



BOSCO TECH ATHLETICS

1151 SAN GABRIEL BOULEVARD • ROSEMEAD • CALIFORNIA • 91770-4251 • 626.940.2101

Cheerleader & Mascot Application

Applicant's General Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

Phone: _____ E-mail _____

Shirt Size: _____ Short Size: _____ Shoe size: _____

School Information

Middle School: _____ Address: _____

High School: _____ Address: _____

Parent / Guardian Information

Name: _____ Hm. Phone: _____
Address: _____ Relationship to member: _____

email: _____ Cell #: _____ Shirt Size: _____

Occupation: _____

Employer: _____

Name: _____ Hm. Phone _____
Address: _____ Relationship to member: _____

email: _____ Cell #: _____ Shirt Size: _____

Occupation: _____

Employer: _____

Do you want team/parent info shared with this individual? YES NO

Teacher Recommendation Form

This form is to filled out by applicant's Physical Education Teacher. If you need to contact the Cheer Advisor, please email mcasanova@boscotech.edu or call 626-940-2060. Thank you for your time in completing this recommendation.

Applicant's First and Last Name: _____

Evaluation of student Attributes

Personal Sense of Motivation

Committed to learning, attentive to goals

Excellent Good Satisfactory Poor

Responsibility

Submits work in a timely manner, take initiative

Excellent Good Satisfactory Poor

Character

Behavior and conduct in and outside of
The classroom

Excellent Good Satisfactory Poor

Recommendation

Overall recommendation for this student:

Highly Recommend

Recommend

Recommendation with hesitation

Do not recommend

Please provide additional information about the applicant that you feel would assist the Advisor and cheer coaches in making its final decision. Your additional comments are greatly appreciated.

Print Name: _____ Signature: _____

E-mail: _____ Phone: _____

Please send requested documents to:



Bosco Tech Cheer Advisor
1151 San Gabriel Blvd.
Rosemead CA 91770

Fax with attention: Cheer Advisor to (626) 940-2001

Coach Recommendation Form

This form is to filled out by applicant's current or previous Cheer, Dance, Gymnastic or sports coach. If you need to contact the Cheer Advisor, please email mcasanova@boscotech.edu or call 626-940-2060. Thank you for your time in completing this recommendation.

Applicant's First and Last Name: _____

Evaluation of student Attributes

Personal Sense of Motivation

Committed to learning, attentive to goals,

Excellent Good Satisfactory Poor

Responsibility

Submits work in a timely manner, take initiative

Excellent Good Satisfactory Poor

Character

Behavior and conduct in and outside of
The classroom

Excellent Good Satisfactory Poor

Team Concept

Responsible, fulfilled season goals,
Dedicated to Team goals

Recommendation

Overall recommendation for this student: Highly Recommend Recommend
 Recommendation with hesitation Do not recommend

Please provide additional information about the applicant that you feel would assist the Advisor and cheer coaches in making its final decision. Your additional comments are greatly appreciated.

Print Name: _____ Signature: _____

E-mail: _____ Phone: _____

Please send requested documents to:



Bosco Tech Cheer Advisor
1151 San Gabriel Blvd.
Rosemead CA 91770

Fax with attention: Cheer Advisor to (626) 940-2001

Principal Recommendation Form

This form is to filled out by applicant's current Principal/ Headmaster/ School Leader.
The information provided is confidential and will only be used by the Cheer Staff and Athletics Department. If
you need to contact the Cheer Advisor, please email mcasanova@boscotech.edu or call 626-940-2060.
Thank you for your time in completing this recommendation.

Applicant's First and Last Name: _____

Evaluation of student Attributes

Character _____ Excellent ___ Good ___ Satisfactory ___ Poor
Behavior and conduct in and outside the classroom.

Attendance _____ Excellent ___ Good ___ Satisfactory ___ Poor

Responsibility _____ Excellent ___ Good ___ Satisfactory ___ Poor
Respects property, is concerned with the rights of others:
Demonstrates maturity when working with staff and peers

Is candidate's family up to date with school payments? Yes / No

Has the student been subjected to disciplinary procedures? ___ No ___ Yes

If yes, please explain: _____

Recommendation

Overall recommendation for this student: _____ Highly Recommend _____ Recommend
_____ Recommendation with hesitation _____ Do not recommend

Please provide additional information about the applicant that you feel would assist the Advisor and cheer coaches in making its final decision. Your additional comments are greatly appreciated.

Print Name: _____ Signature: _____

E-mail: _____ Phone: _____

Please send requested documents to:



Bosco Tech Cheer Advisor
1151 San Gabriel Blvd.
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Fax with attention: Cheer Advisor to (626) 940-2001



Achievements, Awards & Interests

List your accomplishments. Help us to know you better at oral interview by sharing any personal, spiritual, academic, community service and athletic awards and interests.

Applicant's First and Last Name: _____

Why do you want to cheer for Bosco Tech?
Do you plan on playing a sport during cheer season? Yes/No Which season? Do you understand the time commitment?
involved in the cheer program? Do you understand the Letterman minimum standards?

Media Release

BOSCO TECH ATHLETICS

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Student's First and Last Name: _____

Grade Level in the fall 2016 (Please circle one): 9 10 11 12

My daughter / son is currently involved in the Cheer & Mascot program at Don Bosco Technical Institute in Rosemead, CA. As a parent / Guardian give Don Bosco, its personnel, and / or its agents, permission to videotape, photograph and/or interview my child's likeness at team sponsored events for the purpose of obtaining live or still images or voice commentary for school publications and/or media productions.

The purpose of said efforts would be to demonstrate the qualities of DBTI, and its teachers, students, academic, religious and Christian service environment. Productions, advertisements, publications, etc. would be shown to students, prospective students and parent supporters and are not intended for commercial use.

I hereby grant permission for my child to participate in media activities while involved in activities at DBTI. I have read the information above and understand that I may get further clarification at any time by consulting with a school administrator.

Mother / Father / Guardian – (Please circle one)

Print Name: _____

Signature: _____

Date: _____

Parent / Guardian Authorization/ Agreement Form

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Bosco Tech Cheerleader & Mascot Program

My daughter/son _____ has my permission to be a participant on the Bosco Tech Cheer & Mascot program and Try Out Clinics. I understand that he/she must abide by the rules and regulations set forth by the advisor, coaches and administration of Don Bosco Technical Institute. I have read the rules and regulations and understand that the violation of any of these may lead to temporary or permanent suspension from the squad. I understand that all forms must be completed and signed.

I understand that my daughter/son will be evaluated/recommended by sister school staff, judged by area advisors, and DBT alumni and staff. I agree to abide by the selection process and outcomes of decisions.

I accept and understand all costs associated with Bosco Tech Cheer & Mascot Program. I will work with my daughter/son to support his/her decision to be a part of this program by adhering to all presented and downloaded materials, rules and regulations.

Authorization to Consent to Treatment of a Minor

I/we the undersigned parent(s)/guardian(s) of _____ a minor, do hereby authorize the Don Bosco Tech Advisor/Coach and agents(s) for the undersigned consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or special supervision of, any physician or surgeon licensed under provision of the Medical Practice Act on the medical staff of any hospital, Whether such diagnosis or treatment is rendered at the office of said physician or said hospital.

It is understood that this authorization given in advance of any specific diagnosis, treatment of hospital care being part of my(our) aforesaid agent(s) to give specific consent aforementioned physician in the exercise of her/his best judgment may deem advisable.

This authorization is given pursuant to the provisions of sections 28.5 of the Civil Code of California to surrender physical custody of such minor to my/our above named agents upon completion of treatment. This authorization shall remain effective until May 31, 2018, unless revoked in writing and delivered to said agent(s).

Parent / Guardian Signature: _____

Date: _____

Warning Statement

BOSCO TECH ATHLETICS

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Participation in Student-Athletic Activities may result in severe injury, including paralysis or death. Changes in rules improved conditioning programs, better medical coverage and improvements in equipment have reduced these risks, **But It Is Impossible to Totally Eliminate Such Occurrences from Student Athletic Activity.**

Student – Athletes can reduce the chance of injury by obeying all safety rules and following these steps.

- Athletes are to follow team conditioning program as laid out by team trainer.
- Athletes are to immediately report on site injuries directly to Coach and Advisor.
- Athletes / Parents are to report any medical condition or injury that are pre-existing or which occur outside of Tech athletic team immediately to Coach & Advisor.
- Athletes need to inspect their equipment and work area daily.
- Damaged equipment must be reported to Coach and Advisor to be replaced immediately.

Even if all these requirements are met, and even if the athlete is using excellent equipment, a serious accident may occur as a condition of participation in this activity.

Print Name of Student Athlete: _____

Student Athlete's School: _____

I / We acknowledge that I / We have read and understood this Warning Statement.

Student – Athlete Signature: _____

Date: _____

Parent / Guardian Printed Name: _____

Parent / Guardian Signature: _____

Date: _____

I / We give permission for my student to participate / compete with the Cheer & Mascot program at Bosco Tech.

Parent / Guardian Printed Name: _____

Parent / Guardian Signature: _____

Date: _____



Transcript Request Form

If you have any questions regarding this form, please contact Michele Casanova at: mcasanova@boscotech.edu or leave a message at (626) 940-2060.

Applicant's First and Last Name: _____

Parent/Guardian Signature: _____

Current School: _____

School in the fall: _____

Please submit the following records for Try Outs:

- 1. Applicants Current Grade Point Average. April 25, 2017**
- 2. Applicants first semester Grade Report. Fall 2016**

Please send requested documents to:

**Bosco Tech
Attention Cheer Advisor
1151 San Gabriel Blvd.
Rosemead CA 91770**

**Or
Fax with attention to
Bosco Tech Cheer Advisor:
626-940-2001**

We hereby also release access of grade reports to Bosco Tech Cheer staff:

- 1. June 2017, September 2017 & January 2018**