

2019-20

Boyer Valley

Cheer Tryouts

May 6- Parent Participation forms
& Teacher Evaluation forms due

Mon-Wed May 13-16
Tryout Practices After School

TRYOUTS; Fri, May 17. After School

If you need new forms, please see Mr. Mallory or to print your own, visit
<http://cheerpositive.wikispaces.com/AAA-+TRYOUTS>

These tryouts are for Football & Basketball Cheer,
Wrestling Cheer it through Woodbine HS

Composite score consists of

- 1) Average Teacher Recommendation Scores
- 2) Grade Point Average as a percentage (3.5/4.0=88%)
- 3) Average Judges Score on Tryout Performance

The top scores will be selected for next year's squad.
Candidates must score a minimum of 60 to be considered.
Final selection is at the discretion of the coach, based on skills,
potential, ability to work well with others, coachability,
and how well each candidate represents Boyer Valley.

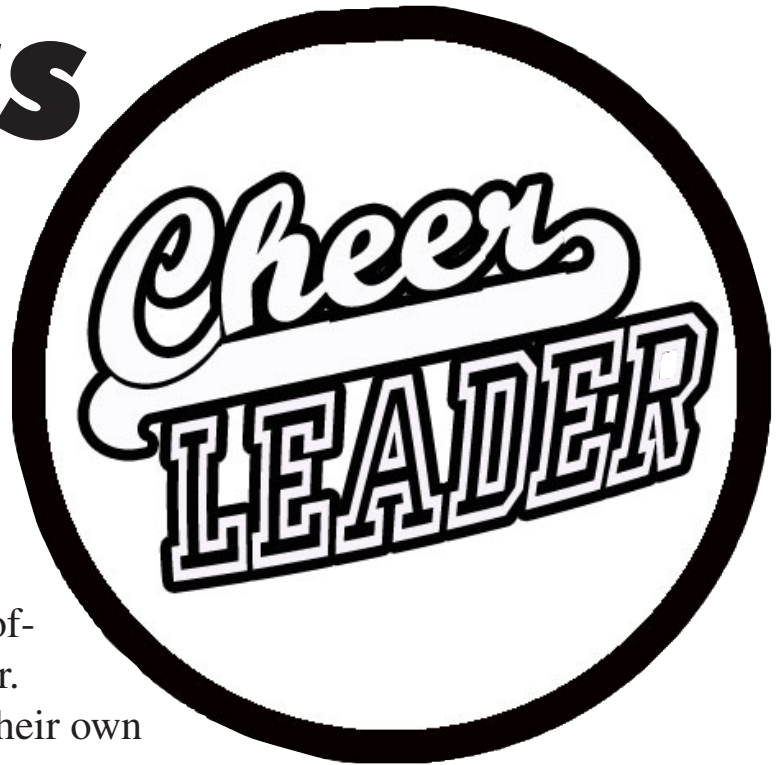
BV Cheer Tryouts

Candidates must have each of the following:

- Parental Release Form
- 3 Completed Teacher Evaluations

Tryouts will be conducted as follows:

- The whole group will perform the official try-out cheer and chant together.
- Then each candidate will perform their own routine individually.



Your individual routine should include the following (in any order): The tryout chant, tryout cheer, two other chants of your own choice, at least one cartwheel, at least one other gymnastic stunt, and at least three different jumps

Judges will score cheers and chants, gymnastic ability and overall impression. 100 points are possible, candidates generally need to score at least 65 to even be considered. Spirit, poise, entrance, exit, and voice projection are very important.

Squad selection is not based solely on tryout scores alone, but include input from faculty evaluation forms, grades and behavior and performance during tryout practices. The final selection is at the discretion of the cheerleading coach. Good skills, athletic ability, attitude, spirit, leadership, coachability, self-discipline and interpersonal skill.

Boyer Valley Cheerleading Constitution

CHEERLEADING: Cheerleaders will be chosen by the coach. Squad selection is not based solely on tryout scores alone, but include input from pre-tryout faculty evaluation forms, grades and behavior and performance during tryout practices. The final selection is at the discretion of the cheerleading coach. Good skills, athletic ability, attitude, spirit, leadership, openness to coaching, self discipline, inter-personal skills. The coach may choose to have his/her decision informed by a panel of judges, one of which is the cheerleading coach. The panel of judges will base their decision upon the cheering ability a displayed in required and original cheers or chants, stunts, and jumps.

Six (6) Boyer Valley Cheerleaders will be chosen, and the rest of the students may be designated as alternates. If there are 10 or more candidates who qualify, the coach may elect to have a Junior Varsity Squad. The junior varsity cheerleader with the most votes will be the varsity alternate. Seniors are not allowed to be members of the junior varsity squad, since this squad serves as a training period for future Varsity cheerleaders.

All members of Cheerleading and Drill Team are required to attend every practice unless they are ill or have been excused by the advisor. Doctor and dentist appointments should be scheduled for times other than on days of practice when possible. Hair appointments are NO excuse for missing practice. A member must attend the last practice before each game to be eligible to cheer at the game, unless excused by the sponsor.

Boyer Valley ATHLETICS Policy

ATHLETICS: Interscholastic athletics in Boyer Valley High School definitely come within the basic purpose of the educational program which is life adjustment for all students. Those who actually participate in this field are afforded the opportunity of developing desirable traits in such areas as leadership, sportsmanship, and the experience of working in a group forming a team. Each member must develop desirable health and hygiene habits which have a very definite carry-over value. The rest of the student body, as well as the athletes, can benefit from the many experiences gained from competition. Proper dress and conduct standards must be adhered to and meeting students from other schools gives them the chance to exchange ideas and make new friends. The entire student body can learn how to win and to lose, which is an experience all must face sometime during ones life span. An athlete who goes Out for a sport cannot quit that sport to participate in another sport following the first interscholastic event of the season.

Athletics in Boyer Valley High School include: Football, Cross country, Volleyball, Basketball, Track, Golf, Softball, Baseball, Cheerleading and Drill Team.

APPROPRIATE CONCERNS TO DISCUSS WITH COACHES:

1. The treatment of your child, mentally and physically.
2. Ways to help your child improve.
3. Concerns about your child's behavior.

It is very difficult to accept your child's not playing as much as you may hope. Coaches are professionals, They make judgment decisions based on what they believe to be best for all students involved. As you have seen from the above list, certain things can be and should be discussed with you child's coach. Other things, such as those following must be left to the discretion of the coach.

ISSUES NOT APPROPRIATE TO DISCUSS WITH COACHES:

1. Playing time.
2. Team Strategy.
3. Play calling.
4. Other student-athletes.

There are situations that may require a conference between the coach and parent. These are to be encouraged. It is important that both parties involved have a clear understanding of the other's position. When these conferences are necessary, the following procedure should be followed to help promote a resolution to the issue of concern.



cheer

Varsity member could be replaced if they:

1. Do not wish to cooperate with other members of the squad or the coach/sponsor/advisor.
2. Will not try new cheers, mounts, and routines because of the extra effort and work required.
3. Shows a lack of enthusiasm.
4. Skip practice without clearing it with the advisor.
5. Do not attend the required number of practices before a game, A member Who must be replaced for any of these infractions more than three times will be permanently dismissed from the squad, except in case of serious illness.



LETTER REQUIREMENTS

1. Cheer at every assigned athletic event:
 - a. Unless illness, then notify sponsor.
 - b. Must be present to support the team if unable to cheer, but able to attend.
 - c. May miss no more than one game during football season and three during basketball season- excused or unexcused
2. Must complete each season unless:
 - a. Injured in competition or practice
 - b. Illness
3. Must be, in the opinion of the sponsor and other faculty members, an asset to the squad and the entire student body.

Factors considered:

- a. Over-all conduct and citizenship & Cooperation
 - b. Training habits
 - c. Faithful practice attendance and work
 - d. Each cheerleader and mascot must serve at the concessions stand at at least one home track meet
 - e. Must do a fair share of the work in preparation for games and other cheerleading/dance activity.
4. Practice requirements:
 - a. Must attend every practice unless Ill or excused by the sponsor

Candidate	Teacher	Teacher	Teacher	Ave.	GPA	Coach	Judge	Judge	Judge	Ave.	Big Ave
Lastname, First	100	100	98	99.333	97.25	75	99	85	100	89.75	95.4444
Lastname, First	100	97	99	98.667	73.75	80	75	100	75	82.5	84.9722
Lastname, First	100	100	100	100	94.5	75	99	90	80	86	93.5
Lastname, First	87	100	94	93.667	56.25	85	60	90	75	77.5	92.6389
Lastname, First	95	88	82	88.333	94	90	95	90	86	90.25	90.8611
Lastname, First	82	62	100	81.111	59.5	80	97	87	93	89.25	76.6203
Lastname, First	87	98	100	95	58.25	80	75	95	90	85	79.4167
Totals				93.73	76.214					85.75	87.6362



 **malloryt**


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Above is an example of the data that is used to help determine your total tryout score. Notice that grades, teacher evaluations, and actual tryout evaluations from judges are all taken into consideration. Your "Big Average" is considered above everything else.

TRYOUT EVALUATION

	Max Score	Score Given	Key Points	Strong	Average	Need Improvement
FUNDAMENTALS						
Spirit Projection	25		Energy & Enthusiasm Eye Contact Smiles Crowd Encouragement Poise/Confidence	5	4	2
Voice	20		Inflection (distinct, beat, accents) Volume (50ft away, diaphragm) Pitch (low intonation, full) Expression (excitement, energy, personality, command leadership)			
Execution	25		Accuracy/ Precision Sharp/Distinct Timing/Tempo Athletic ability/ Overall technique Unity/Synchronicity with group			
Transitions <i>kicks, jumps and crowd - encouragement should be interspersed naturally through out the routine</i>	20		Jumps Kicks & Spirits Gymnastics Entrance & Exit			
Overall	10		General Appearance Overall Impression			
TOTAL	100		Additional Comments:			

Candidate
 **malloryt**


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This is a sample of the form which judges use to score candidates in each of four major categories and 18 subcategories.

This form is similar to the one the coach uses to evaluate the squad as a whole at any given game.

It is based on judging forms used at national competitions by the National Cheerleading Association (NCA), the Universal Cheerleading Association (UCA) and Cheerleaders of America (COA)

TRYOUT EVALUATION

Candidate

Need Improvement

Score Given

Max Score

Strong

Average

FUNDAMENTALS

Key Points

Comments

	Max Score	Score Given	Key Points	Comments
Spirit Projection	25		Energy & Enthusiasm Eye Contact Smiles Crowd Encouragement Poise/Confidence	5-4-3-2-1-0
Voice	20		Inflection (distinct, beat, accents) Volume (50ft away, diaphragm) Pitch (low intonation, full) Expression (excitement, energy, personality, command leadership)	
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Overall	10		General Appearance Overall Impression	
TOTAL	100		Additional Comments:	

BV Cheerleading Teacher Evaluation

Teacher _____

Student _____

The above student is trying out for a position on the cheerleading squad.
Please take a moment to evaluate him/her on these items.

PLEASE RETURN TO MR.MALLORY

Please score each item

0...Poor 1...Below average 2...Average 3...Above average 4...Excellent

Cheer Mission

- ___ **Positive** Outlook/Attitude
- ___ Good Example/**Leadership**
- ___ **Commitment** & Follow-Thru
- ___ School **Spirit**
- ___ Strives to do their best

Bulldog Cheer

**Positive, Committed Leaders
Stirring-Up Spirit
& Building Excellence & Character**

6 Pillars of Character

- ___ **Honesty**: Trustworthy, dependable
- ___ **Respect**: Class conduct, cooperation & consideration
- ___ **Responsible**: Organized, punctual, attendance
- ___ **Fair**: Sportsmanship, treats others well
- ___ **Caring**: Helpful, considerate, shows empathy
- ___ **Citizenship**: Works well with others/participates/Involvement

National Honor Society Qualities

- ___ **Scholarship**: grades, work-ethic, intellectual curiosity
- ___ **Leadership**: Sets example, takes initiative, teaches or coaches others
- ___ **Character**: Personal Integrity
- ___ **Service**: Puts others' needs before their own, considers greater good of the group/community, volunteers etc.



Comments:

___ Approximate current grade in your class

Teacher signature _____

Class Subject _____

BV Cheerleading Teacher Evaluation

Teacher _____

Student _____

The above student is trying out for a position on the cheerleading squad.
Please take a moment to evaluate him/her on these items.

PLEASE RETURN TO MR.MALLORY

Please score each item

0...Poor

1...Below average

2...Average

3...Above average

4...Excellent

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0...Poor

1...Below average

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4...Excellent

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Comments:

___ Approximate current grade in your class

Teacher signature _____

Class Subject _____

BVHS CHEER

Participation Release Form

_____ has signified a desire to become a cheerleader at *Boyer Valley*. If selected, there are certain responsibilities and obligations which must be assumed in order to remain a member of the squad. I have reviewed the School Athletic Policy, the Cheerleading Constitution, and Lettering Policy. I will, insofar as I am able, see that these rules and regulations are carried out. I will, whenever questions arise, contact the cheer coach for clarification. I agree that if selected for the squad my son/daughter will participate in all responsibilities as listed.

I understand that squad selection is not based solely on tryout scores alone, but include input from pre-tryout faculty evaluation forms, grades and behavior and performance during tryout practices. The final selection is at the discretion of the cheerleading coach. Good skills, athletic ability, attitude, spirit, leadership, openness to coaching, self discipline, evidence of personal practice between after-school try-out practices, inter-personal skills and how well the candidate will represent our school are all taken into consideration. This policy will establish a necessary level of credibility and authority for the coach with the selected athletes. I agree to recognize the final decision of the coach and recognize he/she as the resident expert in the field of Cheerleading at Boyer Valley.

In case of emergency, Dr. _____ may be called _____ (phone #)

I hereby give _____ permission to try out and take part in cheerleading activities at Boyer Valley Jr/Sr High School.

Parent signature

Date _____

Cheer Candidate's signature

Date _____

Phone numbers: Home _____

Work _____

E-Mail: _____

Address: _____

Inherent Risk of Cheerleading

Cheerleading is a sport and as with any sport, there is risk of injury. Cheerleading is an anaerobic/aerobic activity which includes: Jumping, Stunting, Motions, Dance and Tumbling. All physicals and this document must be filed in the office before the athlete can participate in the sport, practices, competitions or games. Coaches should be informed of any injuries, chronic conditions or any medicines taken, prescribed or over the counter.

Although the probability of injury is minimized if your coach is trained, you have been properly taught and you practice correctly; there is always the possibility of one occurring injuries.

Injuries that can occur in cheerleading include but are not limited to the following:

BLISTERS MUSCLE STRAINS LIGAMENT SPRAINS ABRASIONS LOSS of TEETH
JOINT & MUSCLE SORENESS CONTUSIONS CONCUSSION/TBI STRESS FRACTURES
BROKEN BONES SPINAL CORD INJURIES INVOLVING PARALYSIS DEATH

However if you take certain precautions, the possibility of such injuries may be largely decreased. Be sure to abide by the following:

1. Never stunt or tumble unless a coach is present.
2. Always practice in the presence of a qualified coach.
3. Always warm up appropriately before cheering by jogging and stretching.
4. Do not attempt a stunt that you do not know how to perform safely and that has not been checked off by the coach. Follow proper stunt progression.
5. Always use attentive spotters when stunting. Back spot must have eyes on the flyer.
6. Always use mats when stunting during practice.
7. Always cheer in an area free from obstruction.
8. Do not stunt on uneven ground, wet surfaces and concrete.
9. Never talk, laugh, or clown around when performing a stunt or while learning a stunt.
10. Report all injuries, no matter how small, immediately to the coach.
11. Follow all trainer and doctor recommendations.
12. Lift weights to increase strength and guard against injuries.
13. Always wear shoes and clothing appropriate for cheerleading.
14. Never wear jewelry of any kind. Ex. earrings, belly button rings (medical id allowed)
15. Never chew gum while cheering.
16. Hair should be pulled away from the face and off of the shoulders.
17. Eat nutritious meals and get plenty of rest.
18. Do not stunt or tumble when the ball is in play.
19. If unsure, ask for advice or assistance.
20. Take all cheer activities seriously.

I have read the preceding warning. I thoroughly appreciate and understand the assumption of risks inherent in cheerleading participation. I acknowledge that I am physically fit and am voluntarily participating in the activity of cheerleading.

Cheerleader

Date

Parent/Guardian

Date

ATHLETIC PRE-PARTICIPATION PHYSICAL EXAMINATION

Article VII 36.14(1) Physical Exam. Every year each student shall present to the student's superintendent a certificate signed by a licensed physician and surgeon, osteopathic physician and surgeon or osteopath, qualified chiropractor, physician's assistant, or advanced registered nurse practitioner to the effect that the student has been examined and may safely engage in athletic competition.

The certificate of physical examination is valid for the purpose of this rule for one calendar year. A grace period not to exceed thirty days is allowed for expired certifications of physical examination.

QUESTIONNAIRE FOR ATHLETIC PARTICIPATION (Please Print)

NAME _____ MALE ___ FEMALE ___ DATE OF BIRTH _____ GRADE _____

HOME ADDRESS _____ PHONE # _____

PARENT'S NAME _____ FAMILY PHYSICIAN _____

_____ Date

_____ Signature of Student

HEALTH HISTORY (Student Athlete or Parent/Guardian to Fill Out #1 - 31 Before Exam) (Parent/Guardian Is Required to Sign on Back of the Form After Examination.)

- | | Yes | No | Has This Student Had Any? | | Yes | No | Has This Student Had Any? |
|-----|-----|-----|---|-----|------------|-----------|---------------------------------------|
| 1. | ___ | ___ | Chronic or recurrent illness? | 14. | ___ | ___ | Asthma? |
| 2. | ___ | ___ | Hospitalizations? | 15. | ___ | ___ | Epilepsy? |
| 3. | ___ | ___ | Surgery, other than tonsillectomy? | 16. | ___ | ___ | Diabetes? |
| 4. | ___ | ___ | Missing organs (eye, kidney, testicle)? | 17. | ___ | ___ | Eyeglasses or contact lenses? |
| 5. | ___ | ___ | Allergy to medications? | 18. | ___ | ___ | Dental braces, bridges, plates? |
| 6. | ___ | ___ | Problems with heart or blood pressure? | | | | |
| 7. | ___ | ___ | Chest pain with exercise? | | Yes | No | Is there a history of? |
| 8. | ___ | ___ | Dizziness or fainting with exercise? | 19. | ___ | ___ | Injuries requiring medical treatment? |
| 9. | ___ | ___ | Frequent headaches, convulsions, dizziness or fainting? | 20. | ___ | ___ | Neck injury? |
| 10. | ___ | ___ | Concussion or unconsciousness? | 21. | ___ | ___ | Knee injury? |
| 11. | ___ | ___ | Heat exhaustion, heat stroke, or other heat problems? | 22. | ___ | ___ | Knee surgery? |
| 12. | ___ | ___ | Any illness lasting over a week? | 23. | ___ | ___ | Ankle injury? |
| 13. | ___ | ___ | Rheumatic fever? | 24. | ___ | ___ | Other serious joint injury? |
| | | | | 25. | ___ | ___ | Broken bones (fractures)? |

Yes No Further history:

26. ___ ___ Is there any history of family or genetic disease?
27. ___ ___ Has any family member died suddenly at less than 40 years of age of causes other than an accident?
28. ___ ___ Has any family member had a heart attack at less than 55 years of age?
29. ___ ___ Are you uncomfortably short of breath after running 1/2 mile (2 times around the track) without stopping?
30. List all medications you are presently taking and what condition the medication is for.

- A.
B.
C.

31. What is the most and the least you have weighed in the past year? **Most** _____ **/Least** _____

Date of last known tetanus (lockjaw) shot: _____

FOR WOMEN ONLY:

1. How old were you when you had your first menstrual period? _____
2. In the past year, what is the longest time you have gone between menstrual periods? _____

Use this space to explain any of the above numbered YES answers or to provide any additional information:

PHYSICAL EXAMINATION RECORD (To Be Filled Out by Licensed Professional)

This evaluation is only to determine readiness for sports participation. It should not be used as a substitute for regular health maintenance examinations.

Name _____ Height _____ Weight _____

Pulse _____ Blood Pressure _____ Hemoglobin (Optional) _____ UA (Optional) _____

	Normal	Abnormal Findings	Initials
1. Eyes			
2. Ears, Nose and Throat			
3. Mouth and Teeth			
4. Neck			
5. Cardiovascular			
6. Chest and Lungs			
7. Abdomen			
8. Skin			
9. Genitals-Hernia			
10. Musculoskeletal: ROM, strength, etc.			
11. Neurological			

Comments re Abnormal Findings: _____

Participation Recommendations

_____ Full and Unlimited Participation

_____ Limited Participation - May **not** participate in the following (checked):

_____ Baseball _____ Basketball _____ Cross Country _____ Football _____ Golf _____ Soccer
 _____ Softball _____ Swimming _____ Tennis _____ Track _____ Volleyball _____ Wrestling

_____ Clearance Pending Documented Follow Up Of _____

_____ No Athletic Participation

 Licensed Professional's Name (Printed) _____ Date _____

 Signature _____ Phone _____

Parent's or Guardian's Permission and Release

I hereby give my consent for the above student to engage in approved athletic activities as a representative of his/her school, except those indicated above by the licensed professional. I also give my permission for the team physician, athletic trainer, or other qualified personnel to give first aid treatment to this student at an athletic event in case of injury.

 Typed or Printed Name of Parent or Guardian _____ Signature of Parent or Guardian _____

 Address _____ Phone _____ Date _____