



**Clovis North**  
**Pep & Cheer Tryout Information**

- Applications available on-line, in the CNEC activities office and in our 5 main feeder school offices (Bud Rank, Copper Hills, Fugman, Mt. View & Riverview).
- Applications will be available starting March 25<sup>th</sup> and are due April 12<sup>th</sup> to the Activities Office.
- Clinics will be held April 29<sup>th</sup> & 30<sup>th</sup> from 5:00-6:30pm in both MPR's.
- Attire: White top and black bottoms for official tryouts. Either tennis shoes or jazz shoes are acceptable. For clinics you may wear any comfortable athletic clothes. Hair should be all up.
- CN tryouts will be on Wednesday, May 1<sup>st</sup> starting at 3:00pm in the dance room.
- New teams will be posted by Friday, May 3<sup>rd</sup> @ 3:00pm
- **Mandatory parent meeting** for all squad members and a parent/guardian on Wednesday, May 8<sup>th</sup> @ 6:00pm in the CN MPR

Contact Heather Lingenfelter for any questions regarding Pep & Cheer at [heatherlingenfelter@cusd.com](mailto:heatherlingenfelter@cusd.com)

# **CNEC Pep and Cheer COACH'S RECOMMENDATION**

**STUDENTS:** Please fill out the section with your information and then give it to your current pep and cheer coach. If you are not currently in a pep and cheer program, please have another coach fill it out.

**COACHES:** Please go to the following link and complete the online reference form. Email Heather Lingenfelter with any questions.

**<https://tinyurl.com/broncocheer>**

This form is **confidential** and will only be seen by the coaching staff at CNEC. The online recommendation form must be completed by **Friday, April 26, 2019.**

Candidate's Name:

---

The above student is interested in trying out for the CNEC pep and cheer program. It would be greatly appreciated if you would take the time to fill out the following questions regarding this student as it relates to their work ethics, dedication, cooperation, enthusiasm, attitude, leadership, and peer relations.

Thank you!

**ATHLETIC EMERGENCY CARD – \_\_\_\_\_ HIGH SCHOOL**

**Please Print**

Student Name \_\_\_\_\_ SID # \_\_\_\_\_

Sport /Sports Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Insurance Co. (Required) \_\_\_\_\_ Policy No. \_\_\_\_\_ or Group No. \_\_\_\_\_

DOB \_\_\_\_\_ Date of Last Tetanus booster \_\_\_\_\_ Contact Lens? Yes No

Are you allergic to any medications? Please list \_\_\_\_\_

Any other allergies? Please list \_\_\_\_\_

Presently taking any medication? \_\_\_\_\_

Asthma? Yes No Inhaler? Yes No Type \_\_\_\_\_

**Person to contact in case of emergency:**

1. \_\_\_\_\_ Phone Hm. \_\_\_\_\_ Wk. \_\_\_\_\_ Cell \_\_\_\_\_

2. \_\_\_\_\_ Phone Hm. \_\_\_\_\_ Wk. \_\_\_\_\_ Cell \_\_\_\_\_

3. \_\_\_\_\_ Phone Hm. \_\_\_\_\_ Wk. \_\_\_\_\_ Cell \_\_\_\_\_

My son/daughter has permission to participate in athletics at \_\_\_\_\_ High School and to travel with his/her team(s) for athletic contests. Should it be necessary for my child to have medical treatment while participating in sports, or on a trip, and if the District is unable to contact me, I hereby authorize Clovis Unified School District personnel to use their judgment in obtaining medical services for my child. I understand that my child must have medical insurance that provides at least \$1500 accidental injury coverage.

Parent/Guardian: \_\_\_\_\_ (signature required)

**RELEASE OF STUDENT TO PARENT/GUARDIAN AFTER FIELD TRIP OR ACTIVITY**

I request that \_\_\_\_\_ at \_\_\_\_\_ be released to my custody

*Student Name School*

after the away games during the season rather than returning to school in the transportation provided by Clovis Unified School District. The following are additionally authorized individuals (also listed on *Form 11-S Student Release Authorization* on file at school site) to whom the above-referenced child may be released:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Waiver of Claims: I agree that once my son/daughter is released to my custody, I assume full responsibility for his/her health, safety and welfare and as provided for in California Education Code Section 35330. I agree to waive all claims against the District and hold the District, its officers, agents and employees, harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity. This waiver shall not apply to any occurrences which may arise solely out of the negligence of the District, its employees or agents.

\_\_\_\_\_  
Printed Name (Parent/Guardian) Approval Signature (Parent/Guardian)

\_\_\_\_\_  
Home Phone Number Other Phone Number Date

S  
I  
G  
N  
A  
N  
D  
R  
E  
T  
U  
R  
N