HHS Cheer Tryouts

Dates: April 24th - 27th
Time: 3:45pm - 7:00pm (Wed-Fri)
Location: HHS Upper Gym

Tryout day: April 27th 10am-until finished (1pm)

Location: HHS Cafeteria Entry 33

Attendance is Mandatory. You must currently be passing all classes and hold a good standing with attendance- As an HHS Cheerleader we require commitment, please only tryout if you can commit 25+ hours per week to the program - games are Tuesday, Thursday, Friday evenings plus Occasional Saturdays.

Tryout Appearance:

- Athletes are expected to have a neat and polished appearance each day of tryouts
- The following is strictly required:
 - Athletic Wear
 - Water Bottle
 - o Hair must be up and neat.
 - ONLY Cheer Shoes or athletic shoes
 - NO Jewelry (this includes body jewelry)
 - Nails must be clipped and neat (no extensions)
 - * Tryouts 04/27 you will wear a plain white T shirt and black spandex or shorts.

If expectations are not met you will not qualify for tryouts

Head Coach Contact:

Coach Alexis

Email: anavarrete@helenaschools.org

Cell: 307-797-2110

--DUE April 24th at first day of tryouts-

- Grade check-this will need to be completed by ALL current teachers.
- Teacher evaluations- 2 are required *see attached
- Letter of Interest- Please tell me about yourself and why you have decided to try out for cheer:)
- Photo of yourself

Cheer Tryout Packet

Name:	DOB:
Email:	
Phone Number:	Grade going into 24/25 Year (please circle): 9 10 11 12
Registered at HHS for 2024/25 Scho	ool Year: Yes No
Current GPA:	
Absences for 2nd semester:	
Are you currently in any other sport	ts or club? Yes No
Where?:	
Parent Phone:	
Email:	
Please complete your letter of inter	est here:
Tell us a little about yourself and why y	you decided to try out for cheer. 100 words or more.

Teacher Recommendation form- Please give this to your teacher of choice in teacher recommendations

Due Date for the form will be Friday 04/26.

Google Form Link: https://forms.gle/LkEWVtvUKHKNTfjy5

QR Code:



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Teacher Recommendation form- Please give this to your teacher of choice for teacher recommendations

Due Date for the form will be Friday 04/26.

Google Form Link: https://forms.gle/LkEWVtvUKHKNTfjy5

QR Code:



Student Name:

Class and Teacher Name	Current Quarter Grade	Comments or Questions	Teacher Initials
0			
1			
2			
3			
4			
5			
6			
7			

Total Absences for Current Semester	_Total Tardies for Current Semester
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^{*}this will be for your full schedule not singular classes.