

# BURBANK CHEER

## TRYOUT PACKET 2020-2021

- Parent Consent & Release Form
- Camp Commitment Form
- Physical-Must be filled out by Doctor and uploaded online
- Instructions to upload physical online
- Current Class Schedule
- Tryout Flyer– Workshop dates & times-You keep this!!

Name: \_\_\_\_\_

Grade for 2020-2021: \_\_\_\_\_

Current School: \_\_\_\_\_

**DEADLINE EXTENDED. This packet is due to Coach Burkhart electronically by April 24, 2020. Email completed packets to [meganburkhart@burbankusd.org](mailto:meganburkhart@burbankusd.org)**

**BURBANK HIGH SCHOOL CHEERLEADING TRYOUTS**  
**Parent-Student Consent and Release Form**

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Current School

\_\_\_\_\_  
Grade Level (for next year)

**TIME COMMITMENT:** We understand that being a member of the Burbank High School Cheer Squad is a huge time commitment. As members of the squad, students will be expected to:

Enroll and actively participate in 7<sup>th</sup> period Pep Squad

Maintain a good academic standing according to school policy

Actively participate in pep rallies, after-school practices, games, summer practices, summer camp, etc.

Cheer at games for football, boys/girls volleyball, boys/girls basketball, soccer, baseball, softball, water polo, etc.

**\*\*This is a yearlong commitment, if you choose to drop cheer or are removed by the Coach, it is considered quitting the team. No donations will be returned to you and you WILL NOT be able to try out for any school years following.**

**FINANCIAL COMMITMENT:**

It costs \$75,000 to run the cheerleading program for one year. This includes uniforms, camp, spirit attire, busses, and Homecoming supplies. The team must acquire this amount through pledges, fundraisers, and donations. If our monetary goal is not met adjustments will have to be made to the cheerleading program.

**MAIN EVENTS:**

- Summer Cheer Camps
- Summer Practices
- Games (Football, Basketball, Volleyball, Baseball, Softball, etc.)
- Seventh Period Cheer Class
- After School Practices
- All 3 Rallies (Fall, Winter, Spring)
- Fundraising Events (selling masterdog cards, coaching at little kids cheer camp, selling snacks, magazine sales)

**TRYOUT EXPECTATIONS:**

You will be judged by professional cheerleading judges on the following:

1. Cheer – motions, arm angles, sharpness, precision, crowd encouragements
2. Appearance- proper attire each day
3. Dance – rhythm, timing, arm placement, footwork
4. Showmanship – spirit, confidence, audience appeal, enthusiasm
5. Jumps – flexibility, pointed toes, strong landing
6. Attitude/Motivation – willingness to learn and work with others
7. Grades – the higher the GPA, the better (10 week grades)
8. Teacher Recommendations – citizenship, work ethic, respect, following guidelines
9. Strength/Flexibility – pushups, cardio, splits

During tryouts, you should wear a mostly plain t-shirt, dark shorts, and gym shoes with your hair up and out of your face. No jewelry, No gum.

I (parent's name) \_\_\_\_\_ hereby give consent for my daughter/son  
(student's name) \_\_\_\_\_ to tryout for the Cheer Squad at Burbank High  
School. We have read and understand the time commitment expectations and the costs of  
cheerleading. We have read the tryout expectations and understand that **ALL JUDGING IS FINAL**  
and all scores are **confidential**.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**BHS CHEER CAMP – ALL SQUAD:**

Cheer Camp is a 4-day, 3-night camp from August 1<sup>st</sup>-4<sup>th</sup> at the JW Marriott in Palm Springs, CA taught by United Spirit Association cheerleading instructors. This includes coaching, USA cheer instructors, 4-day stay at Hotel, and 8 meals.

The cheerleaders learn cheers, dances, stunt technique, how to cheer for offense versus defense, and other important cheerleading skills. Stunting is a very fun yet serious task. I cannot ensure that your son/daughter will be able to properly stunt without attending cheer camp. It is highly recommended that every cheerleader attends summer camp for these reasons. If a cheerleader does not attend, they **will not be cleared to stunt for the first 15 weeks of school**, this will include football games, rallies, appearances, field trips etc.

**Cost of camp is \$525 per girl**

I would like to **donate** (tax deductible) towards the cost of cheer camp **with cash or money order or credit card** payable to BHS Cheerleading at/before uniform fittings on May 8<sup>th</sup> 2020. This option will allow the coaches to register your athlete for camp as soon as the donation is received and will allow them to **attend** camp from August 1<sup>st</sup>-4<sup>th</sup>.

Cheerleader Name: \_\_\_\_\_ Grade level: \_\_\_\_\_

Cheer Parent Name: \_\_\_\_\_

Cheer Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Burbank Unified School  
**Athletic Emergency/Medical Information & Participation Form**

PLEASE USE A BLACK OR BLUE BALL POINT PEN

Name (Student Athlete): \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Today's Date: \_\_\_\_\_  
 Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ ID Number \_\_\_\_\_  
 Father's or Guardian Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Mother's or Guardian Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Emergency Phone: (\_\_\_\_) \_\_\_\_\_ Family Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Health Insurance Provider: \_\_\_\_\_ Policy # \_\_\_\_\_ Does the insurance cover football? **Y N**  
 School attended previous semester: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
 List all schools attended in the last 12 months: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

**CHECK ALL SPORTS IN WHICH THIS STUDENT WILL PARTICIPATE IN:**

FALL		WINTER		SPRING		YEARLONG	
<input type="checkbox"/> Football	<input type="checkbox"/> Girls Golf	<input type="checkbox"/> Soccer	<input type="checkbox"/> Softball	<input type="checkbox"/> Boys Golf	<input type="checkbox"/> Pep Squad	<input type="checkbox"/> Drama	
<input type="checkbox"/> Cross Country	<input type="checkbox"/> Girls Volleyball	<input type="checkbox"/> Basketball	<input type="checkbox"/> Baseball	<input type="checkbox"/> Swim	<input type="checkbox"/> Dance Team	<input type="checkbox"/> IMA	
<input type="checkbox"/> Girls Tennis	<input type="checkbox"/> Marching Band	<input type="checkbox"/> Girls Water Polo	<input type="checkbox"/> Boys Tennis	<input type="checkbox"/> Track	<input type="checkbox"/> VMA		
<input type="checkbox"/> Boys Water Polo			<input type="checkbox"/> Boys Volleyball	<input type="checkbox"/> Powderpuff			

**Medical History Questionnaire - This section must be completed by a parent or guardian.** Name of Person Filling Out Form: \_\_\_\_\_

	Yes	No		Yes	No
1. Are you currently under a doctor's care for any reason?			15. Have you ever been dizzy or passed out due to the heat?		
2. Have you ever been hospitalized?			16. Do you have trouble breathing after exercise?		
3. Have you had surgery within the last 3 months?			17. Have you had any problems with your eyes or vision?		
4. Are you currently taking any medications or pills?			18. Do you wear glasses or contacts or protective eyewear?		
5. Do you have any known allergies (medicines, bee stings, etc.)?			19. Do you use any special equipment (splints, neck rolls, mouth guards, etc.)?		
6. Have you ever been dizzy or fainted during or after exercise?			20. Has anyone in your family died of heart problems or sudden death before the age of 50?		
7. Have you ever had chest pains during or after exercise?			21. Do you have only one working organ of usually paired organs? (eyes, kidneys, etc.)		
8. Have you ever had high blood pressure?			22. Have you ever sprained, broken, dislocated, or had repeated swelling or pain of any bones or joints?		
9. Have you ever been told you have a heart murmur?			23. Have you ever had a stinger, burner or pinched nerve?		
10. Have you ever had a racing heart or skipped heartbeats?			24. Have you had any medical problems or injuries? (asthma, mono, diabetes, etc.)		
11. Have you ever had a head injury?			25. Have you had any medical problems or injuries since your last physical?		
12. Have you ever been knocked unconscious?			26. Were there any special instructions or precautions given by the doctor?		
13. Have you ever had a seizure?			27. When was the date of your last tetanus shot?		
14. Are any of the following currently bothering you?					
<input type="checkbox"/> Hand <input type="checkbox"/> Wrist <input type="checkbox"/> Elbow <input type="checkbox"/> Forearm <input type="checkbox"/> Hip <input type="checkbox"/> Thigh <input type="checkbox"/> Knee <input type="checkbox"/> Ankle <input type="checkbox"/> Shin/Calf <input type="checkbox"/> Foot					

**Explain all "Yes" answers by question number. Indicate dates for each item and include any special instructions:** \_\_\_\_\_

I/we hereby state, to the best of my/our knowledge, the answers to the questions for the medical history questionnaire above is true. I/we understand that by performing this examination, the undersigned physician does not assume responsibility for medical care of this individual. **I understand that this is only a pre-season screening and should in no way replace a complete physical by your own doctor as recommended. I/we verify that I/we have read and understand all material presented and all information I/we have provided is correct and I/we give permission for my/our child or ward to receive a physical exam and to participate in athletics.**

In the event **reasonable attempts** to contact the parent/guardian at the above phone numbers meets with no success, **full authorization** is given for the administration of any treatment deemed necessary by a medical practitioner, and the transfer of son/daughter or ward to any medical practitioner, and the transfer of my/our son/daughter or ward to any licensed hospital or emergency clinic reasonably accessible. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of the school authorities and aforesaid agent(s) to give reasonable care. Facts are provided concerning the student athlete's medical history which a medical practitioner should know.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Physician's Report (to be filled out by Physician)**

**Date of last physical exam:** \_\_\_\_\_  
**Blood Pressure:** \_\_\_\_\_  
**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Pulse Rate:** \_\_\_\_\_

Physician's Stamp Here

**LIST ANY RESTRICTIONS THE ABOVE STUDENT MAY HAVE:** \_\_\_\_\_

I hereby certify that the above named individual was examined by me on the above date and found physically fit to engage in interscholastic athletics.

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Student Label Here

## Online Athletic Clearance

1. Visit [www.AthleticClearance.com](http://www.AthleticClearance.com) and choose your state.
2. Watch quick tutorial video
3. **Register.** PARENTS register with valid email username and password. You will be asked to type in a code to verify you are human. If this step is skipped your account will not activate. (If this step is skipped, please contact us to activate your account)
4. Login using your email address that you registered with
5. Select “**New Clearance**” to start the process.  
**PLEASE SELECT BURBANK-SS**
6. Choose the School Year in which the student plans to participate. *Example: Football in Sept 2020 would be the 2020-2021 School Year.*  
Choose the School at which the student attends and will compete for.  
Choose Sport
7. Complete all required fields for Student Information, Educational History, Medical History and Signature Forms. **(If you have gone through the AthleticClearance.com process before, you will select the Student and Parent/Guardian from the dropdown menu on those pages)**
8. Optional **Donation** to your athletic program or pay participation fees (private schools only).
9. Once you reach the **Confirmation Message** you have completed the process.

10. If you would like to register for additional sports/activities you may check off those sports below the Confirmation Message. Electronic signatures will be applied to the additional sports/activities.
11. All of this data will be electronically filed with your school's athletic department for **review**. When the student has been **cleared for participation**, an email notification will be sent.

**BURBANK HIGH CHEERLEADING TRYOUTS  
CURRENT CLASS SCHEDULES**

Part of the tryout process for BHS cheerleading, is to obtain teacher recommendations from your **CURRENT** teachers. This process is done by Coach Burkhart before workshops begin. Please fill out your current school and class schedule below so Ms. Burkhart can contact your teachers. Thank you.

Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Current School: \_\_\_\_\_

Class Name	Teacher Name

# Burbank Cheerleading



## TRYOUTS

**DEADLINE EXTENDED.** This packet is due to Coach Burkhardt electronically by April 24, 2020. Email completed packets to [meganburkhart@burbankusd.org](mailto:meganburkhart@burbankusd.org)

### WORKSHOP AND TRYOUT DATES TBD

Tryout Requirements:

- ✓ Completed Tryout Application
- ✓ Be cleared of all debts to current school
  - ✓ Current 10-week GPA
- ✓ **CANNOT BE ON DANCE TEAM AND CHEER**
- ✓ **KEEP THIS SHEET FOR YOUR INFORMATION!!**