



**McKINZEY MIDDLE**  
**GOLDEN LIONS**  
*BOLD. BRAVE. FEARLESS.*

# CHARLENE MCKINZEY

## MIDDLE SCHOOL

### Cheerleader Try-Outs

### 2022-2023

Please return this **COMPLETED** packet with all necessary pages filled out and signed by **MARCH 10TH @ 4:30PM** to McKinze front office or Ms. Hall's room (4.07).

*If this packet is not turned in by the due date, your cheerleader **WILL NOT** be allowed to try out for the team.*

**CANDIDATE NAME** \_\_\_\_\_

**PRE-TRYOUT PAPERWORK CHECKLIST (TO BE INITIALED BY COACH HALL ONCE IT IS TURNED INTO OFFICE OR HER ROOM)**

\_\_\_ (R) District application submitted by either a parent or legal guardian by February 18th @ 6:00 pm

\_\_\_ (R) This packet turned in by March 10th @ 4:30 pm to McKinze front office or 4.07

\_\_\_ (R) All necessary spots signed and filled out on the packet

\_\_\_ (R) MISD Athletic Participation Packet stapled to this packet and submitted to Coach Hall

*\*R denotes REQUIRED*

# CHEERLEADER CANDIDATE INFORMATION FORM



Name \_\_\_\_\_

CURRENT Grade \_\_\_\_\_ Birthday \_\_\_\_\_

Guardian Name \_\_\_\_\_ Relationship to Candidate \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Is this person also a good emergency contact?      Y      N

If not, who do we contact? Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Extracurricular Activities (School clubs/sports/dance/competitive cheer/Girl Scouts/volunteer/church etc.)

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Is there any important information that Coach Hall needs to know in regards to the clinic? If so, please explain. This can be general and/or medical information.

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# MCKINZEY CHEER

## ACTIVITY PERMISSION FORM

\_\_\_\_\_ has my permission to try out for the Charlene McKinzev Middle School Cheer Team for the 2022-2023 school year.

I understand the following (parent and CL candidate initial each line):

Parent Initials

CL Candidate  
Initials

\_\_\_\_\_

\_\_\_\_\_

Elected team members and parents understand that being on the cheer team requires a lot of time.

\_\_\_\_\_

\_\_\_\_\_

Participation & attendance in cheer camp, summer practices, school year practices, games and performances are mandatory.

\_\_\_\_\_

\_\_\_\_\_

A passing average of 70 or above must be maintained in **ALL** subjects.

\_\_\_\_\_

\_\_\_\_\_

The approximate cost will be no more than \$2000, and I will be held responsible for these costs and agree to pay expenses by due dates given.

\_\_\_\_\_

\_\_\_\_\_

I grant release of legal responsibility of my child to Mansfield ISD and the sponsors or teachers while participating in cheerleading activities.

\_\_\_\_\_

\_\_\_\_\_

Tryout requirements and consequences of violations, and I agree to abide by the expectations stated in the MISD Cheer Constitution, the MISD Code of Conduct, and the behavior plan implemented by my sponsor.

\_\_\_\_\_

\_\_\_\_\_

The final selections, based on judges' final scores, are final, and I will show good sportsmanship by accepting the tryout decisions as final.

\_\_\_\_\_  
Parent Signature/Date

\_\_\_\_\_  
CL Candidate Signature/Date

# CHARLENE MCKINZEY MIDDLE SCHOOL CHEERLEADING RISK ACKNOWLEDGEMENT

I, \_\_\_\_\_ being the legal parent/guardian of \_\_\_\_\_ being a Charlene McKinzey Middle School Cheerleading candidate understand that the activity of cheerleading involves risk to the participant. We understand that due to the nature of the activity there is a possibility that a physical illness or injury in connection with participation may occur. I, as a cheerleading candidate, further acknowledge and understand that by participating, I am assuming the risk of physical illness or injury, and I, as the legal guardian, further release Charlene McKinzey Middle School and its representatives from any claims for personal illness or injury that might be sustained during participation in this activity.

We understand that Charlene McKinzey Middle School Cheerleading has established rules and regulations in regards to behavior and conduct in all cheer activities to obtain a safe environment. We understand that we must abide by these rules and expectations.

In order that I, the cheerleading candidate, may receive necessary medical treatment in the event that I sustain injury or illness during participation in this activity, my legal guardian and I hereby authorize the cheerleading sponsor or other supervising adult to obtain medical treatment for me for such illness or injury during the activity, my legal guardian and I hereby hold Charlene McKinzey Middle School and its representatives harmless in the exercise of authority.

\_\_\_\_\_  
Legal Parent/Guardian Signature/Date

\_\_\_\_\_  
Candidate Signature/Date

\_\_\_\_\_  
Preferred Dr. or Emergency Care

\_\_\_\_\_  
Dr. or Emergency Care Phone Number

