

MISSION HILLS HIGH SCHOOL
2019-20
CHEER TEAM TRYOUTS



Auditions for All Teams

(MHHS Dance Team application due to Mrs. Hale by Thursday, 5/23/19, 12:45pm)

Tuesday, 5/28/19—Tryout Clinic (Dance Room) 3-6 p.m.

Wednesday, 5/29/19— Tryout Clinic (Dance Room) 3-6 p.m.

Thursday, 5/30/18—Tryout Clinic (Dance Room) 3-5 p.m.

Friday, 5/31/19—3-6 p.m.—Tryouts (Dance Room)

Questions? Please contact MHHS Pageantry Director Kathy Hale -- room 405
Email: kathleen.hale@smusd.org / Phone: 760-290-2700 x3405

MHHS Cheer Team Application

Incomplete applications will not be accepted. Remember: This is your first impression on the MHDT coaching staff!

Name: _____ Current Grade (circle): 8 9 10 11

Current School: _____ Current ID Number: _____

Student Cell: _____ Parent Cell: _____

Student E-mail Address: _____

Parent E-mail Address: _____

Home Address: _____

Emergency Contact Name and Relation: _____

Emergency Contact Phone Number: _____

Insurance Provider, Policy Number, and Policy Holder's Name (please attach to this application a copy of both sides of your insurance card or proof of school insurance from the finance office):

Please have one of your current teachers sign as a character reference:

Signature: _____

E-mail address: _____

Please attach a copy of your most recent progress report to this application. The minimum requirement is a 2.0. If you received lower than a C in Dance or PE, please do not tryout.

Parent/Guardian Signature and Release of Liability: _____

MHHS Cheer Team Application -- cont

Which team are you qualified for?

☐

Varsity

☐

JV

If we think you are not qualified for Varsity,
would you accept a spot on JV?

☐

Yes

☐

No

How many years have you been dancing? _____

Where have you trained? _____

What is your specialty?

Why do you want to be a member of the MHHS Cheer Team?

Are you available this summer for practices/dance camp?

MHHS CHEER TEAM TRYOUT CLINIC PERMISSION SLIP



Open ONLY to 8th-11th graders who will attend MHHS in Fall 2018. Bring this completed form to the clinic. It's *FREE* but you must have a permission slip!

Student's Name: _____ Age: _____

School: _____ Grade Level: _____

Parent/Guardian: _____ Cell: _____

Email Address: _____

In case of emergency please contact:

Name: _____

Telephone Number: _____

Insurance Provider: _____ Policy # _____

Team Preference: _____

I give permission to my student, _____, to participate in the series of Dance Clinics/Auditions offered at Mission Hills High School. I accept full responsibility for my student and understand that San Marcos Unified is not liable for any injury that may occur.

Parent/Guardian Signature: _____