

HIGHMARK CHARTER SCHOOL CLINIC RELEASE
FORM

The clinic for Cheer will run from Monday, March 13th to Wednesday, March 15th 3:15-4:45 PM. The clinics will be a combination of dance, cheer, kicks, and jumps instruction. This clinic is designed to help participants learn these skills the right way. If you are interested in trying out, it will be March 16th, 3:15 – 5:30.

The cost of the clinics is \$10. Please turn in payment and this form with all information filled out to the office prior to the clinics.

Participant Name: (Print) _____

Participant Signature: _____

Parent Signature: _____

Emergency Phone #: _____

Alternate Emergency Contact:

Name: _____

Phone #: _____

1. I hereby recognize and acknowledge that participation in recreational activities may involve bodily injury to my child and others. In consideration of my child being permitted to participate in this clinic, I hereby voluntarily and knowingly execute this release with the intent of binding myself, the above named minor, and any others having an interest, and do hereby expressly release, waive and discharge all liability or claims therefore resulting from my child's participation in the above clinic.
2. I hereby consent to my child's participation in this clinic, including transportation, as appropriate, and do further authorize the Highmark Charter School and clinic staff to act on behalf in accordance to their best judgment in the case of an emergency and do agree to assume full responsibility for all medical expenses that may arise there from.
3. By signing this document, I acknowledge that I have read its content and disclosures, that I understand them, and that I agree to the terms hereof. I further acknowledge that this release is intended to be broad and as inclusive as may be permitted by the laws of the State of Utah, and that if any portion here from is found to be invalid, it is agreed that the balance shall continue in full force and effect.

HIGHMARK

CHARTER SCHOOL



2017-2018 Cheerleading Tryout Application

Dear Parents and Students,

We are so excited for tryouts and are looking forward to a successful week of clinics! The information below is in regards to cheerleading tryouts and the possibility of your child making the HighMark Charter School Cheerleading Squad for the 2017-2018 school year. We hope these regulations will help eliminate any problems.

1. Cheerleading tryouts will be held the week of March 13th – March 16th, 2017 in the gym at HighMark Charter School. The schedule for tryouts is as follows:
 - **March 13th – 14th from 3:15 pm – 4:45 pm** – Tryout Clinics
 - **March 15th from 3:15 – 4:45 pm (approximately)** – Mock Tryouts
 - **March 16th from 3:15 – 5:00 pm (approximately)** – Tryouts

Girls trying out for the cheerleading squad must be dressed and ready to begin by 3:15 pm each day. Each girl must bring their signed tryout forms to the first day of clinics.

2. Any practice clothes (as long as they are modest) are acceptable for clinics. The standard dress for **tryouts** is a plain white t-shirt with dark-colored shorts. The t-shirt and shorts must NOT have a design of any kind. We understand it is hard to find plain shorts, so if the shorts have a small stripe down the side, they will be fine. If you have any questions regarding acceptable clothing, please come show Mrs. Cole **BEFORE** the first day of clinics. Jewelry should not be worn and hair should be pulled back.
3. Tryouts will be closed to everyone except judges, coaches, and the girls trying out. We would ask that parents remain outside the building to avoid added tension for the girls. Girls will be allowed to call home when they are close to being done with tryouts on the last day. Tryout results will be posted on the school's blog around 3:00 pm on Friday, March 17th, 2017.

4. Current teachers for the girls trying out will be asked to fill out evaluations on the girls. These evaluations will ask the teachers to rate the girls in regards to the following areas:
 - Leadership Qualities, Respectfulness in Class, Following Class Rules, Class Attendance, Attitude, Personality / Enthusiasm, etc.
5. Girls will be judged on the following at tryouts:
 - Kicks, jumps, two cheers, a dance routine, and any tumbling skills.
 - General Appearance, Spirit, Enthusiasm, Coordination, Rhythm, Voice Projection, Attitude, Eye Contact
 - Teacher Evaluations
6. Girls will be eligible to tryout based on 2nd quarter grades, but **the team will be chosen based on 3rd quarter grades and citizenship**. Girls will need to have a 3.0 or higher (no F grades) and no U's/no more than 2 N's for citizenship on 3rd quarter's report card.
7. An impartial and experienced panel of judges will be used to judge tryouts. Mock Tryouts will be held on Wednesday, March 15th and will be judged by the 9th grade girls.
8. For those that make the cheerleading squad, there will be a parent meeting to be determined at a later date. The approximate cost per cheerleader for the 2017-2018 school year will be \$800-\$900.

We are looking forward to a successful experience and hope these regulations will help eliminate any problems! Thank you for your cooperation!

My child, _____, has my permission to try out to be a cheerleader for HighMark Charter School. We have read through this document and agree with the information in it.

Signature of Cheerleader _____ Date _____

Signature of Parent _____ Date _____

PARENTS, PLEASE READ AND GIVE CONSENT:

My student _____ has permission to participate as a cheerleader for HighMark Charter School for the 2017-18 school year.

I understand the responsibilities and commitment of being an HMCS Cheerleader. I also understand the role I must assume as a parent of a cheerleader. I will assist in every way possible to see that the rules and regulations are carried out by myself and the student.

I understand that being a cheerleader at HMCS includes a lot of time commitment. I understand that cheerleaders have to attend sports' games after school and may even have extra practices before or after school.

I understand that cheerleading is, by its nature, a dangerous sport and can result in injury. No matter how careful the participant and coaches are, how many spotters are used, or what landing surface is used, the risk cannot be completely eliminated. The risk of injury includes minor injuries such as muscle pulls, dislocation, and broken bones. The risk also includes catastrophic injuries such as permanent paralysis or even death from landing or falls on the back, neck, or head. I understand these risks and will not hold the coach, HighMark Charter School or any of its personnel, responsible in the case of accident and/or injury that may occur either at school, practice, or an event at or away from the school grounds at any time.

I also understand that the coaches and administration reserve the right to act in the best interests of the cheerleaders. I understand that the disciplinary action will be carried out according to HMCS Cheerleading Constitution. I further understand that depending on the severity of the rule infraction, my student may be placed on probation or permanently removed from the cheerleading squad. I understand their decision is final and I agree to abide by their decisions.

I also understand that if my child is to make the cheerleading team, they will have to attend the mandatory stunt safety clinic. Date, time, and location details TBA.

After reading through the front page, please return this signed to the coach.

I understand the time, costs, rules, behavioral expectation by the students and the parents, discipline and consequence policy, travel requirements, and general commitment required to be a cheerleader and cheer parent at HMCS. I do hereby give my consent for my student to be a cheerleader at HighMark Charter School for the upcoming season. I also certify that I have received a copy of this letter.

Should your student make the cheerleading team, the following information will be used for contact purposes.

Student Name Student Cell Phone #

Parent(s) Name Parent(s) Cell Phone #

Parent(s) E-mail

Student's Home Address

Emergency Contact Emergency Contact Phone #

Parent Signature

Date