

Capistrano Valley High School

Cheer & Song Tryout/Checklist 2025-2026

PURPOSE:

The Capistrano Valley High School Pep Squad program builds character, integrity, diligence and honesty in every student-athlete. It is both a privilege and a responsibility to be a member of the Capistrano Valley High School Pep Squad program. As a member of the program, you represent CVHS and the Capo Unified School District in everything you do and, therefore, will be held to a higher standard of conduct. The role of a Capistrano Valley High School Pep Squad member includes:

- Promoting school spirit and Cougar Pride at Capo Valley High School.
- Supporting Capo Athletics by cheering at sporting events.
- Performing at pep rallies, games and special events.
- Being a leader on campus and serving the school and community.
- Representing CVHS at cheerleading and song competitions and/or other events.

Year Long Commitment:

- **Summer:** Summer camp and summer practices. Summer camp is highly recommended and encouraged, as we will learn most of our choreography, routines, dances, cheers, stunts, pyramids, etc. for the season/school year during camp.
 - It is the responsibility for each team member to pay for their own camp attendance.
 - Since this is not mandatory, if an athlete does not pay for camp, they may not attend.
 - If an athlete does not attend, they will not learn new routines and will miss out on performing routines specifically learned at camp.
- **Fall:** Football season, homecoming, competition routines, pep rallies and fundraiser events.
 - Varsity teams cheer at all home and away games for football.
 - JV teams cheer at all home games for football.
- **Winter:** Members prepare for competitions (competition is mandatory for all members) and cheer at basketball games.
- **Spring:** Competition season and working on skills for tryouts.
- **Other Sports:** Members of the JV and Varsity Pep Squad may not participate in any other CVHS sports team without written consent from the Advisor and Head Coach. The Pep Squad program must take priority over all other teams, sports, clubs, activities, events, etc. This means that if there are any conflicts, obligations to the Pep Squad program, (practices, games, competitions, performances, events, etc.) pep squad must come first.

Attendance:

- Practices, games, competitions, events, etc., are mandatory for all pep squad members.
- Cheer & Song is a class period, and you receive a letter grade for attendance and participation.
- Missing multiple practices, games, competitions, events, etc., may result in suspension from or removal from the team.
- If an athlete misses three or more summer practices, they may be removed from the team or will have to sit out at games/performances, based on the coach's discretion.

Absences:

All practices, games, fundraisers, events, and competitions are mandatory. Missing summer practices without an excused absence (family emergency, serious illness, or injury) may result in dismissal from the program, at the coach's discretion.

- Excessive absences (three or more) during summer practice will result in removal from the program.
- Conflicts with All-Star cheer/dance, studio, or other external activities may lead to removal from the Capo

Cheer or Song teams.

- Unexcused absences from events will negatively impact grades and may result in removal from routines or the program, at the coach's discretion.
- If you choose to participate in any other sports or activities, Capo Valley Pep Squad must be a priority and come first.
- Excused absences require one week's prior notice and approval from the Advisor and Coach. Reasons such as doctor's appointments, extracurricular activities, vacations, birthdays, or excessive homework do not qualify as excused absences.

Competition:

- Capistrano Valley Cheer & Song is a competitive program.
- Competitions are mandatory.

Practices and Games:

- All practice and games are mandatory.
- Varsity will cheer at all home and away games for football and basketball.
- JV will cheer at all home games for football and basketball.
- First Practice for ALL 2025-2026 teams will begin on **May 13th, 2025 and will take place every Tuesday and Thursday from 4:00PM-6:00PM through May 20th, 2025.** Dates may change per coach's schedule.

Conduct:

Treat all authority figures (administration, teachers, campus supervisors, coaches, etc.) teammates, parents, and peers with respect.

- Disrespectful behavior (talking back, eye rolling, complaining) will not be tolerated.
- Drug, tobacco, and alcohol use is strictly prohibited.
- Profanity and inappropriate social media activity are not permitted.
- Public displays of affection in uniform are not allowed.
- Cell phones may not be used during practices, games, or competitions without coaches' permission.
- Your social media (Instagram, Facebook, Twitter, Snapchat, TikTok, etc.) must be appropriate. Posts that involve drugs or alcohol, cussing, crude hand gestures, bullying, etc., will not be tolerated and is subject to disciplinary action by the school administration and possible removal from the team.

Additional Requirements:

- Members must maintain a 2.0 G.P.A.
- Each member must be enrolled in a minimum of 5 classes depending on grade level. Pep Squad counts for PE credits.
- No member may be dually enrolled and remain on pep squad.
- Squads will be comprised of the following:
 - Varsity Cheer: 9th/10th/11th/ 12th grade students
 - Varsity Song: 9th/10th/11th/ 12th grade students
 - J.V. Cheer: 9th/10th/11th/12th grade students
 - J.V. Song: 9th/10th/11th/12th grade students

Grading Policy:

- All athletes start out with an "A" grade for their Pep Squad class.
- Any discipline issues will lower an athlete's grade.
- Excessive absences during the school year will lower an athlete's grade.

Clinic/Tryouts

Clinic:

- Cheer and Song Clinics are held at CVHS.
- Application and Forms must be completed and uploaded to <https://forms.gle/WjWMqzPRNivKJ4Y7A> by Wednesday, April 9th, 2025.



- Cheer and Song Clinic check-in will be outside CVHS Gym between 3:30pm - 4:00pm on the first day of Clinics.
 - Cheer Clinic is April 14th, 15th & 16th from 4-6pm at CVHS Gym.
 - Cheer Tryout is on April 17th from 3:30-TBD at CVHS Gym.
 - Song Clinic is on April 14th, 15th & 16th from 4-6pm at CVHS Gym.
 - Song Tryout is on April 18th from 3:30-TBD at CVHS Gym.

Clinic/Tryout Attire:

- Black plain T-shirt or tank top (no logos or artwork)
- Black shorts (no logos or artwork)
- Cheer only: cheerleading shoes or athletic running shoes
- Song only: Jazz shoes
- Cheer only: Hair must be pulled back in slicked mid/high ponytail for clinic with a white bow/ribbon during tryouts.
- Song only: Hair must be pulled back in slicked mid/low ponytail or bun for clinic with a white bow/ribbon during tryouts
- No jewelry, earrings or piercings

Cheer and Song clinic is mandatory to be eligible to tryout, unless arrangements have been made with advisor and coaches' prior clinics. (i.e. due to Worlds, etc.)

Clinics and tryouts are closed. Parents cannot stay, please let your athlete make new friends and do what they need to do to bond with other athletes and coaches. Please be prompt in picking up your athlete.

Post Tryouts:

- Results will be posted on Capo Pep Squad Instagram
- Team Members that make the Pep Squad must attend uniform fitting on **Monday-April 28th, 2025**
- First Team Practice **May 13th from 4-6pm**
- Team Members that make the Pep Squad are invited to attend a welcome party on **May 15th** right after practice

#: _____

Capo Pep Squad Paperwork Checklist

*****DUE: By Wednesday, April 9th, 2024**

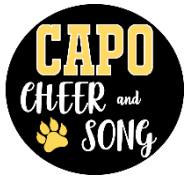
PLEASE FILL OUT ONLINE APPLICATION AND UPLOAD COMPLETED FORMS TO

<https://forms.gle/WjWMqzPRNivKJ4Y7A>



- Cheer/Song Application Completed Online**

- Upload the below items in appropriate sections of the Online Application**
 - **CLEAR 4 X 6 VERTICAL HEADSHOT (NO LOGOS OR PAST UNIFORMS)**
 - **Cheer/Song Release Form**
 - SIGNED BY PARENT
 - SIGNED BY STUDENT ATHLETE
 - **CUSD Physical Clearance Form (*Doctor's Office Stamp Required*)**
 - COMPLETED BY A MEDICAL PHYSICIAN



CHEER & SONG RELEASE FORM 2025-2026

My child, _____ has my permission to be a Cheerleader/Song Leader at Capistrano Valley High School. I understand that he/she must abide by the rules and regulations set forth by the Advisor, Coaches and Athletic Director of Capistrano Valley High School, and be present for all practices, games, camps, fundraisers, events, competitions, etc. I have read the Capistrano Valley High School Cheer & Song Contract and understand that the violation of any of these rules may lead to temporary suspension or removal from the team at the coaches and/or advisor's discretion. I understand that the Capistrano Valley High School Cheer & Song program is a competitive program, and all competitions are mandatory. I understand that my child must fulfill his/her yearlong commitment to the Capistrano Valley High School Cheer & Song program. I understand that all forms attached must be completed and turned in by **Wednesday-April 9th, 2025** or my child will NOT be allowed to try out or be considered for a cheerleading/song position.

I understand that my daughter/son will be evaluated by the Capistrano Valley High School Cheer & Song coaches and qualified judges; and we agree to abide by their decision. I understand that the decision is final. I am fully aware of the possibility of my daughter/son NOT making the team. I understand by the very nature of the activity, cheerleading, gymnastics and dance carry a risk of physical injury. No matter how careful the participant and coaches are, how many spotters are used, or what landing surface is used, the risk cannot be eliminated.

The risk of injury includes minor injuries such as muscle pulls, dislocations, broken bones and concussions. The risk also includes catastrophic injuries such as permanent paralysis or even death from landing or falling on the back, neck, or head. I understand these risks and will not hold Capistrano Valley High School, Capistrano Unified School District or any of its personnel and employees responsible in the case of accident or injury at any time. I further acknowledge that the district "CUSD" **DOES NOT** provide liability insurance for this program, nor does the district provide medical coverage for participants in this activity. I understand that 9th, 10th, 11th and 12th graders are eligible to make JV or the Varsity team.

We have read and fully understand the information outlined above and agree to comply with all expectations and responsibilities.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

I am interested in being a Cheerleader/Song Leader at Capistrano Valley High School. If elected, I promise to abide by the rules and regulations set forth by the Advisor, Coaches and Athletic Director of Capo Valley High School. I promise and agree to cooperate, be a team player, have a positive attitude, be supportive, and follow through with my year-long commitment. I will always follow the instructions of the Advisor and Coaches. I understand that I will be evaluated by the Capistrano Valley High School coaches and qualified judges; and I agree to abide by their decision. I understand that the decision is final. I am fully aware of the possibility of me NOT making the team.

Student/Athlete Name: _____

Student/Athlete Signature: _____ Date: _____

**CAPISTRANO UNIFIED SCHOOL DISTRICT
PHYSICAL CLEARANCE FORM**

SPORTS: (Please check all that apply)

- | | | | | | | |
|--|---|-------------------------------------|---|------------------------------------|--|------------------------------------|
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Girls Tennis | <input type="checkbox"/> Surfing | <input type="checkbox"/> Girls Water Polo | <input type="checkbox"/> Softball | <input type="checkbox"/> Boys Tennis | <input type="checkbox"/> Lacrosse |
| <input type="checkbox"/> Football | <input type="checkbox"/> Girls Volleyball | <input type="checkbox"/> Basketball | <input type="checkbox"/> Wrestling | <input type="checkbox"/> Boys Golf | <input type="checkbox"/> Track | <input type="checkbox"/> Pep Squad |
| <input type="checkbox"/> Girls Golf | <input type="checkbox"/> Boys Water Polo | <input type="checkbox"/> Soccer | <input type="checkbox"/> Baseball | <input type="checkbox"/> Swimming | <input type="checkbox"/> Boys Volleyball | |

Name: _____ Grade in 2025/2026: _____ Male _____ Female _____ Date of Birth: ____/____/____

Address: _____ City & Zip Code: _____ Phone: _____

Father/Guardian: _____ Work Phone: _____ Cell Phone: _____

Mother/Guardian: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact: _____ Phone: _____ Insurance: _____

***I hereby give my consent for the above-named student (son/daughter/ward) to compete in sports and to go with representatives of the school on any trips. In case of injury, you are authorized to have him/her/they treated.

SIGNATURE OF PARENT/GUARDIAN _____ Date _____

HEALTH HISTORY: TO BE COMPLETED BY PARENT BEFORE DOCTOR EXAM

Any past or present	Yes	No		Yes	No
Problems with vision			Surgeries		
Eyeglasses	_____	_____	Dental Problems		
Contacts	_____	_____	Braces		
Problems with hearing			False Teeth		
Hearing Aid	_____	_____	Painful Joints		
Blacking out or fainting	_____	_____	Broken Bones		
Unconsciousness	_____	_____	Body Part: _____		
Convulsions	_____	_____	Knee or ankle problems		
Seizures	_____	_____	Require support/brace		
Heart Problems	_____	_____	Need for medication		
Rheumatic fever	_____	_____	Name: _____		
Bleeding Disorders	_____	_____	Menstruation Problems		
Blood Sugar Problems			Hernias		
Hypoglycemia	_____	_____	Asthma		
Diabetes	_____	_____	OTHER HEALTH ASPECTS THE DOCTOR AND SCHOOL SHOULD BE AWARE OF: _____		
Allergies – type: _____			_____		
Bee or insect stings	_____	_____	_____		
Hospitalizations	_____	_____	_____		
Any history of chest pain with exercise?			_____		
Any history of "racing" heart or skipped beats?			_____		
Do you experience passing out, near passing out or unexpected tiredness during exercise?			_____		
Any family history of sudden cardiac death in family member under the age of 50?			_____		
Any family history of Marfan's syndrome or prolonged QT syndrome?			_____		
Any history of temporary numbness or paralysis of both arms and/or legs following head/spine trauma?			_____		
Any history of recent severe viral illness, infectious mononucleosis, or hepatitis?			_____		
Any history of the following: absence of one kidney?			_____		
Males: absence of one testicle?			_____		
Any history of blindness in one eye?			_____		
Any current active skin infection?			_____		

PHYSICAL EXAM: (Physician/Physician's asst./Nurse Practitioner) _____ HEIGHT _____ WEIGHT _____

PULSE: RESTING _____ AFTER ACTIVITY _____ B.P. _____

EYES _____	THROAT _____	ABDOMEN _____	ORTHOPEDIC _____
EARS _____	LYMPH GLANDS _____	HERNIA _____	SKIN _____
TEETH _____	THYROID _____	POSTURE _____	OTHER _____
BRACES _____	HEART _____	MUSCLE TONE _____	
NOSE _____	LUNGS _____	REFLEXES _____	

Special doctor recommendations or restrictions _____

I have examined the above student and do recommend that he/she is physically fit for full participation in sports.

(Must be signed by a PHYSICIAN, PHYSICIAN'S ASSISTANT OR NURSE PRACTITIONER)

Physician's Office Stamp

Name of Physician _____ MD/DO/PA/NP Date _____

Signature _____ Phone _____