

2018 NHS Cheerleading Tryouts, Tryout & Squad Information

Please read and understand all of the enclosed information before making a decision about trying out for the Competition cheerleading.

Before Tryouts:

Each candidate must submit a complete tryout packet by Friday, April 6th.

Tryout packets are to include the following items arranged in the order that they are listed below:

- i. Cover Sheet
- ii. Candidate Information Sheet
- iii. MCSD Permission to Participate/Permission to Treat Form
- iv. Hughston Consent to Treat & Authorization to Release Medical Information
- v. Pre-participation Physical Evaluation Form
- vi. Copy of Insurance Card (front and back)
- vii. Copy of Magnet Letter or Assignment Letter to Northside (for current 8th graders only!)

**Tryout Packets must be brought to Coach Garner's room at NHS (Room 400) or turned into the front office (for incoming 9th graders ONLY) to be put in Coach Garner's box

Eligibility for Tryouts:

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

- Must turn in a complete packet by April 6th to Coach Garner in room 400
- Must not have failed more than one class for each Nine Weeks.
- Must submit a copy of his/her magnet letter or assignment letter. (Current 8th graders only!)

Competition Cheerleading Squad

- 12-20 female members
- May - July- summer work out and tumbling (calendars will be given)
- August 1st OFFICIAL first day of Mandatory practice
- Will attend app. 6 competitions (Sept. and October) + Region (1st weekend in Nov.) + State (2nd weekend in Nov.)

Important Dates: (MANDATORY)

Tues. May 8th Parent and Cheerleader Meeting, 7:00pm
Senior cafeteria

Pictures for the Calendar:

April 24, 5pm @ Riverwalk

April 26, 5pm @ Riverwalk (Back up date, in case of rain)

United Practices: (MANDATORY UNLESS OTHERWISE DISCUSSED)

!!!YOU MAY GO AHEAD AND BEGIN THESE PRACTICES NOW IF YOU HAVEN'T ALREADY!!!

Continue every Monday and Wednesday throughout summer and fall

Summer Conditioning: (MANDATORY UNLESS OTHERWISE DISCUSSED)

Tuesday and Thursday: NHS Gym 9 am – 10:30 am

(Except for Dead week: July 2nd – 6th)

Saturdays: Crossfit Sacrifice 10:30-11:30 (\$10 per person per session starting in May)

Choreography Camp (NHS Gym): (MANDATORY)

June 4th-6th from 9 am to 4 pm (we will NOT have conditioning on those days)- Must bring snacks and lunch!

Estimated Expenses:

The **estimated** cost for a new cheerleader is \$500. This balance must be paid in full by the Parent Meeting on August 8th.

The first payment of **\$300** must be paid at the Parent Meeting on Tuesday, May 8th! (There will be fundraisers conducted and the cost of many of the fees can be covered through the fundraisers.)

Cheerleading Tryout Dates and selection

NHS Gym

April 17th and 18th

4:30-6:00

Tryout Attire:

Rising 9th graders are to wear a WHITE t-shirt.

Rising 10th graders are to wear a RED t-shirt.

Rising 11th graders are to wear a GREY t-shirt.

Rising 12th graders are to wear a NAVY BLUE t-shirt.

****All t-shirts must be plain with no writing or designs on the front or back. T-shirts should fit appropriately and not be oversized. (No sleeveless shirts, tank tops, etc. are allowed.)**

ALL candidates must:

- wear BLACK shorts of an appropriate length
- wear ALL hair up in a ponytail
- wear NO jewelry at any point
- wear tennis shoes
- Candidates cannot have nails that can be seen over the tips of their fingers.

**No NHS apparel may be worn during tryouts.*

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

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!

Announcements of Cheerleading Squads:

All candidates will receive an **email** on or before the night of Friday, April 20th indicating whether they have been chosen to be a member of a squad or not. (Thus, it is important to provide a working email address!)

The following factors will be considered when selecting candidates for each cheerleading squad:

- performance during the two day tryout
- attitude and work ethic during the two day tryout
- feedback from teacher evaluations
- school behavior record
- school attendance record
- academic performance in school

If you have any questions, please contact:

Coach Tamara Garner (garner.tamara.c@muscogee.k12.ga.us)

Coach Chelsie Rogers (rogers.chelsie.r@muscogee.k12.ga.us)

2018-2019 NHS Cheerleading Tryout Packet, **Cover Sheet**

Name _____

Tryout results email (please write clearly): _____ @ _____

Grade for 2018-2019 School Year: 9th 10th 11th 12th

****This tryout packet must be turned in by Friday, April 6th to
Coach Garner in Room 400 (current NHS students) or front office (8th graders only)****

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 evaluations) MUST BE SUBMITTED AT THE SAME TIME.

- 2018 Tryout Packet Cover Sheet (this page)
- Candidate Information Sheet (1 page)
- MCSD Permission to Participate/Permission to Treat Form (1 page)
- Hughston Consent to Treat & Authorization to Release Medical Information (3 pages)
- Pre-participation Physical Evaluation Form (4 pages)
- Copy of Insurance Card (front and back)
- Copy of Magnet Letter of 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.

List your current schedule below:

	Class Name/Subject	Teacher Name
Advisement/ Homeroom		
1 st period		
2 nd period		
3 rd period		
4 th period		
5 th period		
6 th period		
7 th period		

****Personal conversations about your classroom behavior will be had with your teachers prior to tryouts****

2018 NHS Cheerleading Tryout Packet, **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. Attach your answers on another paper if needed.

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

2. What other sports/clubs/activities do you plan to be involved in during the 2018-2019 school year?

3. Were you involved in any behavior infractions (Central Detention, Saturday school, ISS, OSS, etc.) during the 2017-18 school year? If yes, please explain.

4. Why should cheerleaders be good role models?

5. When you are making mistakes or not doing your best, what things help to motivate you?

6. How do you resolve conflict between you and another person?

7. What are some goals or ideas you have in mind for yourself next year if you are selected to be a part of the cheer staff? Be as specific as possible.

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 -
In the event of emergency, please give the best person and method to contact in the box provided.					
Name:		Relationship:		Phone #	Alt #:
Request for Permission: 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	
General Requirements- 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.					
Risk of Injury- 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.					
Release- 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.					
Insurance- 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:	
CERTIFICATION AND MEDICAL AUTHORIZATION. 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.					
We, the undersigned student and parent, have read this document and understand all of the expectations for athletic participation at my school.					
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 (with 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?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No	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 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?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	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?		
BONE AND JOINT QUESTIONS	Yes	No	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?			FEMALES ONLY		
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 _____
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■ 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

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

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

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 ^a • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) ^b		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic ^c		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
^bConsider GU exam if in private setting. Having third party present is recommended.
^cConsider 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 _____

Other information _____
