACT INFORMATION

Cheerleader/Mascot Candidate Name			
Grade in 2026-27 School Year		Gender (<i>circle one</i>)	Female Male

PARENT/GUARDIAN INFORMATION	
<i>PRIMARY CONTACT</i>	
Parent/Guardian Name	
Parent/Guardian Phone Number	
Parent/Guardian Email	

<i>SECONDARY CONTACT</i>	
Parent/Guardian Name	
Parent/Guardian Phone Number	
Parent/Guardian Email	

EMERGENCY CONTACTS				
1	Name		Relationship	
		Phone Number		

2	Name		Relationship	
		Phone Number		

MEDICAL INFORMATION

Cheerleader/Mascot Candidate Name: _____

**If no insurance, please put N/A*

Insurance Company _____
Policy Number _____
Primary Insured's Name _____
Insurance Telephone for Verification _____

Medications Currently Taking _____

Allergies (Food/Medication) _____

Medical conditions or physical limitations of participant that the cheer coach should be aware of for the safety and welfare of your child. *(Include asthma, severe allergies, or reoccurring injuries.)*

In the event that I am not available, I give permission for my child to receive any necessary medical treatment deemed appropriate by a licensed medical professional.

_____ / ____ / ____

Parent/Guardian Signature

Date

A Little Bit About Me...

My name is: _____

I am trying out for: cheerleader mascot

Next year I will be in the: 7th grade 8th grade

What do you enjoy most about cheerleading?

What is one skill you would like to improve in cheerleading?

What other sports or activities do you participate in besides cheerleading?

What is one goal you have set for yourself as a cheerleader/mascot?

What do you think makes a great cheerleader?

What do you think makes a great cheer team?

TEACHER RECOMMENDATION | CHEERLEADING TRYOUTS

Thank you for agreeing to recommend this candidate for the HMS Cheerleading Squad. Please complete the following form as soon as possible, so that we will have time to tally prior to the tryout date. Teacher evaluations will be averaged together to count for a portion of each candidate's score.

**Please complete this form and return it to Mrs. Avelar
or place it in her teacher box by March 9th at 3:30pm.**

It is very important to give the student an honest rating according to how YOU feel the student does/did in YOUR class or classes. Please be realistic as well as fair. These evaluations will not be shared with the student. They will be confidential and tallied by the cheer coach and administration.

Name of Cheerleader/Mascot Candidate: _____

Name of Teacher Recommending: _____

List Class(es) Taught with Student: _____

Grade(s) Received: _____

Did this student ever need to be disciplined by you, and if so, what was the offense?

On a scale of 1-10, 1 being the lowest and 10 being the highest, please rate the candidate in the areas listed below:

_____ Cooperation and ability to get along with others

_____ Attendance and punctuality

_____ Responsibility and attitude

Overall Score:

Additional Comment(s):

Teacher Signature

____/____/____
Date

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___/___/___
Date