

# 2018 NHS Spirit Cheerleading Tryout Packet

Tryout Packets are due by  
3:30pm on April 4<sup>th</sup>.

Tryouts will be held on April 11 – 13.

## Coaching Staff:

**Kierra Keith**

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# 2018-2019 NHS Spirit Cheerleading Tryout Information

Thank you for your interest in the NHS Spirit Cheerleading Program. In this packet, you will find the following:

- Tryout Information, page 1-4
- the 2018-19 Rules for the NHS Spirit Cheerleading Program, page 5-6
- the 2018-19 Spirit Cheerleading Squad Information, page 7-8
- 2018 Tryout Packet Cover Sheet, page 9
- Candidate Information Sheet, page 10
- Statement of Permission and Understanding, page 11
- MCSD Permission to Participate/Permission to Treat Form, page 12
- Hughston Consent to Treat & Authorization to Release Medical Information, page 13-15
- Preparticipation Physical Evaluation Form, page 16-19
- Teacher Evaluation Form, page 20 (*you will need to print one copy of this form for each of your teachers*)

Please read and understand all of the enclosed information before making a decision about trying out for the Spirit Cheerleading Squad.

## Before Tryouts:

- **Each candidate must submit a complete tryout packet by 3:30pm on Wednesday, April 4<sup>th</sup>.** Late packets will not be accepted! Candidates that turn in incomplete packets (packets in which all information or forms are not filled in completely or not submitted) will not be allowed to attend tryouts.
- Tryout packets are to include the following items arranged in the order that they are listed below:
  - i. 2018 Tryout Packet Cover Sheet
  - ii. Candidate Information Sheet
  - iii. Statement of Permission and Understanding
  - iv. MCSD Permission to Participate/Permission to Treat Form
  - v. Hughston Consent to Treat & Authorization to Release Medical Information
  - vi. Preparticipation Physical Evaluation Form
  - vii. Copy of Insurance Card (front and back)
  - viii. Copy of Magnet Letter of Assignment Letter to Northside (for current 8<sup>th</sup> graders only!)
- Each candidate must give a Teacher Evaluation Form to each of his/her teachers. Teacher Evaluation Forms should be turned in to teachers by March 19<sup>th</sup> at the latest to give teachers enough time to complete and turn in evaluations. Before giving evaluations to the teachers, the candidate should complete the information included in the top right corner (Candidate Name, Teacher Name, and the period that he/she has that class).
  - Teacher Evaluation Forms must be turned in **by the teacher** no later than April 4<sup>th</sup>. (Teacher Evaluation Forms will not be accepted as a part of the tryout packet nor will they be accepted if they are submitted by the candidate.)

- Tryout Packets and Teacher Evaluation Forms may be turned in one of the following ways:
  1. Bring it to Coach Keith in Room 939, Coach Beason in Room 937, or Coach Lang in Room 934.
  2. Turn it in to the front office at Northside.
  3. Scan the packet or evaluation form and email it to [nhsspiritcheer@gmail.com](mailto:nhsspiritcheer@gmail.com).

**Eligibility for Tryout:**

In order for a candidate to be eligible to attend tryouts, the candidate:

- Must turn in a complete packet by April 4<sup>th</sup>. Late packets will not be accepted. Candidates that turn in incomplete packets (packets in which all information or forms are not filled in completely or not submitted) will not be allowed to attend tryouts.
- Must not have failed more than one class for the 1<sup>st</sup> Nine Weeks, 2<sup>nd</sup> Nine Weeks, and 3<sup>rd</sup> Nine Weeks.
- Must have satisfactory teacher recommendations from all of his/her teachers.
- Must have satisfactory attendance record. Candidate may not have more than 15 unexcused absences in each class.
- Must have a satisfactory discipline record. Central Detention, Discipline School, and In School Suspension (ISS), may cause a candidate to be ineligible for tryouts. Eligibility will be determined on a case by case basis. Any candidate that has served Out of School Suspension (OSS) during the current school year will not be eligible to tryout.
- Must submit a copy of his/her magnet letter or assignment letter. (Current 8<sup>th</sup> graders only!)

**Authorization to Tryout Form:**

- Once tryout packets are submitted and reviewed, Coach Keith, Beason and Lang will make a decision on each candidate's eligibility for tryouts. On Friday, April 6<sup>th</sup>, "Authorization to Tryout" forms will be emailed. [These forms will be emailed, so it is very important that a working email address is provided and that it is written legibly as to ensure that the email is received.]
  - These forms will let the candidate know if he/she is allowed to attend tryouts beginning on Wednesday, April 11<sup>th</sup>.
  - If a candidate does not receive an email indicating whether he/she is allowed to attend tryouts, he/she should email Coach Keith, Coach Beason or Coach Lang inquiring about his/her status.

**Cheerleading Tryout Dates:**

- Try-outs will be held on Wednesday, April 11<sup>th</sup> and Thursday, April 12<sup>th</sup> from 4:30pm until 6:30pm. Tryout material will be taught during this time.
- Official tryouts will take place on Friday, April 13<sup>th</sup> from 4:30pm until 7:30pm. All candidates are expected to arrive by 4:30pm and be prepared to stay until 7:30pm. (Candidates are encouraged to bring a snack. There will be a 15 minute break in which candidates will have the opportunity to eat their snack.)

### **Tryout Attire:**

All candidates must wear the following each day of tryouts:

- a plain WHITE t-shirt, with no writing or designs (no sleeveless shirts, tank tops, etc are allowed)
- BLACK shorts (shorts should be of an appropriate length)
- ALL hair up in a ponytail (If candidates would like to wear a hair bow, the hair bow must be white in color with no decoration, embellishment, glitter, etc)
- NO jewelry at any point
- tennis shoes

\*No NHS apparel may be worn during tryouts.

\*\*All tryout attire must be on, hair pulled up, and jewelry off BEFORE entering the gym.

\*\*\*Fingernails must be filed LOW. No artificial nails are allowed and no fingernail polish is allowed on any day of tryouts.

**During tryouts, no one other than the candidates are allowed in the gym during tryouts. No parents, friends, siblings, etc are allowed to enter the gym at any time during tryouts! All candidates must have their cell phones off and will not be allowed to access their cell phone during the tryout period.**

### **Tryout Clinic, April 11 – 12:**

- Candidates will learn 1 dance, 1 cheer, and 2 chants.
- Candidates will also receive a short clinic on jumps. They will be taught to do a toetouch, pike, left hurdler, and right hurdler.
- Candidates will also demonstrate their stunting ability. At most, each stunt group will perform a prep.

### **Official Tryout, April 13:**

- Candidates will be expected to do the following during tryouts:
  - The dance, cheer and 2 chants that were taught during tryouts.
  - 4 jumps (toetouch, pike, left hurdler, and right hurdler)
- Tryout Structure:
  - Warm Up (4:30pm – 4:50pm): All candidates are to meet in the gym at 4:30pm. Upon arrival, candidates should sit their belongings against the wall, sign in, receive their tryout number and begin stretching. Candidates will be briefed on how the official tryout will run. We will then go over all tryout material. At approximately 4:50pm, candidates will be released to an area outside of the gym where they will wait until they are called in to tryout. (No judges will be present in the gym during the warm up period.)
  - Initial Tryout (5:00pm – 6:00pm): Candidates will be called in to tryout in groups of 3 – 5. They will be called in by number. (Girls will have an idea of when they will try out when they receive their tryout number during the warm up period. Tryout groups will not be given ahead of time.) The jumps will be done individually. The group will be asked to perform 1 of the 2 chants learned, the cheer and the dance.
  - Break (6:00pm – 6:15pm): At this time, we will prepare for call-backs. Candidates may use this time to relax, practice, use the restroom, eat a snack, etc.

- o Call Backs (6:15pm – 7:00pm): The purpose of call backs is to give the candidates another opportunity to perform the material. Every candidate will not be called in for a call back; this does not suggest that a candidate has or has not made a squad.
- o Upon conclusion of call-backs, candidates will be dismissed. At this time, all candidates must immediately leave the school premises through the main entrance. Times provided above are estimated times. All candidates should be prepared to stay until 7:30pm.

\*The candidate's performance at the official tryout, during the tryout clinic, feedback from teacher evaluations, and information gathered through observation and the tryout packet about the candidate's attitude, initiative, teamwork, leadership, work ethic, enthusiasm, and coachability will all be considered when deciding on the candidates that will be selected as a part of each squad.

**Announcement of the 2018-2019 Spirit Cheerleading Squad:**

- All candidates will be emailed no later than 12:00pm on Saturday, April 14<sup>th</sup>. Through this email, each individual candidate will be notified as to whether they have been selected to be a member of the squad or not.

\*\*The candidates that do not make a squad may email Coach Keith, Coach Beason or Coach Lang beginning Monday, April 16<sup>th</sup> questioning why he/she did not make the squad. Please give the coaches at least 24 hours to reply to the email. If the candidate would prefer to speak to the coaches in person, the candidate may email one of the coaches to make an appointment to meet.

If you have any questions, please contact the coaching staff via email,  
Coach Keith, [keith.kierra.c@muscogee.k12.ga.us](mailto:keith.kierra.c@muscogee.k12.ga.us)  
Coach Beason, [beason.karli.j@muscogee.k12.ga.us](mailto:beason.karli.j@muscogee.k12.ga.us)  
Coach Lang, [o'bryan.avery.b@muscogee.k12.ga.us](mailto:o'bryan.avery.b@muscogee.k12.ga.us)

# 2018-2019 Rules for the NHS Spirit Cheerleading Program

## Purpose

The objective of the Northside High School spirit cheerleading squad is to effectively execute a school spirit program that supports the football and basketball teams and promotes the school itself. Cheerleaders will serve as positive role models and leaders for NHS and should promote sportsmanship within our school and among other schools. The highest priority should be to display and encourage spirit and pride for NHS.

## Squad Members & Obligations

- Members will be chosen at a formal tryout session.
- The Spirit Cheerleading Squad will consist of 12 – 24 freshmen, sophomores, juniors, and seniors who will cheer at all Varsity football regular season games, all Varsity football playoff games, all Varsity basketball HOME games, all Varsity basketball in-town playoff games, and school pep rally events. Members will also be expected to participate in any squad activities announced by the coach throughout the season.

## Summer Cheer Camp and Practices

- Summer cheerleading camp is MANDATORY!! Squad members that do not attend cheerleading camp will be dismissed from the team.
- Summer practices are HIGHLY recommended! Practices will become mandatory on August 1<sup>st</sup>.

## Practices and Games

- Practices will be held each week. A tentative schedule for the month will be given out at the beginning of each month. All practices are mandatory, and other schedules should revolve around cheerleading practices. Additional practices may be added when needed.
- During football season, games are usually held on Thursdays and Fridays. During basketball season, games are usually held on Tuesdays, Fridays and Saturdays. You will be given a schedule at the beginning of the season, and cheerleaders will be expected to be present at all games, including playoff games.

## Squad Attendance Requirements

- ABSENCES CAN BE THE DOWNFALL OF A GREAT CHEERLEADING SQUAD! If one or more squad members are absent from a practice or game, the other members are forced to make last minute changes. This can be both stressful and dangerous to squad members.
- You will be expected to be at all games and practices. Jobs, club activities, extracurricular activities, doctor's appointments, etc. **must not** interfere with cheerleading.
- If you commit to cheerleading you are committing to attend every game and practice. Unexcused absences are those caused by anything other than illness or family emergencies. In addition, just because a cheerleader asks to be excused doesn't mean that the excuse will be granted.
- If you are ill or have a family emergency, the coach needs to be notified by a parent or guardian in order for this absence to be excused. Please notify the

coach before the absence or as soon after as possible; only under extreme circumstances will prior notice not be expected.

- Attendance to school is also very important! Cheerleaders are expected to be present and on time for school and all classes. If a cheerleader is absent from school, the cheerleader will not be allowed to participate in any scheduled after school activities on that day.
- School attendance and tardies will be checked regularly by the coaches!

### Grades

- A minimum of a C must be maintained in all classes during the season.
- Because cheerleaders are students first and athletes second, weekly progress reports will be turned in so the coach can monitor academic progress.
- From the time the F is written on the progress report, you have **two weeks** to pull the F up before a more severe consequence is given.

### Tutoring

- Cheerleaders are encouraged to attend tutoring on all OFF days.
- If the cheerleader must attend tutoring on a practice day, the cheerleader must inform the coach, bring a note to practice from the teacher, and must arrive no later than 4:00pm, already dressed and ready for practice.

### Expected Behavior

- All Northside High School and Muscogee County School District guidelines must be followed at all times.
- Cheerleaders are expected to NOT receive central detention, Thursday School, ISS or OSS! (Behavior will be checked regularly by the coaches.)
- Consequences will be issued for misbehavior or poor conduct.
- Cheerleaders are expected to promote a positive image for the school community—your peers, parents, teachers, and community members.

All official cheerleading decisions and activities will be made by the coaching staff. **All coaches are to be given respect and cooperation by cheerleaders and parents at all times.** Lack of respect will not be tolerated and can be grounds for dismissal.

**In the event that a cheerleader quits or is dismissed from the team, they must return their cheerleading uniforms, and any other items that they did not purchase. The cheerleader/parents of the cheerleader forfeits the right to a refund for any fees paid for cheerleading. The cheerleader also forfeits the right to try out for cheerleading next year.**

*Coaches reserve the right to make changes/additions to the rules as needed. In addition, if you have any questions or concerns, please respect the following chain of command: Coach Kierra Keith-Head Coach, Coach Morgan Ingram-Athletic Director, Marty Richburg-School Principal*

# 2018-19 Spirit Cheerleading Squad Information

The following information is necessary for members of the squad. As a candidate for tryouts, you will want to make yourself aware of the information and dates below so that you can be clear of the commitment that you will be making and also so that you can go ahead and set your calendar around these dates. This will ensure that there will be no conflicts, should you be chosen as a member of the squad.

## **Important Dates:** (All dates are mandatory.)

Tuesday, April 17	Fitting 1, 3:45pm
Thursday, April 19	Fitting 2, 4:00pm Parent Meeting, 6:00pm 1 <sup>st</sup> payment (\$200) due
Tuesday, April 24	Calendar Cover Pictures, 5:00pm
Thursday, April 26	Make Up Calendar Cover Pictures, 5:00pm <i>(only necessary if there is poor weather on April 24)</i>
Tuesday, June 26	Large Ad Business Pictures, 9:00am – 12:00pm
Wednesday, June 27	Large Ad Business Pictures, 1:00pm – 4:00pm

## **Summer Practices & Camp Dates:**

July 17	Practice	11:00am – 1:00pm
July 18	Practice	12:30pm – 2:30pm
July 19	Practice	11:00am – 1:00pm
July 23	Cheer Camp	All Day
July 24	Cheer Camp	All Day
July 25	Cheer Camp	All Day
July 26	Practice	11:00am – 1:00pm
July 30	Practice	12:30pm – 2:30pm
July 31	Practice	11:00am – 1:00pm
August 6	Practice	10:00am – 12:00pm
August 7	Practice	10:00am – 12:00pm

Location for practices: NHS Gym

Location for Camp: United Cheerleading

## **Season Practices:**

We will practice 3 days a week beginning on the first day of school, August 8, through the end of January. Practices will begin at 4:00pm and end at 5:15pm.



**Estimated Expenses:** (These are estimates. Actual amounts will be given at the parent meeting.)

	<b>Cost</b>
Uniform Rental (2 uniforms)	\$100
United Cheer Camp (3 days)	\$95
Navy Midriff*	\$24
Cheer Shoes	\$57
Poms*	\$15
Hair Bows (2 uniform bows)	\$12
Bloomers	
-1 navy pair*	\$22
-1 red pair	
Cheer Bag**	\$25
Warm Up Jacket & Pants	\$150
Practice Wear (3 outfits)	\$50
Game Day Attire (1 short sleeve shirt, 1 long sleeve shirt, 1 sweatshirt)	\$40
Rain Jacket*	\$14
Banquet Fee	\$30
<b>Total Estimated Cost for a NEW Cheerleader</b>	<b>\$634</b>

\*Optional for returning cheerleaders.

\*\*Optional for returning cheerleaders that cheered during the 2016-17 season.

**The first payment of \$200 will be due at the parent meeting on April 19<sup>th</sup>.** A payment schedule will be provided at the parent meeting.

There will be fundraisers conducted and the cost of many of the fees can be covered through the fundraisers.

# 2018 NHS Spirit Cheerleading Tryout Packet Cover Sheet

**\*\*This tryout packet must be turned in by 3:30pm on April 4 to Coach Keith (Rm 939), Coach Beason (Rm 937), Coach Lang (Rm 934) or to the Front Office.\*\***

Name _____				
Grade for 2018-2019 School Year:	9 <sup>th</sup>	10 <sup>th</sup>	11 <sup>th</sup>	12 <sup>th</sup>

**This cover sheet should be the first page of the tryout packet that you submit. The following items must be arranged in the order that they are listed. ALL ITEMS OF THE PACKET (except the teacher recommendations) MUST BE SUBMITTED AT THE SAME TIME.**

- Tryout Packet Cover Sheet (this page)
- Candidate Information Sheet (1 page)
- Statement of Permission and Understanding (1 page)
- MCSD Permission to Participate/Permission to Treat Form (1 page)
- Hughston Consent to Treat & Authorization to Release Medical Information (3 pages)
- Preparticipation Physical Evaluation Form (4 pages)
- Copy of Insurance Card (front and back)
- Copy of Magnet Letter OR Assignment Letter to Northside (for current 8th graders only!)

**IF YOUR PACKET IS TURNED IN LATE OR IF ANY PORTION OF YOUR PACKET IS INCOMPLETE, YOU WILL NOT BE ALLOWED TO TRYOUT.**

**\*\*Teacher Recommendation Forms should NOT be included in this tryout packet!! These forms must be submitted by the teacher. List your current schedule below:**

	Class Name/Subject	Teacher Name	Room #
1 <sup>st</sup> period			
2 <sup>nd</sup> period			
3 <sup>rd</sup> period			
4 <sup>th</sup> period			
5 <sup>th</sup> period			
6 <sup>th</sup> period			
7 <sup>th</sup> period			

# Candidate Information Sheet

Candidate Name: \_\_\_\_\_

Grade during the 2018-19 School Year: \_\_\_\_\_

Candidate Email Address: \_\_\_\_\_

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

Parent/Guardian Email Address: \_\_\_\_\_

*Candidate, please answer the following questions.*

**1. Why should you be chosen to be a member one of the NHS Spirit Cheerleading Squads?**

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**2. What cheerleading experience do you have? (Cheerleading experience is NOT required.)**

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**3. What other sports/clubs/activities will you be involved in during the 2018-19 school year?**

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**4. Were you involved in any behavior infractions (Central Detention, Thursday School, ISS, OSS, etc) during the 2017-18 school year? If yes, please explain. (Attach another sheet of paper if necessary.)**

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**5. What school do you currently attend? \_\_\_\_\_**

# 2018-2019 NHS Spirit Cheerleading Tryouts

## Statement of Permission & Understanding

If you make the cheerleading squad, realize that you are making a commitment to Northside High School, your coaches, your teammates, and yourself for the **entire** cheerleading season, which includes BOTH football and basketball season. The decision to tryout should not be taken lightly. You will be expected to put cheerleading as one of your top priorities. Furthermore, as a representative of Northside, you must maintain proper behavior at all times. This includes inside and outside of the classroom. Grades, behavior and attendance are expected to be satisfactory during the season. You must follow the cheerleading guidelines. Students who break the rules will be disciplined. By making this commitment to the Northside High School Spirit Cheerleading Program, you will receive many valuable and rewarding experiences that you will remember long after you graduate from high school. These activities will not only channel your enthusiasm and spirit in a constructive and beneficial manner, but will give you a sense of pride and accomplishment in being a part of such an amazing team.

By signing below, you are acknowledging that you understand that...

- After you turn in this packet, you must wait for an "Authorization to Tryout Form" to be emailed. This form will tell you whether you are allowed to attend tryouts or not and will be distributed on Friday, April 6<sup>th</sup>.
- Tryouts will be held in the NHS Gym on Wednesday, April 11<sup>th</sup> – Friday, April 13<sup>th</sup>.
- You are expected to wear a plain white shirt, black shorts, tennis shoes, and no jewelry each day of tryouts. You understand that all hair must be worn up in a ponytail and if you decide to wear a hair bow it must be a plain white hair bow (no color, decoration, or glitter).
- You are not allowed to wear any NHS apparel during tryouts.
- Incomplete tryout packets and tryout packets submitted after 3:30pm on April 4<sup>th</sup> will not be accepted.
- All of your teachers must complete a Teacher Evaluation form for you and turn it in to Coach Keith, Beason, or Lang. You are not allowed to see this form or turn it in yourself.
- If you make the squad, you are committing to cheer during the entire football season and the entire basketball season.
- If you make the squad, you are expected to be present for all of the dates listed on the "2018 Squad Information" sheet.
- If you make the squad, you understand that you will need to make a deposit of **\$200** at the parent meeting on April 19<sup>th</sup>.
- If you make the squad, the **estimated** amount for cheerleading this year is \$634. All cheerleading fees must be paid in full by August 21<sup>st</sup>. (Fundraiser options will be provided to offset the cost.)

### Candidate Agreement

I, \_\_\_\_\_, have read and understand the 2018-19 RULES FOR CHEERLEADING. I agree to abide by the policies described if I am chosen as a member of the squad. I am agreeing to the information in the packet, and understand and agree to the statements listed above.

**Candidate Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Parent/Guardian Agreement

I, \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_, have read and understand the 2018-19 RULES FOR CHEERLEADING and the 2018 TRYOUT INFORMATION. I agree to abide by the policies described if my child is chosen as a member of the squad. I also agree to the financial obligations as they are described in the information provided. I understand that failure by me or my child to adhere to these policies could result in dismissal from the squad, if my child is chosen as a member of the squad.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

MUSCOGEE COUNTY SCHOOL DISTRICT (MCSD) SYSTEM-WIDE ATHLETICS			Appendix E: PERMISSION TO PARTICIPATE / PERMISSION TO TREAT FORM	
Student - Athlete: (Please Print)			Name of Parent/Guardian: (Please Print)	
Street Address:			School:	Grade:
City:	State:	Zip:	Date of Birth:	Phone: Home - Work -
<b>In the event of emergency, please give the best person and method to contact in the box provided.</b>				
<b>Name:</b>		<b>Relationship:</b>	<b>Phone #</b>	<b>Alt #:</b>
<b>Request for Permission:</b> We, the undersigned student and the student's parent/guardian, apply for permission to participate in interscholastic athletics in the following sports:				
<input type="checkbox"/> Baseball / Softball	<input type="checkbox"/> Cross Country	<input type="checkbox"/> Soccer	<input type="checkbox"/> Volleyball	
<input type="checkbox"/> Basketball	<input type="checkbox"/> Football	<input type="checkbox"/> Swimming	<input type="checkbox"/> Wrestling	
<input type="checkbox"/> Cheerleading	<input type="checkbox"/> Golf	<input type="checkbox"/> Tennis	<input type="checkbox"/> Other (please list)	
		<input type="checkbox"/> Track & Field		
<b>General Requirements-</b> We have read and discussed the general requirements for athletic eligibility. We understand that additional questions or specific circumstances should be directed to our student's coach, school site athletic director or the Building Principal.				
<b>Risk of Injury-</b> We acknowledge and understand that there is a risk of injury involved in athletic participation. We understand that the student-athlete will be under the supervision and direction of a MCSD athletic coach. We agree to follow the rules of the sport and the instructions of the coach in order to reduce the risk of injury to the student and other athletes. However, we acknowledge and understand that neither the coach nor MCSD can eliminate the risk of injury in sports. Injuries may and do occur. Sports injuries can be severe and in some cases may result in permanent disability or even death. We freely, knowingly, and willfully accept and assume the risk of injury that might occur from participation in athletics.				
<b>Release-</b> In consideration of MCSD allowing the student-athlete to participate in athletics, we agree to release and hold MCSD, its athletic coaches and other employees free, harmless and indemnified from and against any and all claims, suits or causes of action arising from or out of any injury that the student-athlete may suffer from participation in athletics other than an injury resulting from gross or willful negligence.				
<b>Insurance-</b> The MCSD requires that all students who participate in athletics be adequately covered by medical or accident insurance (proof of health insurance or school health insurance).				
Check One: <input type="checkbox"/> School Accident Insurance <input type="checkbox"/> Name of Other Insurance Company:			Policy No:	
Address:			Group No:	
<b>CERTIFICATION AND MEDICAL AUTHORIZATION.</b> We certify that all of the information provided by us on this form is correct. We agree to abide by state and local rules. If the student-athlete is injured while participating in athletics and MCSD is unable to contact the parent, we grant MCSD permission and authority to obtain necessary medical care and/or treatment for the student's injury. Treatment may include, but is not limited to first aid, CPR, medical or surgical treatment recommended by a physician. We accept the financial responsibility for such medical care or treatment.				
<b>We, the undersigned student and parent, have read this document and understand all of the expectations for athletic participation at my school.</b>				
Student:			Date:	
Parent/Guardian:			Date:	



## Consent to Treat

Dear Parent/Guardian:

In order to provide the best possible medical care for your child, a medical record will be established for him/her. If your child should become injured while playing sports, this record will provide important information about him/her. Please complete and sign as indicated and return to your child's coach or mail to the address listed below

**THIS INFORMATION MUST BE COMPLETED BEFORE  
YOUR CHILD CAN BE EVALUATED / TREATED FOR ANY INJURY THAT MAY  
OCCUR!**

Athlete Name: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Athlete Address: \_\_\_\_\_  
Street City State Zip

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

Parent/Guardian Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Guaranteed contact number – Pager, Cell Phone, etc \_\_\_\_\_

### Insurance Information

*Primary:*

*Secondary:*

Company Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Known Allergies / Medical Conditions: \_\_\_\_\_

### PARENTAL CONSENT

The undersigned grants consent to Hughston Sports Medicine Athletic Trainers for the child listed above to receive an assessment and the treatment of any injuries he/she may suffer during the school year. Injury treatment would include the application of modalities such as cold, heat, electrical muscle stimulation and/or ultrasound if necessary, as well as therapeutic exercises, to safely speed recovery and return to activity.

**MEDICAL RELEASE**

I, the undersigned, give permission for school officials, chaperons, or representatives of Hughston Sports Medicine, involved in the activity with my child to seek medical attention or render first aid if such attention is necessary in the discretion of the said person involved. In case of emergency, and when I cannot immediately be contacted, I give permission to the physician selected by the school officials to hospitalize, secure proper treatment, order injections, anesthesia, or surgery for my child.

**ACKNOWLEDGEMENT OF RISK**

Both the student and the parent/guardian should read this statement carefully. You should be aware that playing, practicing, conditioning and preparing for participation in any sport can be a dangerous activity involving risks of injury. The dangers and risks of sports participation include, but are not limited to: death, serious neck, head and/or spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, tendons, and other aspects of the body, general health and well being. Because of the dangers of participating in sports, the student should recognize the importance of following coaches' instructions regarding playing techniques, training, and other teams' rules and obey such instruction.

**THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS READ AND UNDERSTANDS THE ABOVE.**

\_\_\_\_\_  
PARENT/GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
STUDENT ATHLETE

\_\_\_\_\_  
DATE

Athlete \_\_\_\_\_ School \_\_\_\_\_ Sport \_\_\_\_\_

## **Authorization to Release Medical Information**

I, \_\_\_\_\_, being the parent/legal guardian of  
\_\_\_\_\_ and residing at \_\_\_\_\_  
\_\_\_\_\_, do hereby authorize and consent to having Hughston  
Sports Medicine Athletic Trainers and physician(s) provide any requested medical information to  
other physicians, other healthcare providers, the high school coaches or school administration,  
intercollegiate teams, professional teams, their scouts, recruiters, or athletic trainers which directly  
pertains to my athletic participation at \_\_\_\_\_. Said  
authorization to release medical information will include, but is not necessarily limited to  
information concerning illnesses, injuries, treatments, hospitalizations, examinations, X-rays, or  
other forms of diagnostic testing occurring while participating in competitive athletics at said  
school or athletic organization.

I understand that I may revoke this authorization by providing written notice to Hughston Sports  
Medicine. I also understand that if information has been released by relying upon this  
Authorization, that revocation will not be valid. I understand that injury treatment will not be  
conditioned upon signing this Authorization. I also understand that I am waiving my right to  
privacy with regard to the medical records and patient identifiable information by authorizing the  
release of my information.

I understand that the release of my medical information is being carried out with my consent and  
so assume full responsibility.

\_\_\_\_\_  
**Signature of Parent/Legal Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Student Athlete**

\_\_\_\_\_  
**Date**



# PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam \_\_\_\_\_  
 Name \_\_\_\_\_ Date of birth \_\_\_\_\_  
 Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

**Medicines and Allergies:** Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies?  Yes  No If yes, please identify specific allergy below.  
 Medicines  Pollens  Food  Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No	MEDICAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____			27. Have you ever used an inhaler or taken asthma medicine?		
3. Have you ever spent the night in the hospital?			28. Is there anyone in your family who has asthma?		
4. Have you ever had surgery?			29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
<b>HEART HEALTH QUESTIONS ABOUT YOU</b>	<b>Yes</b>	<b>No</b>	30. Do you have groin pain or a painful bulge or hernia in the groin area?		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?			31. Have you had infectious mononucleosis (mono) within the last month?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			32. Do you have any rashes, pressure sores, or other skin problems?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?			33. Have you had a herpes or MRSA skin infection?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease <input type="checkbox"/> Other: _____			34. Have you ever had a head injury or concussion?		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
10. Do you get lightheaded or feel more short of breath than expected during exercise?			36. Do you have a history of seizure disorder?		
11. Have you ever had an unexplained seizure?			37. Do you have headaches with exercise?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
<b>HEART HEALTH QUESTIONS ABOUT YOUR FAMILY</b>	<b>Yes</b>	<b>No</b>	39. Have you ever been unable to move your arms or legs after being hit or falling?		
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?			40. Have you ever become ill while exercising in the heat?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?			41. Do you get frequent muscle cramps when exercising?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			42. Do you or someone in your family have sickle cell trait or disease?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			43. Have you had any problems with your eyes or vision?		
<b>BONE AND JOINT QUESTIONS</b>	<b>Yes</b>	<b>No</b>	44. Have you had any eye injuries?		
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?			45. Do you wear glasses or contact lenses?		
18. Have you ever had any broken or fractured bones or dislocated joints?			46. Do you wear protective eyewear, such as goggles or a face shield?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			47. Do you worry about your weight?		
20. Have you ever had a stress fracture?			48. Are you trying to or has anyone recommended that you gain or lose weight?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)			49. Are you on a special diet or do you avoid certain types of foods?		
22. Do you regularly use a brace, orthotics, or other assistive device?			50. Have you ever had an eating disorder?		
23. Do you have a bone, muscle, or joint injury that bothers you?			51. Do you have any concerns that you would like to discuss with a doctor?		
24. Do any of your joints become painful, swollen, feel warm, or look red?			<b>FEMALES ONLY</b>		
25. Do you have any history of juvenile arthritis or connective tissue disease?			52. Have you ever had a menstrual period?		
			53. How old were you when you had your first menstrual period?		
			54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

# PREPARTICIPATION PHYSICAL EVALUATION THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

Date of Exam \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

1. Type of disability		
2. Date of disability		
3. Classification (if available)		
4. Cause of disability (birth, disease, accident/trauma, other)		
5. List the sports you are interested in playing		
	Yes	No
6. Do you regularly use a brace, assistive device, or prosthetic?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or any other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

Explain "yes" answers here

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Please indicate if you have ever had any of the following.

	Yes	No
Atlantoaxial instability		
X-ray evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

Explain "yes" answers here

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I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

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# PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

## PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
  - Do you feel stressed out or under a lot of pressure?
  - Do you ever feel sad, hopeless, depressed, or anxious?
  - Do you feel safe at your home or residence?
  - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
  - During the past 30 days, did you use chewing tobacco, snuff, or dip?
  - Do you drink alcohol or use any other drugs?
  - Have you ever taken anabolic steroids or used any other performance supplement?
  - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
  - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5-14).

EXAMINATION			
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female	
BP / ( / )	Pulse	Vision R 20/	L 20/
		Corrected <input type="checkbox"/> Y <input type="checkbox"/> N	
MEDICAL	NORMAL	ABNORMAL FINDINGS	
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			
Eyes/ears/nose/throat • Pupils equal • Hearing			
Lymph nodes			
Heart* • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)			
Pulses • Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Genitourinary (males only) <sup>b</sup>			
Skin • HSV, lesions suggestive of MRSA, linea corporis			
Neurologic <sup>c</sup>			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional • Duck-walk, single leg hop			

\*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.  
<sup>b</sup>Consider GU exam if in private setting. Having third party present is recommended.  
<sup>c</sup>Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for \_\_\_\_\_
- Not cleared
- Pending further evaluation
  - For any sports
  - For certain sports \_\_\_\_\_
- Reason \_\_\_\_\_

Recommendations \_\_\_\_\_

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Signature of physician \_\_\_\_\_ MD or DO

# ■ PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

Name \_\_\_\_\_ Sex  M  F Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Cleared for all sports without restriction

Cleared for all sports without restriction with recommendations for further evaluation or treatment for \_\_\_\_\_

Not cleared

Pending further evaluation

For any sports

For certain sports \_\_\_\_\_

Reason \_\_\_\_\_

Recommendations \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).**

Name of physician (print/type) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of physician \_\_\_\_\_, MD or DO

## EMERGENCY INFORMATION

Allergies \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Other information \_\_\_\_\_

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\_\_\_\_\_

# Northside High School Spirit Cheerleading Tryouts Teacher Evaluation Form

\_\_\_\_\_  
Candidate Name  
Teacher Name: \_\_\_\_\_  
Class Period: 1 2 3 4 5 6 7

Please complete the following form as soon as possible. Candidates are required to have teacher evaluations completed by ALL of their teachers. It is very important to give the candidate an honest rating based on your knowledge of that individual. Please rate the candidate according to how YOU feel the candidate does in YOUR class. Please be realistic as well as fair. These evaluations will not be shared with the candidate; they will only be seen by the cheerleading coaches.

**Please do not give this form back to the candidate!** The form will NOT be accepted from the candidate. Please turn this form in to Coach Keith, Coach Beason or Coach Lang by **Wednesday, April 4<sup>th</sup>** one of the following ways:

- Bring it to Coach Keith in Room 939, Coach Beason in Room 937, or Coach Lang in Room 934.
- Place it in Coach Keith, Coach Beason, or Coach Lang's box at Northside.
- Scan the form and email it to [nhsspiritcheer@gmail.com](mailto:nhsspiritcheer@gmail.com).

Thank you for your time and cooperation. If you have any questions, please feel free to contact me either of the coaches via email.

Sincerely,  
Kierra Keith, [keith.kierra.c@muscogee.k12.ga.us](mailto:keith.kierra.c@muscogee.k12.ga.us)  
Karli Beason, [beason.karli.j@muscogee.k12.ga.us](mailto:beason.karli.j@muscogee.k12.ga.us)  
Avery Lang, [o'bryan.avery.b@muscogee.k12.ga.us](mailto:o'bryan.avery.b@muscogee.k12.ga.us)

**On a scale of 1 to 5 (1 = lowest rating and 5 = highest rating), please rate the candidate in the areas below.**

Ability to get along with others	1	2	3	4	5
Positive Attitude	1	2	3	4	5
Cooperation	1	2	3	4	5
Work Ethic	1	2	3	4	5
Attendance and Punctuality	1	2	3	4	5
Responsibility	1	2	3	4	5
Ability to balance cheerleading and academics	1	2	3	4	5

**Did this candidate ever need to be disciplined by you, and if so, for what reason?**

**Do you recommend this candidate for cheerleading?** YES or NO

**Additional comments concerning the candidate:**

Teacher Signature: \_\_\_\_\_

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