



UISD Fine Arts Department
5208 Santa Claudia Ln.
Laredo, Texas, 78043
Telephone (956) 473-7121

SPIRIT GROUP - TRYOUTS APPLICATION (PERMISSION SLIP)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

Birth Date: _____ Age: _____

Father's Name: _____ Employer: _____

Wk. Phone: _____ Cellular: _____ Beeper: _____

Mother's Name: _____ Employer: _____

Wk. Phone: _____ Cellular: _____ Beeper: _____

Child's Doctor: _____ Phone: _____

Insurance Company: _____

(Please attach copy of insurance form to this application)

Policy Number(s): _____

My child _____ has permission to participate in Spirit Group Tryouts at _____. I verify that he/she is in good physical condition and can fully participate in strenuous conditioning and dancing. I understand that the United Independent School District and its employees assume no responsibility for accident or injury except to render first aid, if necessary. I understand that he or she will be required to be present everyday of the tryout's schedule.

* **Parent Signature:** _____ **Date:** _____

Does your child have any history of knee or ankle injuries or problems? _____

Is there any other medical information we need to be aware of? _____



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SPIRIT GROUP - MEDICAL RELEASE FORM

Student's Name: _____ School: _____

I certify that _____ is physically capable and able to fulfill requirements needed to be a Spirit Group Member. I understand that this form legally releases all obligations and responsibilities for the medical treatment of my son/daughter in the event of illness or injury during any Spirit Group Activity when either parent or legal guardian cannot be reached. If there is any physical or medical reason why he or she should not participate fully, the school requires a doctor's release. Furthermore, the school is not liable for any injury incurred during Spirit Group Activities.

MEDICAL TREATMENT PERMISSION FORM

In the event of an emergency occurring while my son/daughter is on a school sponsored practice, performance, or trip, I grant my permission to the school and its employees to take whatever action is necessary. In the event that I cannot be reached, I hereby authorize the school and/or its employees to give consent for my son/daughter _____ to receive medical treatment.

Home Phone: _____ Business Phone: _____

Address: _____

City _____ State: _____ Zip Code: _____

PERSON TO BE NOTIFIED OTHER THAN PARENT OR GUARDIAN IN AN EMERGENCY:

Name: _____ Phone: _____

Family Doctor: _____ Phone: _____

If you do not grant permission or authorization for consent to medical treatment, what procedure should be followed? _____

Insurance Company: _____ Policy # _____

*tryouts application includes copy of insurance form

Medical Information

| | | | |
|----------------------------|-------------------|--------------------------|-------------------|
| | <i>Circle One</i> | | <i>Circle one</i> |
| Heart Condition or Disease | Yes No | Asthma | Yes No |
| Diabetes | Yes No | Allergic to medication | Yes No |
| Convulsions Disorder | Yes No | Allergic to insect bites | Yes No |

State allergies: _____ Date of last tetanus shot: _____

Additional medical information that may be helpful: _____

Any medications currently receiving: _____

Parent's Signature: _____ **Date:** _____



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SPIRIT GROUP - PARENTAL **RELEASE FORM**

Name: _____
School: _____
Grade: _____

I, the under signed, have read and fully understand the rules and regulations which will govern my on/daughter if he/she is chosen to represent _____ as a Spirit Group member. I further understand that this is an extra-curricular activity and that attendance at all practices, games, special functions, and summer camp is a requirement of the elected Spirit Group Member.

I hereby give my consent to my son/daughter _____ to tryout for Spirit Group at _____ and recognize his/her responsibilities and requirements as leader of his/her school. I understand that, if chosen, my son/daughter will be required to pay for formal and informal uniforms as well as for summer Spirit Group Camps.

***Parent Signature:** _____ **Date:** _____

Address: _____

Work Phone: _____ Home Phone: _____

If I am elected as a Spirit Group member at _____, I shall fulfill all of the requirements to the best of my ability as set forth in the Spirit Group Guidelines, and UISD Student Handbook. I have read the above policies and understand that if I fail to maintain these rules, I will be removed from office.

Candidate's Signature: _____

Address: _____

Student's Phone: _____



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SPIRIT GROUP - ELEMENTARY ACADEMIC PERFORMANCE

1st 2nd 3rd 4th 5th 6th WEEKS REPORTING PERIOD

Name: _____ Date: _____

Homeroom Teacher: _____

Grade Level: _____

| Subject | Grade | Conduct | Teacher (Signature) |
|------------|-------|---------|------------------------|
| Reading | _____ | _____ | _____ |
| English | _____ | _____ | _____ |
| Writing | _____ | _____ | _____ |
| Math | _____ | _____ | _____ |
| Science | _____ | _____ | _____ |
| S. Studies | _____ | _____ | _____ |

- This form or the actual report card can be used.



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SPIRIT GROUP - TRYOUTS GRADE/CONDUCT REPORT

Dear Teacher:

The following student is trying out for the _____
_____ Spirit Group for the 200__ - 200__ school year. As a part
of the score sheet, UISD requires that we count 25 % of the score as
academics and parent participation. Please fill out the form and turn into
_____ - school sponsor no later than _____.
(Each candidate must have a form filled out in order to tryout)

Please score from **5** (being highest score) to **1** (lowest score).

5 – Excellent 4 – Good 3 – Average 2 – Below Average 1 – Poor

Student's Name: _____ **Teacher:** _____

Grades: _____
(Overall GPA in all subjects)

Organization/Responsibility: _____
(Completes all assignments, homework and school
projects)

Attendance: _____
(Absences and tardies)

Conduct/Attitude: _____
(In the classroom, cafeteria, music, P.E.
& computers)

Parent Cooperation: _____

Average Total (add all of the above and divide by 5): _____



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Dear Participant,

We regret to inform you that you were not selected for this year's Spirit Group. Please be assured that we are proud of your efforts. You demonstrated confidence, pride and courage by participating and doing your very best. We hope to see you tryout again next year.

We appreciate the efforts of all the participants and thank the parents for their support.

Sincerely,



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Dear Participant,

“Congratulations to you!” We look forward to having you represent our school this year. You should be extremely proud of yourself because you did an outstanding job. We are happy to have you on our team representing the school.

We appreciate the efforts of all the girls and thank the parents for their support.

Sincerely,



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SPIRIT GROUP – HIGH SCHOOL

ACADEMIC PERFORMANCE

1st 2nd 3rd 4th Nine Wks. Reporting Period

Name: _____ Date: _____

Homeroom Teacher: _____

Grade Level: _____

| Course | Grade | Conduct | Teacher (Signature) |
|--------|-------|---------|------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

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SPIRIT GROUP – MIDDLE SCHOOL

ACADEMIC PERFORMANCE

1st 2nd 3rd 4th 5th 6th Wks. Reporting Period

Name: _____ Date: _____

Homeroom Teacher: _____

Grade Level: _____

| Course | Grade | Conduct | Teacher (Signature) |
|--------|-------|---------|------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

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District Spirit Group Sponsor Information

Name of Campus: _____

Please have your sponsors **fill out** and **circle** the following information:

=====

Total number of sponsors for your campus _____

| Sponsor's Names | Status | Group |
|-----------------|--|---|
| 1. _____ | Professional Para-professional Other | Dance Team Cheer Team Pep Club Other |
| ----- | | |
| 2. _____ | Professional Para-professional Other | Dance Team Cheer Team Pep Club Other |
| ----- | | |
| 3. _____ | Professional Para-professional Other | Dance Team Cheer Team Pep Club Other |
| ----- | | |
| 4. _____ | Professional Para-professional Other | Dance Team Cheer Team Pep Club Other |
| ----- | | |
| 5. _____ | Professional Para-professional Other | Dance Team Cheer Team Pep Club Other |
| ----- | | |
| 6. _____ | Professional Para-professional Other | Dance Team Cheer Team Pep Club Other |
| ----- | | |
| 7. _____ | Professional Para-professional Other | Dance Team Cheer Team Pep Club Other |
| ----- | | |
| 8. _____ | Professional Para-professional Other | Dance Team Cheer Team Pep Club Other |

Please fax information to 473 – 7135 by August 22nd.

UISD Form 890-033 / August 2001



United Independent School District Spirit Group Guidelines, Forms, Handbook and/or Appendix

Introduction

The purpose of the Spirit Group guidelines, forms, and/or elementary appendix is to provide additional information that will help you as a sponsor with questions and assistance for a successful school year. These specific guidelines do not include all district policies and procedures; but, do include those more directed towards spirit group procedures and expectations.

This information is neither a contract nor a substitute for the official district policy manual. Rather, it is a guide to and a brief explanation of district policies pertaining to spirit groups. District policies can change at any time; these changes shall supercede any guideline provisions that are not compatible with the change. Sponsors will be held responsible for the information, including changes and revisions, in these specific guidelines, forms, handbook and elementary appendix.

Cut Along Dotted Line

Spirit Group Guidelines, Forms, Handbook & Elementary Appendix Receipt

Name _____
(Print)

Campus _____

I hereby acknowledge receipt of my personal copy of the United ISD Spirit Group Guidelines, Forms, Handbook and/or Appendix. I agree to read the information provided and abide by the standards, policies, and guidelines defined or referenced in this document.

The information is subject to change. I understand that changes in district policies may supercede, modify, or eliminate the information summarized in this booklet. As the district provides updated information, I accept responsibility for reading and abiding by the changes.

I understand that I have an obligation to **inform my supervisor or department head of any changes in personal information, such as phone number, address, etc.** I also accept responsibility for contacting the Fine Arts Department at 473 - 7121 if I have any questions, concerns, or need further explanation.

Signature

Date

Please return receipt to Fine Arts Dept. before September 1st.

UISD Form 890-027

August 2001



United ISD Spirit Group Sponsor Request for Events

Sponsor: _____ **Campus:** _____

Today's Date: _____

Date of upcoming event: _____

Site: _____ **Start Time:** _____ **End Time:** _____

Purpose of event: _____

Signatures for approval

Principal: _____ Date: _____

Fine Arts Admin.: _____ Date: _____

We are requesting to host an event for the following individuals or schools in UISD:

Campus

Sponsor

*** Please return or fax to Fine Arts Dept. / 473-7135**



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SPIRIT GROUP – OFFICER HEAD & CO-HEAD TRYOUTS

Dear Teacher:

The following student is trying out for the _____
_____ Spirit Group for the 200__ - 200__ school year. As a part
of the score sheet, UISD requires that we count 20 % of the score as
academics. Please fill out the form and turn into _____ -
school sponsor no later than _____. (Each candidate must have
a form filled out in order to tryout)

Please score from **4** (being highest score) to **1** (lowest score).

4 – Excellent 3 – Average 2 – Below Average 1 – Poor

Student's Name: _____ **Teacher:** _____

Grades:

(Overall GPA in all subjects)

(out of 4 points total)

Organization/Responsibility:

(Completes all assignments, homework and school
projects)

(out of 4 points total)

Attendance:

(Absences and tardies)

(out of 4 points total)

Conduct/Attitude:

(In the classroom, cafeteria, music, P.E.
& computers)

(out of 4 points total)

Leadership skills:

(out of 4 points total)

Average Total (add all of the above and divide by 5): _____