

# Application for Cheerleading Tryouts

- \_\_\_\_ My child, \_\_\_\_\_ has my permission to be a cheerleader at **Trinity Catholic High School**. I understand that he/she must abide by the rules and regulations set forth by the Cheerleading Coaches of **Trinity Catholic High School**, and be present for **ALL** practices and games. I have read the rules and regulations and understand that the violation of any of these rules may lead to temporary or permanent suspension from the squad. I understand and give permission for my daughter/son to ride with the advisor and/or other parents/students when necessary. I understand that all forms attached must be completed by **May 29, 2019**, or my child will not be allowed to tryout. I understand that my child must attend all practices (unless excused by the advisor) and tryout sessions, or my child will not be considered for a cheerleading position.
- \_\_\_\_ I understand that my daughter/son will be evaluated by qualified judges, and we agree to abide by the decision of the judges.
- \_\_\_\_ I understand all costs involved and agree to pay all as required.
- \_\_\_\_ I understand by the very nature of the activity, cheerleading and gymnastics carry a risk of physical injury. No matter how careful the participant and coach are, how many spotters are used, or what landing surface is used, the risk cannot be eliminated. I understand these risks and will not hold **Trinity Catholic High School** or any of its personnel responsible in the case of accident or injury at any time.

**Please attach a copy of your most recent grades. If final grades are not yet available, you will be required to provide a copy of the final report card as soon as it is available.**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Date  
Parent or Guardian Parent or Guardian

I am interested in being a cheerleader at **Trinity Catholic High School**. I understand the risks stated above. If elected, I promise to abide by the rules and regulations set forth by the Cheerleading Coaches of **Trinity Catholic High School**. I promise to cooperate and follow the instructions of the cheerleading coaches.

Student Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Home Address: \_\_\_\_\_

School now attending: \_\_\_\_\_ Grade next year: \_\_\_\_\_

2018-2019 TRINITY CATHOLIC HIGH SCHOOL CHEERLEADING TRY-OUT INFORMATION SHEET

PLEASE PRINT CLEARLY!!

Sideline Only

Cheerleader Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mailing Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Florida Zip: \_\_\_\_\_

CURRENTLY I am in the \_\_\_\_\_ grade and attend Trinity Catholic High School.

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

**PLEASE REREAD WHAT YOU HAVE PRINTED TO MAKE SURE IT IS CLEARLY PRINTED – PRINT NEATLY!**

Please list your families special "talents" that we may seek if necessary or if you are willing to volunteer with any fundraisers/events.

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I will be in the \_\_\_\_\_ grade in the 2019/2020 school year and am registered at Trinity Catholic High School. I \_\_\_\_\_ am the parent/legal guardian of \_\_\_\_\_ and give permission for him/her to participate in TC Sideline and/or Competition Cheerleading Tryouts and as a member of the team, should she be selected.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Signature

## 2019-2020 Cheer Tryouts Important Information Sheet:

- Optional Workouts will continue through May 8, 2019. It is strongly recommended that you attend, as this will prepare you for what is expected at tryouts.
- **In order to tryout you will need the following:**
  1. Be a registered student at TC for the upcoming school year. This includes incoming freshman and transfer students.
  2. A current physical on file. (Returning girls will need a new one also because yours will be expiring over the summer so get it done now please).
  3. A wallet sized head shot photo (you will NOT be getting this back).
  4. A signed Cheerleading Covenant by both you and a parent.
  5. A completed information and application sheet.
  6. A signed Cheerleading Guidelines Form by both you and a parent.
  7. Teacher Recommendations
  8. A copy of your last report card.

**All forms are due to the Office of Student Life by Thursday, May 23<sup>rd</sup> at 3:30 pm. No exceptions for being late! Please put all documents in a sealed envelope. On the front of the envelope please write: "Cheer Tryouts"**

### Tryouts:

- Tryouts will be held in the TC gymnasium on Wednesday, May 29<sup>th</sup> – Friday, May 31<sup>st</sup>. Tryouts are **CLOSED** to the public.
- A **MANDATORY** clinic for Sideline Tryouts will be here at the TC gymnasium on Wednesday, May 29<sup>th</sup> from 4:00 pm – 8:00 pm. During the clinic you will be given a try out number and learn the material for tryouts. If you are missing ANY required paperwork you will not be allowed to participate in the clinic.
- The clinic and both tryouts will be **CLOSED** to the public.
- **SIDELINE TRYOUTS** will be held on Thursday, May 30<sup>th</sup> from 4:00 pm to 8:00 pm
- **COMPETITIVE TRYOUTS** will be held on Friday, May 31<sup>st</sup> from 9:00 am to 1:00 pm
- For the Sideline clinic & tryout and Competitive tryout, please wear black shorts, black tops, appropriate cheer shoes, and your hair must be in a tight, HIGH pony tail with a gold/green bow. No stray hairs please! If you are not wearing the proper attire you will be asked to leave.
- No jewelry is allowed at any time.
- No long nails nor nail polish are allowed at any time.
- No excessive make up
- Team results for Sideline Squads will be posted by 9:00 pm on Thursday, May 30<sup>th</sup> and by 3:00 pm on Friday, May 31<sup>st</sup> for Competitive Team. Both will be posted on the front office door of TCHS and on TC Cheer Social Media Sites:
  - Facebook: Trinity Cheer

▪ Twitter: TC Cheer

- A **MANDATORY parent meeting** will be Friday, May 31<sup>st</sup> at 6:00 pm in the TC cafeteria. All cheerleaders with at least ONE parent/guardian **MUST** be in attendance. There will be some team bonding activities for the team while the meeting is going on. Sizing for camp/practice clothes will also take place at the meeting so it is imperative that you attend.
- **TEAM LOCK-IN:** We will immediately have our first cheer lock-in on Tuesday, June 11<sup>th</sup> at 5:00 pm until Saturday, June 12<sup>th</sup> at 11:00 am at TCHS.
- **Summer Practices and Camp:**
- The first practice will begin on Monday, June 3<sup>rd</sup> from 10:00am – 12:00 pm.
- Summer Sideline practices will be every Wednesday from 10:00 am – 12:00 pm @ TCHS.
- Summer Competitive practices will be every Monday @ OAX from 10:00 am – 12:00 am
- Mandatory Summer UCA Camp for Sideline Cheerleading will be here at TC on July 15-17, 2019.

# Trinity Catholic High School Teacher Recommendation for Cheerleading Tryouts

Please complete the following form as soon as possible, so that we will have time to tally prior to the tryout date. Teacher evaluations will be averaged together to count for a portion of each candidate's score. It is very important to give the student an honest rating based on your knowledge of that individual student.

Please complete this form ASAP; the student must return it to the coaches by 5/23/19 in order to tryout. It is very important that you rate the student according to how YOU feel the student does in YOUR class or classes. Please be realistic as well as fair. These evaluations will not be shared with the student. They will be confidential and tallied by the advisor. You may return this form via e-mail ([tccheer1617@gmail.com](mailto:tccheer1617@gmail.com)) or by sending a hard copy to Trinity Catholic High School, 2600 SW 42 St, Ocala, FL 34471 (Attn: Cheerleading Coaches).

Thank you for your time and cooperation. If you have any questions, please feel free to contact us at any time.

Sincerely,

**Angy Scroble**  
Head Cheerleading Coordinator  
352-427-7724

**Yolie Brooks**  
Assistant Cheerleading Coordinator  
352-427-3172

**Melissa Miranda**  
Head Sideline Cheerleading Coach  
352-208-7688

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Name of Candidate:

Class(es) Taught:

Grade Received:

Did this student ever need to be disciplined by you, and if so, what was the offense?

On a scale of 1 to 5, please rate the applicant in each of these areas listed below:

\_\_\_\_\_ Ability to get along with others

\_\_\_\_\_ Attitude

\_\_\_\_\_ Cooperation

\_\_\_\_\_ Attendance and punctuality

\_\_\_\_\_ Dependability

Please provide any information you feel is important for the TC Cheerleading Coaches to know below:

\_\_\_\_\_  
Signature of teacher

\_\_\_\_\_  
Printed Name of Teacher

Date: \_\_\_/\_\_\_/\_\_\_

School Name: \_\_\_\_\_

Thank you for your help and cooperation!

# Trinity Catholic High School Teacher Recommendation for Cheerleading Tryouts

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\_\_\_\_\_ Cooperation

\_\_\_\_\_ Attendance and punctuality

\_\_\_\_\_ Dependability

Please provide any information you feel is important for the TC Cheerleading Coaches to know below:

\_\_\_\_\_  
Signature of teacher

\_\_\_\_\_  
Printed Name of Teacher

Date: \_\_\_/\_\_\_/\_\_\_

School Name: \_\_\_\_\_

Thank you for your help and cooperation!



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Cheerleader Name (Print).

## **TCHS Cheerleading Covenant**

PLEASE READ THE FOLLOWING STATEMENTS BELOW. SIGN OFF THAT YOU FULLY UNDERSTAND EACH STATEMENT AND THE CONSEQUENCE OF EACH.

- I understand that I am expected to attend every practice, game, performance and scheduled event set forth by the TCHS Cheer coaching staff.
- I understand that I am required to be in FULL uniform for games/performances or I will be required to sit out with my coaches for the entire game.
- I understand that BOTH individual and team fundraising activities are important to the program. I understand that I am required to participate in ALL TCHS Cheer fundraising activities. Failure to participate will result in demerits.
- I understand that knowledge of material and skills are of the upmost importance to the TCHS Cheer program. I understand that if I am not "game/ performance ready" in the opinion of my coaches, I may be sat out of a game, pep rally, performance, or competition. I will also receive demerits.
- I understand that my commitment to TCHS Cheerleading is a commitment to be a model citizen at Trinity Catholic. Any teacher referrals, ISS, negative/offensive social media posts, bullying, or other offenses that shed a negative light on the program will result in demerits.
- I understand that accumulating **10 demerits** will result in dismissal from the program. (Please see the TCHS Cheer demerit system for a breakdown of offenses/ levels).
- Any infraction at school that involves the Dean's Office and is a Level 3 offense or higher may result in dismissal from the squad.
- I understand that if I am dismissed from the squad, any monies paid into, or fundraised for, the Trinity Catholic cheer account will not be returned.
- I understand that payments not made on the due dates will result in a hold on all cheer equipment & attire until the payment is received.
- If I am dismissed from the Cheer Squad at any time during the cheer season, I will not be able to try out for the squad the following year.

I, and my parent/ guardian, have read and understand the guidelines of the TCHS Cheer Demerit System and TCHS Cheerleading Covenant.

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Cheerleader Signature

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Date

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Parent/Guardian Signature

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Date

# **Trinity Catholic Cheerleading Guidelines**

## **Academics**

1. A cheerleader's first responsibility is to his/her academic program. The educational process should not be compromised by participating in cheerleading. Each team member is required to maintain a 2.0 GPA. If the participant's GPA drops below a 2.0 GPA he/she will be dismissed from the program and may not try out for the next season until their GPA is brought up. Each progress report and report card will be looked at by the cheer coaches as they are issued.

## **Attendance, Punctuality and Attitude**

2. All athletes must be present at **all activities** unless they have an excused absence from school, a doctor's note, or there is a death or sudden illness in the immediate family. If one of the above occurs, it is the responsibility of the **ATHLETE** to get in touch with the coach(es) personally. Failure to do so will result in demerits. These are the only excused reasons from an activity. If an athlete is to miss an event he/she is to notify the coach personally at least **twenty four(24) hours in advance**.
3. Tardiness to practice, games, and events creates an inconvenience for those who were present on time. Therefore, all athletes must arrive to practice, games, and events at the scheduled time. Failure to do so will result in demerits.
4. A cheerleading squad must work in harmony as a group. **Show maturity by learning to settle differences by discussion and compromise, rather than using harsh words**. If you have a problem that cannot be resolved peacefully, the coach has the final word. Disrespect to the coaches or teammates will not be tolerated in any form including on online social networks such as Facebook, Instagram, Snapchat, Twitter, etc. If you are asked to leave a practice for disrespect it will count as an unexcused absence even if there are only a few minutes left of practice.
5. If you resign or are dismissed from the team for **any** reason during the season, you will not be able to try out for the following year and all monies paid are nonrefundable.
6. **You will not be allowed to participate in any other activities (school or non-school related) that will interfere with the cheerleading practices, games, performances or events. Missed practices or events due to other activities WILL NOT be excused. This includes other sports teams, jobs, clubs or any other activity that is other than illness or death in the family.**
7. At home, away games, camp, fundraisers, events or any other situation where the cheerleader is representing Trinity Catholic, the athlete will conduct him/herself accordingly. Good sportsmanship is essential and mandated.

8. The cheerleader will go to away games with the coach. They may, however, ride home with **his/her own parent/ guardian or their designee**; this must be arranged in advance of traveling. If a sudden illness in the immediate family occurs or an emergency should occur, the cheerleader must go with the parent only, and the coach's permission must be given. A parent will be required to sign a release of responsibility form at that time.

**Uniform and Equipment**

9. Athletes must arrive for games in full uniform which is to include, correct socks & shoes, issued hair accessories, poms, and issued bloomers. If you show up without the proper uniform and/or accessories you may not be allowed to participate in the game or activity.
10. No jewelry is to be worn to any practices, games or performances.
11. No tattoos/ piercings may be visible when in uniform.
12. No long nails nor nail polish at any practices, games or performances.
13. No public display of affection are allowed while in uniform or while representing TCHS.
14. No vulgar or degrading language or actions while in uniform.

I have read and agree to all the terms in the Rules and Regulations Form.

Cheer Candidate Printed Name \_\_\_\_\_

Cheer Candidate Signature \_\_\_\_\_

Parent Printed Name \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

## **2019 - 2020 TCHS CHEER DEMERIT SYSTEM**

### **LEVEL 1 (1 Demerit):**

- Any conduct/ discipline action resulting in verbal or written warning by a Teacher/Dean/Administration
- Coming to practice without knowledge of material (1<sup>st</sup> offense)
- Failure to participate in team fundraising activities and/or community service activity
- Blocking Coaches from Social Media Sites (1<sup>st</sup> Offense)
- 3 unexcused tardies to practice, game or event

### **LEVEL 2 (2 Demerits):**

- Any school offense resulting in ISS (Dress code, Cell phone, Excessive tardies, etc)
- Coming to practice without knowledge of material (2<sup>nd</sup> Offense)
- Blocking Coaches or Captains from Social Media Sites (2nd Offense)

### **LEVEL 3 (3 Demerits):**

- Any Social Media Post/Text that is a negative representation of yourself, school, and/or your cheer program (TBD by coaches)
- Missed practice or game without 1 month prior notice (illness of self with doctor's note/ family emergencies will be excused)
- Any school offense resulting in a 1 day suspension

### **LEVEL 4 (5 Demerits):**

- Coming to practice without knowledge of material (3rd offense)
- Any social media post/pictures/video/email/verification of underage drinking or tobacco use (vape, cigar, dip, etc) or party where underage drinking has taken place (These demerits will be in addition to any consequences set forth by TCHS Administration)

### **Competitive Team:**

- Only 2 absences -- excused or unexcused -- are allowed. Following 2<sup>nd</sup> absence, he/she is subject to replacement by an alternate.
- Only 4 tardies -- excused or unexcused -- are allowed. Following 4<sup>th</sup> tardy, he/she is subject to replacement by an alternate.

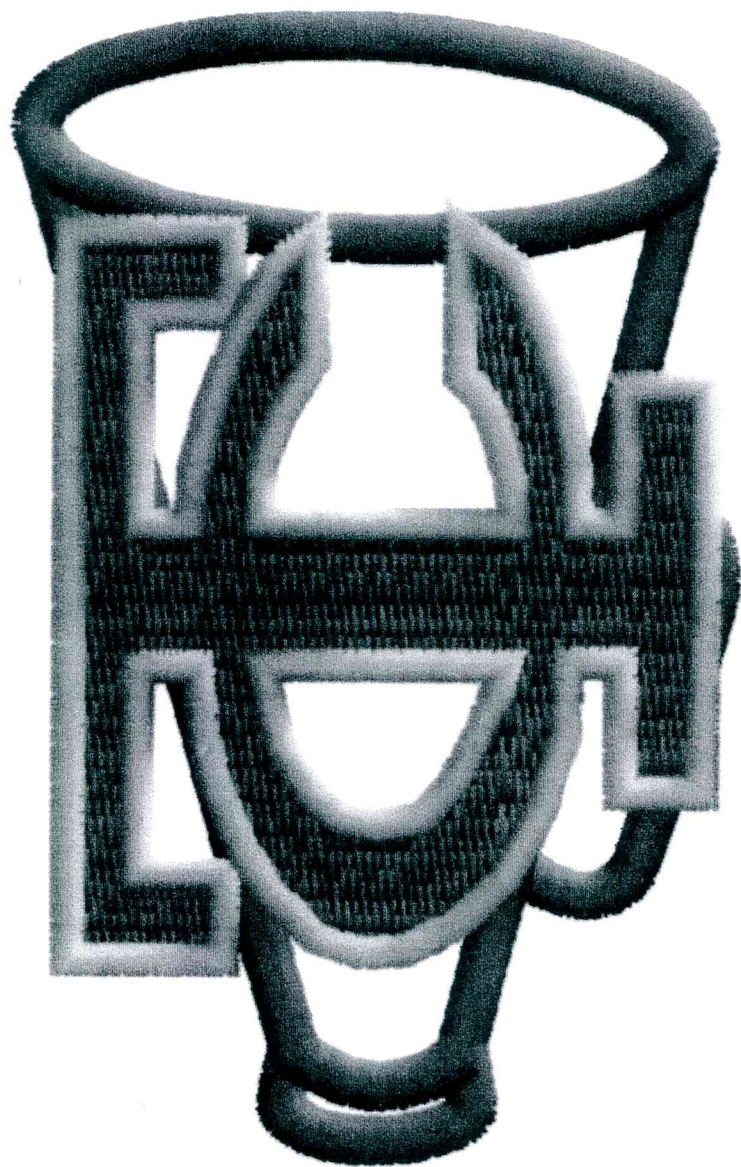
**3 Demerits= Sit out 1 game/ performance. Cheerleader must attend home game/ performance in assigned attire (uniform/ warm up) & sit with coaches the entire game.**

**5 Demerits = Phone conference with parent/guardian, coaches, and cheerleader. Cheerleader to sit out of the next 2 games/ performances. Cheerleader must attend home games/ performances in assigned attire (uniform/ warm up) & sit with coaches the entire game.**

**7 Demerits= Meeting with parent/guardian, coaches, and cheerleader. Cheerleader to sit out of the next 2 games/ performances. Cheerleader must attend home game/ performance in assigned attire (uniform/ warm up) & sit with coaches the entire game.**

**10 Demerits = Dismissal from the TCHS cheer program (Inclusive of both teams) for the remainder of school year.**

**\*\*Any Cheerleader removed from the squad due to demerits will not be permitted to try out for the squad for the next season. All fees paid and funds raised are non-refundable.**



CHEER TEAM CALENDAR 2019-2020

# JUNE 2019

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
26	27	28	29	30	31	1
			Sideline Tryouts Workshop @ TCHS 4pm-8pm	Sideline Tryouts 4pm - 8pm	Comp Tryouts @ TCHS 9am-1pm Parent Mtg @ TC 6:30pm	
2	3	4	5	6	7	8
	Comp Practice @ OAX 10am-12pm		Sideline Practice @ TCHS 10am-12pm			
9	10	11	12	13	14	15
	Comp Practice @ OAX 10am-12pm	Cheerleading Lock-In 6:30pm	Sideline Practice @ TCHS 10am-12pm			
16	17	18	19	20	21	22
	Comp Practice @ OAX 10am-12pm		Sideline Practice @ TCHS 10am-12pm			
23	24	25	26	27	28	29
	Comp Practice @ OAX 10am-12pm		Sideline Practice @ TCHS 10am-12pm			
30						

# JULY 2019


SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	1	2	3	4 	5	6
		<b>NO PRACTICES</b>				
7	8 Comp Practice @ TCHS 10am-12pm	9	10 Sideline Practice @ TCHS 10am-12pm	11	12	13
14 CAMP SETUP @ TC 4PM	15	16	17	18	19	20
	<b>UCA CAMP</b>					
21	22 Comp Practice @ OAX 10am-12pm	23	24 Sideline Practice @ TCHS 10am-12pm	25	26	27
28	29	30	31 Sideline Practice @ TCHS 10am-12pm			




# AUGUST 2019

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
				1	2	3
4	5	6	7 Sideline Practice @ TCHS 10am-12pm	8	9	10
11	12	13 Freshman Orientation All Returning Cheerleaders	14 1 <sup>st</sup> Day of School for all Students Sideline Practice 4pm - 5pm	15	16 Varsity @ Dixie County HS 7pm	17
18	19	20	21	22	23	24 Glo with the Flo 5K Run All Sideline Cheerleaders
	18 Sideline Practice 4pm - 6pm		19 Sideline Practice 4pm - 6pm		20 Varsity vs. Leon HS (Home) 7pm	21
25	26 Sideline Practice 4pm - 6pm	27	28 Sideline Practice 4pm - 6pm	29	30 Varsity vs. P.K. Yonge HS (Home) 7pm	31

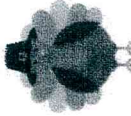
# SEPTEMBER 2019

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1	2  <b>Labor Day</b> <b>No School</b>	3	4 Sideline Practice 4pm – 5pm	5	6 Varsity vs. Mt. Dora HS (Home) 7pm	7
8	9 Sideline Practice 4pm – 6pm	10	11 <b>Half Day</b> Sideline Practice 4pm – 6pm	12	13 Varsity @ South Sumter HS 7:30pm	14
15	16 Sideline Practice 4pm – 6pm	17	18 <b>Half Day</b> Sideline Practice 4pm – 6pm	19	20 Varsity vs. North Florida Christian (Home) 7pm <b>HOME COMING</b>	21 <b>Homecoming Dance</b>
22	23 Sideline Practice 4pm – 6pm	24	25 Sideline Practice 4pm – 6pm	26	27 Varsity @ The Villages Charter School 7pm	28
29	30 Sideline Practice 4pm – 6pm					


# OCTOBER 2019

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
		1	2 Sideline Practice 4pm – 5pm	3	4 Varsity @ Fort White 7pm	5
6	7 Sideline Practice 4pm – 6pm	8	9	10	11 <b>NO FOOTBALL GAME</b>	12
13	14 Sideline Practice 4pm – 6pm Competitive Team Meeting 6pm – 7pm	15 16 End of 1 <sup>st</sup> Quarter Sideline Practice 4pm – 6pm	17 18 Teacher Work Day No School Varsity vs. Victory Christian Academy (Home) 7pm PINK/ SENIOR NIGHT	19 20 Comp Practice @ TCHS 4PM – 6PM	21 22 Varsity @ Calvary Christian 7pm	26 27 Competitive Choreography @ OAX 9am – 3pm
20	21 Comp Practice @ TCHS 4pm-6pm	22 23 Competitive Team Practice @ OAX 3:30-5:30	24 25 Sideline Practice 4pm – 6pm	26 27 Comp Practice @ TCHS 4PM – 6PM	28 29 Varsity @ Calvary Christian 7pm	30 31 
27	28 Comp Practice @ TCHS 4pm-6pm	29 30 Competitive Team Practice @ OAX 3:30-5:30	30 31 Sideline Practice 4pm – 6pm			

# NOVEMBER 2019

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
					1 Varsity @ Dunnellon HS 7pm	2
3	4 Comp Practice @ TCHS 4pm-6pm	5 Comp Practice @ OAX 3:30-5:30	6 Sideline Practice 4pm - 6pm	7 Comp Practice @ TCHS 4PM - 6PM	8	9
10	11 Comp Practice @ TCHS 4pm-6pm	12 Comp Practice @ OAX 3:30-5:30	13 Half Day	14 Comp Practice @ TCHS 4PM - 6PM	15	16
17	18 Comp Practice @ TCHS 4pm-6pm	19 Comp Practice @ OAX 3:30-5:30	20 Sideline Practice 4pm-6pm	21 Comp Practice @ TCHS 4PM - 6PM	22	23
24	25 Hurricane Day	26 Hurricane Day	27 Sideline Practice 4pm - 6pm	28  Thanksgiving Break	29	30

# DECEMBER 2019

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	
1	2 Comp Practice @ TCHS 4pm-6pm	3 Comp Practice @ OAX 3:30 - 5:30	4 Sideline Practice 4pm - 6pm	5 Comp Practice @ TCHS 4PM - 6PM	6	7	
8	9 Comp Practice @ TCHS 4pm-6pm	10 Essay EXAMS Comp Practice @ OAX 3:30 - 5:30	11 Half Day Essay EXAMS Sideline Practice 4pm - 6pm	12 Essay EXAMS Comp Practice @ TCHS 4PM - 6PM	13 Essay EXAMS	14 Ocala Christmas Parade All Cheerleaders	
15	16 Comp Practice @ TCHS 4pm-6pm	17 Mid-Term EXAMS Comp Practice @ OAX 3:30 - 5:30	18 Mid-Term EXAMS Sideline Practice 4pm - 6pm	19 Mid-Term EXAMS Comp Practice @ TCHS 4PM - 6PM	20 Mid-Term EXAMS Comp Practice @ TCHS 4PM - 6PM	21	
22	23 Comp Practice @ TCHS 4pm-6pm	24	25 	26	27	28	
29	Christmas Break						

# JANUARY 2020

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
			New Year's 1 Day 			
				<b>CHRISTMAS BREAK</b>		
5	6	7	8	9	10	11
	First Day Back to School Comp Practice @ TCHS 4pm-6pm	Half Day	Sideline Cheer Practice 4pm-6pm	Comp Practice @ TCHS 4pm--6pm	Comp Practice @ TCHS 4pm--6pm	
12	13	14	15	16	17	18
	Comp Practice @ TCHS 4pm-6pm	Comp Practice @ OAX 3:30 - 5:30	Sideline Cheer Practice 4pm - 6pm	Comp Practice @ TCHS 4pm--6pm Team Dinner	<b>REGIONALS!!</b> Hudson HS	
19	20	21	22	23	24	25
	Martin Luther King, Jr. Day NO SCHOOL Comp Practice @ TCHS 10am -12pm	Comp Practice @ OAX 3:30 - 5:30		Comp Practice @ TCHS 4pm--6pm		
26	27	28	29	30	31	
	Comp Practice @ TCHS 4pm-6pm	Comp Practice @ OAX 3:30 - 5:30		<b>STATES!!!</b> UF		
<b>CATHOLIC SCHOOLS WEEK</b>						

# FEBRUARY 2020

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
						1
2	3 Re-Enrollment Meeting 6:30pm	4 Comp Meeting @ TCHS 3:45 – 5pm	5 Re-Enrollment Meeting 6:30pm	6	7	8 Re-Enrollment Meeting 9:30am
9	10	11	12	13	14 Early Release 12:00 Valentine's Day!	15
16	17 President's Day NO SCHOOL	18 ACT Testing for 11 <sup>th</sup> Grade Early Dismissal 12pm NO SCHOOL For 9, 10 & 12 grades	19	20	21	22
23 Anchor Runway 12:30pm	24	25	26	27	28	TCHS CARNIVAL
TCHS CARNIVAL						

**2019-2020 TCHS Cheerleading Estimated Costs**

<b>TCHS Athletic Fee:</b> (Due date 08/01/19 – Pay Directly to School)	<b>\$125.00</b>
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**SIDELINE CAMP COSTS, CLOTHING & ACCESSORIES FEES**

**\*\*All items must be paid for in full before they can be distributed to cheerleaders\*\***

<b>UCA Cheer Camp:</b>	<b>\$160.00</b>
<b>**Camp deposit: (\$80.00) due IMMEDIATELY</b>	
<b>**Remaining Camp fees due in full by 07/01/19</b>	
Uniform Maintenance Fee	\$25.00
Shorts (2): (\$14.00 each)	\$28.00
Black Capri leggings (1)	\$28.00
Tanks (2): (\$10.00 each)	\$20.00
T-Shirt (1):	\$11.00
Bows (2 – 1 Black/ 1 Green Gameday):	\$18.00
Cheer Shoe Pkg – Shoes, briefs, white bow, shoe/Pom bag	\$70.00
Pom Poms:	\$20.00
Nfinity team bag:	\$66.00
White Socks – No Show x 3/ Crew x 2	\$3.00
Pink bloomers:	\$14.00
Pink socks:	\$ 4.00
Pink bow:	\$ 5.00
Green Capri Leggings:	\$25.00
<b>OPTIONAL ITEMS:</b>	
Team Polo Shirt:	\$40.00
Duffle Bag:	\$35.00
<b>(Deadline for all sideline fees: 07/01/18)</b>	

Stunt Coach: (\$5.00 per week, Summer \$35 & Fall \$70)	<b>\$105.00</b>
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**\*\*Individual Totals will depend on Needs\*\***

**COMPETITION COST & FEES**

**\*\*All items must be paid for in full before they can be distributed to cheerleaders\*\***

**\*\*Choreography & Music Fees are estimated based on 20 members; Subject to Change\*\***

Summer Stunt Fees: 1 day/week – 2 hrs/day x 5 @ OAX	\$ 75.00
Choreography & Music	\$110.00
Season Ocala Athletix (13 Workouts – 1 day/week – 2 hrs/day) (Due by 10/14/19)	\$195.00
Competition Shoes (Due by 7/22)	\$ 95.00
Uniform (Due by 7/22/19)	\$150.00
Competition Fees: (2)	\$ 20.00
Hotel: (Due 10/14/19)	\$ 40.00
Bow: (Due 10/14/19)	\$ 15.00
Team Shirt: (Due 7/22/19)	\$ 12.00

**DUE IMMEDIATELY:**

Sideline Only: (Camp deposit \$80 & Stunt \$35) + Half of Ordered Clothing/Accessories	\$ 115.00 + ??
Competition Only: (Choreography & Music/ Summer OAX)	\$185.00

**If paying by check, please include student's name at bottom.**

**\*\*For Sideline please make all checks payable to: TCHS Cheer Club**

**\*\* For Competition please make all checks payable to: TCHS Competition Club**

**\*\*\*Payments may be made by Credit/Debit through the TC website – In "Other" define your payment**

**\*\*If any Checks submitted do not clear, cheerleader will not participate until balance inclusive of bank fees is cleared up & checks will no longer be accepted from that party\*\***



# TRINITY CATHOLIC CELTIC ATHLETIC ASSOCIATION 2019-2020

Century Club \$200

- 1 Pass\* (individual only)
- 1 Reserved Seat (football)

Celtic Club \$300

- 2 Passes\* (immediate family only)
- 2 Reserved Seats (football)

Vegas Gold Club \$500

- 2 Passes\*
- 2 Reserved Seats (football)
- 2 Polo Shirts (note sizes below)

Game Day Sponsor \$100 (per game)

- Announcements over the P.A. system
- All teams except Football
- Please list game or games: \_\_\_\_\_

Video Scoreboard Advertising \$500 per sport

Includes all home games plus post season games.

Video Scoreboard Advertising \$1,200

- Includes all home games for sports listed below:
- Football (7 Varsity home games + Playoffs)
- Boys Soccer (10 Varsity home games + Playoffs)
- Girls Soccer (10 Varsity home games + Playoffs)
- Lacrosse (5 Varsity home games + Playoffs)
- Flag Football (5 Varsity home games + Playoffs)

- > Please make your ad and/or sign copy **camera-ready** and email your electronic file to Tommy Bond
- > ([tbond@tchs.us](mailto:tbond@tchs.us)) or Vicki Dubie ([vdubie@tchs.us](mailto:vdubie@tchs.us))
- > Make checks payable to: Trinity Catholic High School

Corporate Club \$1000

- 4 Passes\*
- 4 Reserved Seats (football)
- 2 Polo Shirts (note sizes below)
- Game Sponsor PA System Advertising
- Signs at 2 of the following: (please circle)
  - Brennan Baseball Field**
  - Petta Softball Field**
  - Celtic Stadium** - football, soccer, lacrosse
  - Marino Gymnasium** -basketball, volleyball, wrestling

3'x5' Banner

- Baseball Field - \$400
- Softball Field - \$400
- Football Field - \$400
- Gymnasium - \$400

School Entrance Banner \$2500

\* Interest for individual video advertising or commercials please contact Tommy Bond.

New Member / Renewal (circle)

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Sale made by: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Shirt sizes (Vegas Gold Club & Corporate Club only): Men's S/M/L/XL/XXL Women's S/M/L/XL/XXL

Sport or sports receiving my gift: \_\_\_\_\_

\*Pass is for all **home** games: football, basketball, volleyball, soccer, baseball, lacrosse, softball and flag football.  
--Valued at approximately \$400.00

Does not include pre-season, tournament and play-off games. per FHSAA regulations

Dear Celtics,

Welcome to Trinity Catholic High School. We are looking forward to a great year. The following athletic activities will be offered in the upcoming school year.

**Fall Sports Season**

Sideline Cheerleading  
Boys Cross Country  
Girls Cross Country  
Football  
Boys Golf  
Girls Golf  
Boys Swimming  
Girls Swimming  
Girls Volleyball  
Bowling

**Winter Sports Season**

Boys Basketball  
Girls Basketball  
Sideline Cheerleading  
Boys Soccer  
Girls Soccer  
Competitive Cheerleading  
Girls Weightlifting

**Spring Sports Season**

Baseball  
Softball  
Boys Tennis  
Girls Tennis  
Boys Track  
Girls Track  
Boys Weightlifting  
Boys Lacrosse  
Flag Football  
Sand Volleyball

\*we are attempting to offer these sports, but it will depend on the numbers

A student must pay an annual \$125.00 **participation fee** in order to participate. The student will not be able to play until the fee has been paid. Send your payment to the office of the Athletic Director. Please make checks payable to Trinity Catholic High School.

We appreciate your support. May God Bless you and your family with health and happiness.

Sincerely,

Tommy Bond  
Athletic Director

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**ATHLETIC PARTICIPATION FEE**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

\$125.00 participation fee: \_\_\_\_\_

Please attach all monies to bottom of this form.

# The following need to be completed annually for all TC Athletes:

1. Register through FHSAA (Florida High School Athletic Association) to participate in Athletics:

[www.athleticclearance.com](http://www.athleticclearance.com) – need to register or re-register.

2. Completed physical on FHSAA EL2 Form

3. Instructions for the Impact Concussion Test:

1. [www.impacttestonline.com/testing](http://www.impacttestonline.com/testing)
2. customer ID Code: 270eca3197
3. Click on Launch Baseline Test
4. Click on English
5. Follow the prompts
6. You do not have to print certificate out for this test.

4. Instructions for the 3 required NFHS courses (Concussion for Students, Heat Illness Prevention and Sudden Cardiac Arrest :

## Course Ordering

Step 1: Go to [www.nfhslearn.com](http://www.nfhslearn.com).

Step 2: “Sign In” to your account using the email address and password you provided at time of registering for an nfhslearn account.

OR

If you do not have an account, “Register” for an account.

Step 3: Click “Courses” and select “Concussion for Students” from the list of courses.

Step 4: Select your state and click “Order Course.”

Step 5: Select “Myself” if the course will be completed by you.

Step 6: Click “Continue” and follow the on-screen prompts to finish the checkout process. (Note: There is no fee for this course.)

## Beginning a Course

Step 1: Go to [www.nfhslearn.com](http://www.nfhslearn.com).

Step 2: “Sign In” to your account using the email address and password you provided at time of registering for an nfhslearn account.

Step 3: From your “Dashboard,” click “My Courses” and select the “Active” tab.

Step 4: Click “Begin Course” on the course you wish to take.

\*Your course will launch on the same page of the web browser.

\*\*Click “Back to Dashboard” when ready to exit course.

Be sure to print the certificates of completion at the end of the course each school’s athletic department is required to keep a copy on file.

For help viewing the course, please contact the help desk at NFHS. There is a tab on the upper right hand corner of [www.nfhslearn.com](http://www.nfhslearn.com). If you should experience any issues while taking the course, please contact the NFHS Help Desk at 1-317-565-2023.

5. Pay \$125.00 participation fee



Florida High School Athletic Association
Preparticipation Physical Evaluation (Page 1 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2. This form is non-transferable; a change of schools during the validity period of this form will require page 1 of this form to be re-submitted.

Part 1. Student Information (to be completed by student or parent)

Student's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_
School: \_\_\_\_\_ Grade in School: \_\_\_\_\_ Sport(s): \_\_\_\_\_
Home Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_
Name of Parent/Guardian: \_\_\_\_\_ E-mail: \_\_\_\_\_
Person to Contact in Case of Emergency: \_\_\_\_\_
Relationship to Student: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_
Personal/Family Physician: \_\_\_\_\_ City/State: \_\_\_\_\_ Office Phone: (\_\_\_\_) \_\_\_\_\_

Part 2. Medical History (to be completed by student or parent). Explain "yes" answers below. Circle questions you don't know answers to.

Table with 2 columns of questions (1-46) and 'Yes'/'No' columns. Includes a section for 'If yes, check appropriate blank and explain below:' with body parts like Head, Neck, Back, etc.

Explain "Yes" answers here: \_\_\_\_\_

We hereby state, to the best of our knowledge, that our answers to the above questions are complete and correct. In addition to the routine medical evaluation required by s.1006.20, Florida Statutes, and FHSA Bylaw 9.7, we understand and acknowledge that we are hereby advised that the student should undergo a cardiovascular assessment, which may include such diagnostic tests as electrocardiogram (EKG), echocardiogram (ECG) and/or cardio stress test.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



Preparticipation Physical Evaluation (Page 2 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2. This form is non-transferable; a change of schools during the validity period of this form will require page 1 of this form to be re-submitted.

Part 3. Physical Examination (to be completed by licensed physician, licensed osteopathic physician, licensed chiropractic physician, licensed physician assistant or certified advanced registered nurse practitioner).

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ % Body Fat (optional): \_\_\_\_\_ Pulse: \_\_\_\_\_ Blood Pressure: \_\_\_\_/\_\_\_\_ (\_\_\_\_/\_\_\_\_, \_\_\_\_/\_\_\_\_)

Temperature: \_\_\_\_\_ Hearing: right: P \_\_\_\_ F \_\_\_\_ left: P \_\_\_\_ F \_\_\_\_

Visual Acuity: Right 20/\_\_\_\_ Left 20/\_\_\_\_ Corrected: Yes No Pupils: Equal \_\_\_\_ Unequal \_\_\_\_

FINDINGS NORMAL ABNORMAL FINDINGS INITIALS\*

MEDICAL

- 1. Appearance
2. Eyes/Ears/Nose/Throat
3. Lymph Nodes
4. Heart
5. Pulses
6. Lungs
7. Abdomen
8. Genitalia (males only)
9. Skin

MUSCULOSKELETAL

- 10. Neck
11. Back
12. Shoulder/Arm
13. Elbow/Forearm
14. Wrist/Hand
15. Hip/Thigh
16. Knee
17. Leg/Ankle
18. Foot

\* - station-based examination only

ASSESSMENT OF EXAMINING PHYSICIAN/PHYSICIAN ASSISTANT/NURSE PRACTITIONER

I hereby certify that each examination listed above was performed by myself or an individual under my direct supervision with the following conclusion(s):

\_\_\_ Cleared without limitation

\_\_\_ Disability: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

\_\_\_ Precautions: \_\_\_\_\_

\_\_\_ Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_

\_\_\_ Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_

\_\_\_ Referred to \_\_\_\_\_ For: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Name of Physician/Physician Assistant/Nurse Practitioner (print): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Signature of Physician/Physician Assistant/Nurse Practitioner: \_\_\_\_\_



# Preparticipation Physical Evaluation (Page 3 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2. This form is non-transferable; a change of schools during the validity period of this form will require page 1 of this form to be re-submitted.

Student's Name: \_\_\_\_\_

**ASSESSMENT OF PHYSICIAN TO WHOM REFERRED (if applicable)**

I hereby certify that the examination(s) for which referred was/were performed by myself or an individual under my direct supervision with the following conclusion(s):

\_\_\_\_ Cleared without limitation

\_\_\_\_ Disability: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

\_\_\_\_ Precautions: \_\_\_\_\_

\_\_\_\_ Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_

\_\_\_\_ Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Name of Physician (print): \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

Signature of Physician: \_\_\_\_\_

*Based on recommendations developed by the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine and American Osteopathic Academy for Sports Medicine.*