REQUIRED CHEER TRYOUT FORMS AND INSTRUCTIONS

2025-2026

- 1. _____ Application and Candidate Information Form
- 2. _____ Team Placement Commitment Contract
- 3. _____BISD Cheer Candidate Information with attached photo
- 4. _____Activity Permission Form
- 5. _____Travel/Medical Release Form
- 6. _____Student/Parent/Guardian Contract
- 7. _____TWO copies of Physical ALL candidates MUST have a physical dated in 2025
- 8. _____1st semester report card- ALL candidates MUST turn one in

Application/Required Paperwork DUE Monday, March 10th to your designated Head Coach.

Failure to turn in complete paperwork, by the deadline, may result in disqualification from tryouts, since applications will be unable to participate without release forms.

TRYOUT CLINIC IS CLOSED to the public (you must attend at your school)

TRYOUT RESULTS POSTED – Friday, March 14th

Thank you for your interest in the BISD Cheerleading Program. We wish you the best of luck.

Sincerely,

Victoria Butler- BHS Cheer Coach/ BISD Cheer Coordinator

Tessa Harbin- CHS Cheer Coach

Courtney Fairchild – KMS Cheer Coach

Christy Holladay – HMS Cheer Coach

APPLICATION & CANDIDATE INFORMATION FORM

	BISD CHE	ERLEADER	
Name:			Student ID:
For 2025-2026 Schoo	l Year (circle one)	78910	11 12
Current School:			
Physical Home Addr	ess:		
City:	State:		Zip Code:
Cell #			
Birthday:			
Cheerleader's Email	address:		
Mom's Name:			Cell
Mom's email:			
Dad's Name:			Cell
Dad's email:			
Do you plan to tryou	t for a leadership po	osition? (cir	cle) YES or No
What position?			
• Why do you w	ant to be a cheerle	ader, man	ager, or mascot?
 What are your mascot? 	strengths and weak	messes, as	a cheerleader, manager, or

• Explain how you will be committed to this program for the entire year. Explain, in detail.

Head Cheer Coach Signature: _____-Stating that you have a zero balance from previous year (even if you were not in the cheer program, you still need to get a signature. If you are trying out for High School you must have your 8th grade coach sign.

TEAM PLACEMENT COMMITMENT CONTRACT 2025-2026

I,______ understand that I am trying out for a possible position in a BISD cheer program for the 2025-2026 school year. I also understand that I am trying out for a program and not a specific team. I fully understand that the coaches select the teams based on the interested of the program, not the individual. I also understand that Seniors can only make the Varsity team.

<u>Please initial next to each position that applies in BOTH sections. Please read</u> <u>carefully!</u>

Section 1:

______If I am selected as a cheerleader for JV, I will NOT honor the commitment and NOT accept the position.

OR

_____If I am selected as a cheerleader for JV, I will honor the commitment and accept the position.

Section 2:

_____If I am selected as a cheerleader for Varsity, I will NOT honor the commitment and NOT accept the position.

OR

_____If I am selected as a cheerleader for Varsity, I will honor the commitment and accept the position.

REMINDERS: After selection, if a candidate indicates they will NOT accept a position for the team on which they are placed, the candidate will NOT be included on the positing of the final team roster.

Injured candidate's who are unable to demonstrate the required skills due to injury or illness during tryouts will need to provide a medical doctor's note to indicate the diagnosis and any restrictions the candidate will be unable to do during tryouts. Injured candidates may appear on the final team posting with an asterisk and can be added to the team once they have been released from the doctor's care and have demonstrated the skill(s) required for that team. Skills should be demonstrated prior to the end of the 2025-2026 school year to avoid being removed from the cheer program.

Cheerleader Signature:	Date:
Parent Signature:	Date

BISD Cheer Candidate Information 2025-2026

Please attach a current photo to this page

Name: _____

Grade net year (2025-2026) _____ Current School: _____

Current Standing Tumbling skills you can successfully land on dead mat:

Current Running Tumbling Skills you can successfully land on dead mat:

Stunting positions you can currently do (flyer, main base, side base, and/or backspot) Please rank positions on preference/experience:

Current stunts you can perform, and please list the corresponding stunting position:

Prior Cheer Experience: (This is not mandatory to tryout)

Please list any other activities you plan to be involved in next year (All Star cheer, work, sports, clubs, ect) Please be specific

Activity Permission Form

has my permission to tryout for the BISD Cheerleader, Manager, or Mascot for the 2025-2026 school year. I understand that elected squad members are required to attend all sporting events, competition, and other activities scheduled by the coach. Due to the amount of time that cheerleading required all jobs, and/or participation in other nonacademic activities or sports may interfere with cheerleading. Approval is required by the cheerleading coach before tryouts and prior arrangements must be agreed upon before a cheerleader may be committed to another sport or activity. In accordance with the state legislation, a passing average must be maintained by my son/daughter in all subjects at all times. I understand that elected squad members are required to participate in cheerleading camp for up to one week during the summer break (coaches will announce dates and places) and to attend mandatory summer and holiday practices and activities. I understand that my child's participation as a cheerleader will have a financial obligation set by the coach at the tryout meeting. I understand that I will be held responsible for these and agree to pay expenses. Failure to make timely payments may result in probationary status, suspension and could lead to dismissal. I acknowledge that failure to have a zero balance may also result in a hold on my school account. I grant release of legal responsibility of my son/daughter to Burleson ISD and the coaches or teachers while participating in cheerleading activities. I understand that tryout requirements and the consequences of violations. I agree to abide by these expectations. I also understand that the cheerleading selection decision is final. I will show good sportsmanship by accepting that decision.

Parent Signature	Date
0	

Student Signature	Date
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Travel/Medical Release Form

I,______ pledge to uphold all student policies and the high standards of the Burleson Independent School District. I understand that I am governed by the same rules on any sponsored field trip or activity as I am at school. I understand that possession of, having used or being under the influence of drugs or alcohol is prohibited and that the school's authority to enforce policy includes that right to inspect luggage, lodging accommodations, transportation vehicles, ect. I understand that any infraction will be dealt the according to school policy and may result in my being sent home immediately at my parent's expense from a trip or activity.

Student Name:	_Age	Birthdate
Coach	Organization	

I, ______being the legal parent/guardian of _______, a student at ______ give my full permission for my child to attend any BISD Cheerleading related event or activity. Furthermore, I do hereby release from any and all claims, demands, actions, or causes of action, due to death, injury or illness, the BISD and their administrative/faculty personnel. I further consent to the treatment of

______, my son/daughter/ward by the medical facilities of a Public Health Service or civilian physician/medical facility as required, in the event of any illness/accident arising. The consent includes any medical, anesthesia or surgical treatment or hospital services rendered under the general and special instructions of the attending physician or other physicians assigned to his or her care.

Medical Information

My son/daughter has been determined to have the following allergies:

He/She requires medication for the treatment of
The following listed are significant medical conditions which my son/daughter is known to have

Parent Signature	Date	
0		

Student - Parent/Guardian Contract

As a BISD Cheerleader/Mascot/Manager;

I promise to represent the school in the best way possible.

I promise to give my best effort at all times and maintain a positive attitude in all situations.

I promise to respect other squad members, coaches, and BISD employees.

I promise to be dependable, self-motivated, responsible and dedicated.

I promise to uphold all school rules and policies.

I promise that I will uphold the rules and policies of the BISD Cheerleading Constitution.

I promise that I will uphold my coach's policies and procedures.

I promise that I will uphold all procedures, policies, and guidelines that are stated in the mandatory meeting, this tryout packet, the constitution, and the Extra Curricular Conduct.

I have a copy of the current BISD Cheerleading Constitution, BISD Concussion protocol and Extra Curricular Code of Conduct.

I understand that through my commitment as a BISD Cheerleader, mascot, or manager, my picture and/or videos of team performances can be used by BISD athletics and the cheer program for purposes of social media, communication and promotions for BISD Athletics. I hereby release BISD from any and all claims which arise out or are in any way connected with such use.

Student Name

Student Signature _____

Date	

Parent/Guardian Name _____

Parent/Guardian Signature _____

Date _____

PREPARTICIPATION PHYSICAL EVALUATION - MEDICAL HISTORY

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		shacm for additional cardiac screening. I understand it is the responsible my family to schedule and pay for such ECG. APLAN canact amount short it necessa			food or stingung insects?? Have you have the fungues with your eyes or vision? Do you have any current skin problems (for evample fiching. Do you have any current skin problems (for evample fiching. Mave you had any problems with your eyes or vision? Dave you had any problems with your eyes of vision? Dave you had any problems with your eyes of vision? Dave you had any problems with your eyes of vision? Dave you have any eresting your eyes of vision? Dave you have any problems with your eyes of vision? Dave you have any eresting your eyes of vision? Dave you have any problems with your eyes of vision? Dave you have any problems with your eyes of vision? Dave you have any problems with your eyes of vision?	11 01 6
	Δ	(c) Only you have two testicles? 21 Do you have any testicular swelling on masses? An electrocardiogram (EOCI) is not required. I have read and understand An electrocardiogram (EOCI) is not required. I have read and understand Provident Control of the Control of the Control of the the An arctics From By checking this box. I choose to obtain an EOCI or my and the detection of the checking the set of the the the set. An arctics of the the checking the set of the set of the the set of the s			legs or feet? Do you have a struger, burner, or priched neive? Are you enternity taking any prescription or non-prescription Are you currenity taking any prescription or non-prescription for er-the-counter) medication or pills or using an inhaler? Do you have any affergues (for example, to pollen, medicine, take and affergues (for example, to pollen, medicine, take and take and affergues (for example, to pollen, medicine, take and take and affergues (for example, to pollen, medicine, take and take and affergues (for example, to pollen, medicine, take and take and affergues (for example, to pollen, medicine, take and take and affergues (for example, to pollen, medicine, take and take and take affergues (for example, to pollen, medicine, take and take and take affergues (for example, to pollen, medicine, take affergues (for example, to pollen, take affergue, take affergue, take affergue, take af	1 2 3
	lo luis	When was your first menstrual period? When was your most recent menstrual period? How much time do you usually have from the start of one period to the s monther? How many periods have you had in the last year? What was the longest time between periods in the last year? What was the longest time between periods in the last year?			If yes how many times? M hen was yout last concussion? Have you ever head a servere headaches? If ave you ever head or severe headaches? If ave you ever head numbress or ingling in your and shards.	
		 1 (pper Arm 1 out or less than you do now? 1 Do you ever been drugnosed with or treated for sickle cell 1 Do you ever been drugnosed with or treated for sickle cell 1 ave you ever been drugnosed with or treated for sickle cell 			my ocarditis or mononucleosis) within the last month? Has a physician ever denied or restricted your purtucpation in activities for any heart problems? Have you ever bud a head mpury or concussion? Have you ever been knocked out, become unconscious, or lost vour memory?	ŀ
		Head Horean High Shoulder Hand Hand Knest Hand Knest Koulder Hand Knest			sudden unexpected death betore age 50? Has any family member been diagnosed with enlarged heart (dilated cardiomy opathy i, hy peritophic cardiomy opathy, long etc). Martan's syndrome, or abnormal heart thy fun? Have you had a severe viral infection (or example,	
		Have you broken or fractured any bones or dislocated any tornts? Have you had any other problems with pain or swelling in muscles tendons, bones, or joints? If yes check appropriate box and explain below.			exercise? Have you ever had racing of your heart or skipped hearthears? Have you ever heen fold you have a heart murmur? Have you ever been fold you have a heart murmur?	
		devices that aren't usually used for your activity or position (for example, knee brace, special neck roll, foot orthoties, retainer on your feeth, hearing aid.)? 15 - Ilave you ever thad a sprain, strain, or swelling after mjury?			Do you get fired more quickly than your firences? Do you get fired more quickly than your firenceses? Physicanget fired more quickly than your firences?	
		exercise" Do you have asthma? Do you use any special protective or corrective equipment of 14 Do you use any special protective or corrective equipment or			up or physical? Have you been hospitalized overnight in the past year? Have you ever had surgery?	
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I bereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful responses could

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assistant, chiropractor, or nurse practitioner is required before any participation in CL, practices, games or matches, CHIS FORM AIUST BE ON FILE PRIOR TO PARTIC IPATION 18. ANY PRACTICE, SCREDATAGE, PERPORMANCE OR CONTEST BEFORE, DE BENG OR AFTER SCHOOL,

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Show & Louds Cont.

Date

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PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION

Student's Name			NEN	Age	Date of Birth		
Height	Weight	° o Body fat toptional		Pulse	BP	(brachal blo) od pressure while sitting
Vision, R 20	1. 20	Corrected	□ Y		Pupils	[] Equal	[] Unequal

As a minimum requirement, this Physical Examination Form must be completed prior to junior high participation and again prior to first and third years of high school participation. It must be completed if there are yes answers to specific questions on the student's MEDICAL HISTORY FORM on the reverse side. * Local district policy may require an annual physical exam.

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in			
the supine position.			
Heart-Auscultation of the heart in			
the standing position.			
Heart-Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			·
Marfan's stigmata (arachnodaetyly,			
pectus excavatum, joint			
hypermobility, scoliosis)			
MUSCULOSKELETAL			r
Neek	_		
Back			
Shoulder/Arm			
ElbowForearm			
Wrist-Hand			
Hip Thigh			
Knee			
Leg/Ankle			
Foot			
*station-based examination only			
CLEARANCE			
Cleared			
 Cleated after completing evaluation 	on rehabilitation for		
soni senti			
□ Not cleared for:		Reuson	
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Recommendations.

The following information must be	filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of
Physician Assistant Examiners, a	egistered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners.
or a Doctor of Chiropractic - Exa	nation forms signed by any other health care practitioner, will not be accepted.
Same (print type)	Date of Examination.
\ddress.	
hone Number.	
Signature:	

Must be completed before a student participates in any practice, before, during or after school, (both in-season and out-of-season) or performance games matches