



Pacetti Bay Middle School  
245 Meadowlark Lane  
St. Augustine, FL 32092

Dear Parents,

We are thrilled that your child is interested in becoming a member of the Pacetti Bay Middle School Cheerleading Team for the 2017-2018 school year. If your child is chosen to be a cheerleader, there are specific responsibilities and obligations which the student must assume in order to qualify and remain an active member of the team. We will have an informational meeting to discuss these responsibilities and the expectations that will be set forth after the team has been selected.

After reading the attached information and after your child has a complete understanding of his/her responsibilities during tryouts, please sign and have your child sign the Athletic Waiver and Information Form. Teacher recommendations should be directly given to coaches by the recommending teacher. These forms are due no later than Thursday, April 27<sup>th</sup>.

The following forms are included in the tryout packet: Information Sheet, Athletic Release Form, and two (2) Teacher Evaluation forms. If you are able to get your sports physical by tryouts, please turn it in after returning the physical waiver. Physicals are due NO LATER than the first day of camp in June.

Being a member of the PBMS Cheerleading Team has many rewards and is a valuable experience they will remember for a lifetime. Additionally, your child will give pride and spirit to our school, students, and community through their participation! We look forward to guiding your child in their knowledge of cheerleading and building an excellent program of leadership. If you have any questions concerning the constitution or cheerleading rules and responsibilities, please contact Mary Catherine Connolly by email:

[Mary.Connolly@stjohns.k12.fl.us](mailto:Mary.Connolly@stjohns.k12.fl.us).

Thank you for your cooperation!

Mary Catherine Connolly, Head Coach

## **Tryout Information for Cheerleading 2017 - 2018**

Mandatory clinics for tryouts will be held on **Monday, May 1<sup>st</sup>**, **Tuesday, May 2<sup>nd</sup>** from **2-4pm**. Clinics will be held in the gym at Pacetti Bay. Tryouts will be held on **Thursday, May 4<sup>th</sup>**, in the gym at 2:00pm. Clinics and tryouts are closed to the public.

### **We are interested in cheerleaders who:**

- \* love to lead others in a positive way
- \*enjoy building school spirit and pride
- \* are willing to give 100% commitment to making this team successful

### **Clinics will consist of the following:**

- \*Learning a cheer
- \*Learning a sideline cheer
- \*Learning a short dance routine
- \*Drills for jumps and tumbling
- \*Lift drills if time allows

### **Candidates should:**

- \*wear comfortable gym clothing (For tryouts, girls will need to wear black or navy shorts and a plain white t-shirt
- \*wear socks and athletic shoes (no flip flops or sandals allowed)
- \*make sure your hair is pulled away from face
- \*leave all jewelry at home
- \*bring a water bottle
- \*bring a SMILE!

**Tryouts will consist of the following:**

\*Each candidate will be given a tryout number.

\*Each candidate should have learned one (1) cheer, one (1) sideline cheer and one (1) short dance. Based on the number of participants trying out, small groups will perform the cheers and dance for the judges.

\*Individuals in each group will be asked to show technical skills to the judges. This includes mandatory jumps and optional tumbling skills.

\*Candidates will be evaluated on their overall spirit, control of voice, projection of voice and sharpness of motions.

\*If needed, each group may be asked to perform the routines a second time.

\*Final selections will be based on technique, execution, ability, attitude, appearance and teacher evaluations. The cheer coach will determine the size of the team based on judge's recommendations.

\*The results will be posted the night of tryouts. The time will be determined at tryouts—depending on number of participants trying out.

**If you are chosen as a member of the Pacetti Bay Middle School Cheerleading Team, practices and games are MANDATORY.**

**Technical Skills:**

**Mandatory:** \* Toe Touch \* Right or Left Hurdler

**Optional:** 2 gymnastics passes (standing or running) - no spotter will be available

**\*\*Each participant will be judged on their smile, enthusiasm, showmanship, poise, confidence and spirit while performing each element of try outs.**

Athletic Waiver  
Pacetti Bay Middle School Cheerleading Team

I give my child permission to try out for the PBMS Cheerleading Team with the knowledge that he/she has not yet had a sports physical. I understand that I cannot hold the coaches, Pacetti Bay Middle School, or St. Johns County Schools accountable for any accidents or injuries that occur during the normal activities for tryouts. If my child is chosen as a member of the PBMS Cheerleading Team, I understand that he/she must obtain a sports physical before participating in any cheer team practices or performances.

Student Name \_\_\_\_\_

Student's Grade Level during 2017-2018 School Year \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

\_\_\_\_\_

Signature of Parent or Guardian

\_\_\_\_\_

Date

# Pacetti Bay Middle School Cheerleading Team Information Sheet

## PERSONAL INFORMATION:

Student Name \_\_\_\_\_

Address \_\_\_\_\_

Grade Level \_\_\_\_\_ Date of Birth (m/d/y) \_\_\_\_\_

Parent(s)/Legal Guardian(s) \_\_\_\_\_

Who do you live with? \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent Cell or Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

## MEDICAL INFORMATION:

Doctor \_\_\_\_\_ Doctor's Phone # \_\_\_\_\_

Dentist \_\_\_\_\_ Dentist's Phone # \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

1. Are you allergic to any medications? \_\_\_\_\_ If so, please list \_\_\_\_\_

2. Are you currently taking any medications? \_\_\_\_\_ If so, please list \_\_\_\_\_

3. Are you currently being treated for any injuries? \_\_\_\_\_ If so, please list \_\_\_\_\_

4. Are there any illnesses or other medical issues that the coach should be aware of? \_\_\_\_\_ If so, please list \_\_\_\_\_

## BACKGROUND:

1. Years of previous cheer experience \_\_\_\_\_ Where? \_\_\_\_\_

Member of previous cheer team? \_\_\_\_\_ Does this include PBMS? \_\_\_\_\_

Types of cheer experience (i.e. Upward, All-stars, etc.) \_\_\_\_\_

2. Are there any dates that you will be out of town during the school year? \_\_\_\_\_

Pacetti Bay Middle School Cheerleading Team  
Teacher Evaluation Form

Name of Student \_\_\_\_\_ Teacher's Name \_\_\_\_\_

Current Grade Level \_\_\_\_\_ Subject \_\_\_\_\_

Did this student ever need to be disciplined by you? If so, what was the reason and what was the consequence? Please be as specific as possible.

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Please rank the candidate on a scale of 1 to 5 (5 being the highest), in each of the areas listed below. Consistently low ratings will make the candidate ineligible for the PBMS Cheerleading Team.

_____ Dependability	_____ Leadership
_____ Ability to get along with others	_____ Time Management
_____ Attitude	_____ Organization
_____ Cooperation	_____ Courtesy and Respect
_____ Attendance and punctuality	_____ Character

\* Are there any other concerns you have about this student that could possibly affect him or her being a member of the PBMS Cheerleading Team? Please explain.

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\* Would you recommend this student for the PBMS Cheerleading Team? Please explain.

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Please complete the evaluation and return to Ms. Mary Catherine Connolly by Friday, April 28<sup>th</sup> (room p6 or mailbox). Students will not be able to try out without a teacher recommendation.

Signature of Teacher \_\_\_\_\_ Date \_\_\_\_\_

Thank you for your help and cooperation!

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