




Try-Out Checklist

- ☐ Page 17 of Pep Squad Contract Signed by Athlete and Parent/Guardian
- ☐ Application Completed on Google Forms 
- ☐ Parent Permission signed by Parent/Guardian
- ☐ 2 Teacher Evaluations (Math & English)
- ☐ GPA verification
- ☐ Physical Examination Medical Clearance form
- ☐ School Spirit and a Smile!!!

2020-2021 Foothill High School Cheerleading Program
Parent Permission Form

My daughter/son, _____ has permission to tryout for the Foothill High School Pep Squad for 2020-2021 Pep Squad Season. I understand that my daughter/son will be evaluated by the Foothill High School Pep Squad coaching staff and qualified judges. In addition, I understand that there is a possibility that my daughter/son may not make the program. I have read the Pep Squad Handbook and Cheer Philosophy & Code and understand the commitments and duties that will be expected of my child and myself should he/she make the program. If my child is selected, I give permission for him/her to participate as a cheerleader. I agree that my child will attend all assigned Pep Squad functions throughout the 2020-2021 season and abide by the rules listed in the Pep Squad Handbook. I am also aware of and will abide by the parent/guardian guidelines and expectations as listed in the Pep Squad Handbook.

I understand there are physical risks involved in the tryout process as well as participation in the program if my child makes the team. I understand that my child must be cleared through the athletic secretary at Foothill High School, which involves completing the online clearance process and obtaining an up to date physical, before she/he can participate in the tryouts or practice. I believe my child is physically and emotionally able to meet the demands that are expected of him or her.

By signing this form, I am prepared to comply with the Cheer Philosophy & Code, Cheer Contract and the rules and regulations of the cheerleaders of Foothill High School in the event that my son/daughter should become a member.

Parent Signature: _____ Date: _____

By Signing this I, _____ confirm that I have read the policies and regulations outlined in the FHS Pep Squad Handbook and also the FHS Squad Philosophy & code. I understand and will abide by this code and I recognize that failure to do so will result in the outlined consequences. I understand the demands and high expectations that are set forth for me if I am selected to be a team member. I have discussed with my parents and we feel confident that I can completely fulfill my obligations as a cheerleader at Foothill High School

Athlete Signature: _____ Date: _____

FOOTHILL HIGH SCHOOL
CHEER SQUAD
2020-2021 TEACHER EVALUATIONS

Subject: Math

STUDENT'S NAME: _____

TRYING OUT FOR: _____

TEACHER'S NAME: _____ Signature: _____

TO THE TEACHER: These evaluations are important to the tryout process. Your comments can make the difference in whether or not a student makes the squad. Please be as honest as you can; we really do read each one of these. I know you have limited time and your help is appreciated.

Scale: 10-Superior (highly recommend) to 1-Poor (Not recommend)

10	9	8	7	6	5	4	3	2	1	Academic performance
10	9	8	7	6	5	4	3	2	1	Responsibility/Leadership/Integrity (Are they effective role models for other students?)
10	9	8	7	6	5	4	3	2	1	Do you enjoy teaching this student?
10	9	8	7	6	5	4	3	2	1	Does this student work hard or is she lazy?
10	9	8	7	6	5	4	3	2	1	Attitude toward fellow students (Are they helpful and kind or do they tend to gossip and complain?)
10	9	8	7	6	5	4	3	2	1	Attitude toward authority (Do they follow directions and respond with a smile or mumble under their breath?)
10	9	8	7	6	5	4	3	2	1	Over-all impression – Should this student represent Foothill High School?

Comments:

Do not show the completed form to applicant! Please place/seal the completed form in the envelope provided. Then sign on the seal and return it to applicant before April 17th.

FOOTHILL HIGH SCHOOL
CHEER SQUAD
2020-2021 TEACHER EVALUATIONS

Subject: English

STUDENT'S NAME: _____

TRYING OUT FOR: _____

TEACHER'S NAME: _____ Signature: _____

TO THE TEACHER: These evaluations are important to the tryout process. Your comments can make the difference in whether or not a student makes the squad. Please be as honest as you can; we really do read each one of these. I know you have limited time and your help is appreciated.

Scale: 10-Superior (highly recommend) to 1-Poor (Not recommend)

10	9	8	7	6	5	4	3	2	1	Academic performance
10	9	8	7	6	5	4	3	2	1	Responsibility/Leadership/Integrity (Are they effective role models for other students?)
10	9	8	7	6	5	4	3	2	1	Do you enjoy teaching this student?
10	9	8	7	6	5	4	3	2	1	Does this student work hard or is she lazy?
10	9	8	7	6	5	4	3	2	1	Attitude toward fellow students (Are they helpful and kind or do they tend to gossip and complain?)
10	9	8	7	6	5	4	3	2	1	Attitude toward authority (Do they follow directions and respond with a smile or mumble under their breath?)
10	9	8	7	6	5	4	3	2	1	Over-all impression – Should this student represent Foothill High School?

Comments:

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FOOTHILL HIGH SCHOOL
CHEER SQUAD
2020-2021 GPA VERIFICATION

STUDENT'S NAME: _____

TRYING OUT FOR: _____

TO THE COUNSELOR: Being a Student Athlete is important. Having at least a 2.0 GPA is a requirement. I know you have limited time and your help is appreciated.

Current GPA: _____

Counselor signature: _____

School: _____

Date: _____

Please place/seal the completed form in the envelope provided. Then sign on the seal and return it to applicant before April 17th.

Preparticipation Physical Evaluation PHYSICAL EXAMINATION FORM

4/2014 – TUSD v.2

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

Please Place Physician's
Stamp Here.

EXAMINATION			
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female	
BP	/	(/)	Pulse
Vision R 20/		L 20/	Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL		NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency) 			
Eyes/ears/nose/throat <ul style="list-style-type: none"> Pupils equal Hearing 			
Lymph nodes			
Heart* <ul style="list-style-type: none"> Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI) 			
Pulses <ul style="list-style-type: none"> Simultaneous femoral and radial pulses 			
Lungs			
Abdomen			
Genitourinary (males only)*			
Skin <ul style="list-style-type: none"> HSV lesions suggestive of MRSA, tinea corporis 			
Neurologic*			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional <ul style="list-style-type: none"> Duck-walk, single leg hop 			

*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
*Consider GU exam if in private setting. Having third party present is recommended.
*Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- ☐ Cleared for all sports without restriction
- ☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

- ☐ Not cleared
- ☐ Pending further evaluation
- ☐ For any sports
- ☐ For certain sports _____
- Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____ Address _____

Phone _____ Signature of physician _____

MD or DO _____

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