

**Cheerleading and Song leading
2011-2012 Schedule for **Second Try-outs****

Cheer and Song Clinics: (Attendance at clinics are mandatory for try outs)

Monday	June 6 th	3:30- 5:30 pm
Tuesday	June 7 th	3:30- 5:30 pm

New Squad Member Parent Meeting/Uniform fitting* – To Be Announced.

* **Payments due on Uniform fitting day:**

- \$50.00 camp deposit fee (Checks payable to Connelly School)
- Deposit for uniforms - amount to be determined

Note:

The dress code for clinics on June 6th are as follows:

- ***Comfortable clothing suitable for a work out – no jeans***
- ***Shoes – athletic***
- ***Hair – must be tied back, away from face***

For tryouts on June 7th you may wear suitable clothing which has your school name or school colors. Hair and shoes – same as above.

Please bring water bottles on both days.

**Cheerleading and Song leading
2011 -2012**

Estimated Costs for Connelly Spirit Program

Uniforms:

***New Uniforms* \$400.00**

Connelly & Servite

Shoes: \$50-75

Camp/Practice Attire: \$150

**Camp: \$350 - \$400
*(Attendance at camp is mandatory)***

Transportation: \$100 - \$200

Please note that these totals are just estimates!

Spirit Program Application
2011-2012

Please type or print clearly

Name _____

School: _____

Grade _____ Date of Birth _____

Parent/Guardian Name _____

Address _____

Phone _____ E-mail _____

Parent's Phone - work/cell _____

Please answer the following questions:

Do you have any previous song/dance experience? Include participation on current squad. _____

What sports or clubs, if any, do you want to be in next year that will or might conflict with song leading practices or games? _____

Why do you want to be a member of the Connelly Song leading squad? _

Please list any and all activities that you are involved in. Include summer jobs. _____

Are you fully aware of the responsibility and time commitment you are undertaking? Explain your answer. _____

Spirit Program Application Grade Verification Form 2011-2012

Your current and fall semester GPA must be a 2.0 or a "C" average.

Name: _____

Connelly Students (currently in 9th, 10th or 11th grades)

First Semester GPA _____

In coming 9th grade students please attach a copy of your 1st semester and most recent report card.

You must be in good disciplinary standing with your school. This will be verified with the Dean of Students.

Parent/Guardian signature(s) to verify that you are allowed to participate in clinics and tryouts.

Parent/Legal Guardian Signature **Date**

**Spirit Program Consent form
2011-2012**

To the principal of Connelly High School, Sr. Francine Gunther, SHCJ:

I hereby request that my daughter, _____, be allowed to participate in the 2011-2012 Connelly High School Spirit Program, which entails participating in tryout procedures, clinics, and performances. **I understand, and indicate by my initials below, my acceptance of the following responsibilities.**

_____ My daughter and I realize there may be certain risks of injury during her involvement in the Connelly Spirit Program. My daughter and I are aware that the risks include a full range of injuries, from minor to severe.

_____ We both realize that neither protective equipment, nor padding are used in this sport. Also, the safety rules, and/or cheerleading/songleading procedures as well as the coaching instructions, nor the sport medicine care provided athletes will guarantee safety or prevent all injuries that my daughter might sustain.

_____ My daughter and I agree to accept these risks as a condition of her participation in the Connelly Spirit Program. Furthermore, my daughter and I are responsible for informing the cheer or song coach of any special condition my daughter might have, which could create additional risks. We both agree to follow all instructions given either by the cheer coach, doctors, and/or physical therapists.

In addition I agree to hold Cornelia Connelly School, and its employees, harmless from liability for any injury that may be incurred by my daughter. Should it be necessary for my daughter to have medical treatment while participating in this activity, I hereby give the school permission to use their judgment in obtaining medical services for my daughter and I give permission to the doctor selected by the school to render medical treatment deemed necessary and appropriate.

Parent/Guardian Signature

Date

Student Signature

Date

**Spirit Program Emergency contact and
Medical Information Form
2011-2012**

In case of Emergency and I(we) cannot be reached, please contact the following:

Name _____ Relationship _____

Phone _____

Name _____ Relationship _____

Phone _____

Medical Information:

Insurance
Company _____

Group Number _____

Physician _____ Phone _____

Preferred Hospital _____

Dentist _____ Phone _____

Please list any special allergies, medication, health problems and/or special information/instructions:

To the best of my knowledge my daughter is physically fit and has my permission to participate in the clinics and tryouts for the Cornelia Connelly School Spirit Program for the 2011-2012 school year.

Parent Signature

Date