

BRMS Cheerleading 2022 – 2023

Tryout Packet Cover Sheet

Cheerleader Full Name: _____

Email: _____

Cell phone #: _____ Grade level: _____

This tryout packet must be turned in before the first day of tryouts to Coach Bridges. Teacher recommendations (2) should NOT be included in this packet, but should be sent directly to Coach Bridges by the evaluator. If your packet is turned in late or incomplete, you will NOT be allowed to tryout. If you already have a physical on file (good for 12 months), it is YOUR responsibility to get a copy to include in this packet.

This cover sheet should be the first page of the tryout packet that you submit. The following items must be arranged in the order listed below. All items of the packet (except the teacher recommendations) must be submitted at the same time.

- ✓ Tryout Packet Cover Sheet (this page)
- ✓ Application for Cheerleading Tryouts (1 page)
- ✓ BRMS Player Packet (8 pages total consisting of the following)
 - Assumption of Risk & Waiver of Liability (2 pages)
 - Cardiac Arrest Awareness Form (1 page)
 - Concussion Awareness Form (1 page)
 - Physical (4 pages)
- ✓ 2 Teacher recommendation forms (do NOT include in this packet, the evaluator should submit this directly to Coach Bridges)
- ✓ Copy of most recent report card (you can print a screenshot from Infinite Campus)

List your current class schedule below:

Period	Course Name/ Subject	Teacher Name
1 st		
2 nd		
3 rd		
4 th		
5 th		
6 th		

BRMS Application for Cheerleading Tryouts 2022 - 2023

Candidate Name: _____ Grade Level: _____

Guardian(1) Name: _____ Phone: _____

Email: _____

Guardian(2) Name: _____ Phone: _____

Email: _____

ELIGIBILITY:

A student is eligible to tryout if: (1) you did not “quit” or were “removed” from a squad during the previous season, (2) you have passed all classes each grading period. **Candidates who have discipline referrals will not be eligible to tryout.** All candidates must have a current physical and will not participate in tryouts unless a copy of this document has been provided to the coach with all other required forms. **All forms are due to Coach Bridges no later than the day BEFORE tryouts are scheduled to begin.**

TRYOUT:

The tryout material will consist of a cheer, chant, dance, jumps, and tumbling. Each candidate will be scored using a rubric, with the highest scoring rubrics to become the cheer squad.

ATTIRE:

Proper attire consists of gym shorts, t-shirt (not to be affiliated with any All-Star teams/cheerleading squads), and cheer shoes or athletic tennis shoes. Hair must be up and securely fastened. No jewelry of any kind may be worn (unless medical). Long nails (hanging over finger) will not be allowed; all candidates will be required to remove/cut long or artificial nails. All of these requirements must be met before a candidate can participate in cheerleading tryouts.

My child, _____ has my permission to be a cheerleader. I understand that he/ she must abide by the rules and regulations set forth by the cheer coach, the site-AD, the building principal, the system-wide athletic director, and be present for all practices and games. I have read the rules and regulations presented in the BRMS Information Packet and understand that the violation for any of these rules may lead to temporary or permanent suspension from the squad. I understand that all forms attached must be completed before the tryout date or my child will not be allowed to tryout. I understand that my child must attend all practice (unless excused by the coach) and tryout sessions, or my child will not be considered for a cheerleading position.

I understand that the BRMS tryout is closed to all non-candidates and that I am not allowed to be in the building during the 3-day tryout period. I understand that my son/ daughter will be evaluated by the coach, and we agree to abide by the decision of the coach. I understand all estimated costs described in the packet and understand that should my child quit or be dismissed from the squad no portion of the money that I have paid will be refunded.

I also understand by the very nature of the activity, that cheerleading carries a risk of physical injury. No matter how careful the participant and coach are, how many spotters are used, or what landing surface is used, the risk cannot be eliminated. The risk of injury includes minor injuries such as muscle pulls, dislocations, and broken bones. The risk also includes catastrophic injuries. I understand these risks and I will not hold the Muscogee County School District or any of its personnel responsible in the case of accident or injury.

Parent Signature

Date

Student Signature

Date

MUSCOGEE COUNTY ATHLETICS

Assumption of Risk & Waiver of Liability

Student – Athlete Name: (Please Print)		Home Street Address:		
Date of Birth:	Student Cell Phone: () -	City:	State:	Zip:
Grade (for 2021-2022):	School (for 2021-2022):	In what extra-curricular activities will the student-athlete participate in?		
Parent/Guardian Name:		Parent Cell #: () -	Email Address:	
2nd Parent/Guardian Name:		Parent Cell #: () -	Email Address:	
EMERGENCY CONTACT – Other than Parents listed above:				
Name:		Relationship:	Phone#: () -	
INSURANCE INFORMATION				
The MCSD requires that all students who participate in athletics be adequately covered by health insurance (proof of health insurance). <i>Changes/updates to student insurance coverage must be communicated by a parent/guardian to the Site-School Athletic Director.</i>				
Name of Insurance Company:			Policy No:	
Address:			Group No:	
<p>Student Eligibility to Participate- We have read and discussed the general requirements for athletic eligibility. We understand that any questions we have should be directed to our student's coach, site-school athletic director, or the building Principal.</p> <p>Supervision and Rules - We understand that the student will be under the supervision and direction of a MCSD athletic coach or other MCSD personnel. We agree to follow the rules of the sport and the instructions of the coach. I acknowledge and agree that enroute to and from, and during this sport activity, the student will be subject to all MCSD disciplinary rules and the MCSD Student Code of Conduct.</p> <p>Authorization to Treat and Provision of Information - I acknowledge and agree that I am responsible for informing appropriate District personnel of any medical, allergy, behavioral, or other needs of the student and authorize MCSD personnel to take any and all actions, medical or otherwise, they believe necessary while the student is under their supervision.</p> <p>We certify that all of the information provided by us on this form is accurate. We grant MCSD permission and authority to obtain necessary medical care and/or treatment for the student. Treatment may include, but is not limited to first aid, CPR, transport by ambulance, and / or medical or surgical treatment recommended by a physician. We accept the financial responsibility for any such medical care or treatment.</p>				
<p>Transportation – We request that the student named in this form be transported by the MCSD and authorize such transportation in to practices, competitions, and similar. We freely, knowingly, and willfully accept and assume the risk of injury and even death that is associated with transportation. We understand that transportation may or may not be available through the MCSD. If an MCSD-approved bus or an MCSD-approved charter bus is not available, we understand that transportation will be the parent/guardian's responsibility, and we will arrange for transportation.</p>				
<p>COVID-19 Acknowledgment: We acknowledge that the above named student-athlete is attending these workouts voluntarily. If the student-athlete shows any signs of COVID-19 illness, such as a cough, sore throat or a temperature above 100.0, we will keep the student at home and contact the head coach.</p> <p>Waiver of Liability Relating to Coronavirus/COVID-19: The novel coronavirus, COVID-19, has been declared a worldwide pandemic. COVID-19 is extremely contagious. Every individual faces risks of infection from the virus, whether at work, at home or engaged in activities away from work. This guidance is an effort to share information. The below considerations should be followed as is reasonable under the given circumstances and re-evaluated as new orders and advisories are introduced through public health officials, and governmental agencies.</p> <p>The virus is believed to spread from person-to-person contact and/or by contact with contaminated surfaces and objects, and through the air. People can be infected and show no symptoms but still spread the disease. There is no known treatment, cure, or vaccine for COVID-19. Evidence has shown that COVID-19 can cause serious and potentially life threatening illness and even death.</p>				

MUSCOGEE COUNTY ATHLETICS

Assumption of Risk & Waiver of Liability

Even though steps are being implemented to reduce the risk of transmission, MCSD cannot prevent your child from being exposed to, contracting, or spreading COVID-19 if you decide your child will participate in school athletic activities. It is not possible to eliminate the risk of contracting the disease. Therefore, if you choose for your child to participate you may be exposing your child, your family and others to a risk of contracting or spreading COVID-19.

ASSUMPTION OF RISK: I have read and understand the above warning concerning COVID-19. I hereby choose to accept the risk that my child may contract COVID-19 while engaging in school athletic activities. I further accept the risk that, if my child contracts COVID-19, that he or she may spread the virus to others he or she comes in contact with, including family members. I accept these risks because I want my child to participate in school athletics.

WAIVER OF LAWSUIT/LIABILITY: I hereby forever release and waive on behalf of myself, my heirs, executors or assigns any right to bring suit for myself or on behalf of my child against MCSD and its officers, administrators, teachers, officials, agents, employees, or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to participating in school athletic activities. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or any other loss I may have to seek damages, whether known or unknown, foreseen or unforeseen.

CHOICE OF LAW: I understand and agree that the law of the State of Georgia will apply to this contract.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK ON BEHALF OF MYSELF AND MY CHILD AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE.

General 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.

Hold Harmless Agreement: As a lawful parent/guardian of the above-named student, I hereby give permission for my child to participate in school sponsored extra-curricular activities. By signing this form, I agree that I have fully read, understand and agree to the conditions set forth below:

I acknowledge and agree that, during this school sponsored activity, my child will be subject to any and all Muscogee County School District (MCSD) disciplinary rules and Student Code of Conduct to which he or she is subject during the school day. I further understand that, during this activity, my child will be subject to the supervision and direction of those adults who accompany the students on behalf of MCSD. I consent for/to my child's participation in extra-curricular activities. I acknowledge and agree that I am responsible for informing appropriate District personnel of any medical needs of my child and authorize MCSD personnel, or other chaperones, to take any and all medical actions they believe necessary for my child until such time as I may be contacted. I acknowledge and agree that MCSD, its officers, employees, agents and volunteers do not have or assume any liability for damages, losses, or injuries to the above-named student as a result of the student participating in this activity. I acknowledge and agree, there is not school district insurance to cover any injuries, losses, or damages during a school activity. I acknowledge and agree that any revocation of permission given by this form can only be in writing and must be delivered to the appropriate school officials to be effective.

CERTIFICATION AND MEDICAL AUTHORIZATION: We certify that all of the information provided 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/guardian, have read this document and understand all of the expectations for athletic participation at my school.

Student:

Date:

Parent/Guardian:

Date:

■ PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of birth: _____

Date of examination: _____ Sport(s): _____

Sex assigned at birth (F, M, or intersex): _____ How do you identify your gender? (F, M, or other): _____

List past and current medical conditions. _____

Have you ever had surgery? If yes, list all past surgical procedures. _____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional).

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects).

Patient Health Questionnaire Version 4 (PHQ-4)
Over the last 2 weeks, how often have you been bothered by any of the following problems? (check box next to appropriate number)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of ≥ 3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?		
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		

BONE AND JOINT QUESTIONS	Yes	No
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?		
MEDICAL QUESTIONS	Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?		
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
22. Have you ever become ill while exercising in the heat?		
23. Do you or does someone in your family have sickle cell trait or disease?		
24. Have you ever had or do you have any problems with your eyes or vision?		

MEDICAL QUESTIONS (CONTINUED)	Yes	No
25. Do you worry about your weight?		
26. Are you trying to or has anyone recommended that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of foods or food groups?		
28. Have you ever had an eating disorder?		
FEMALES ONLY	Yes	No
29. Have you ever had a menstrual period?		
30. How old were you when you had your first menstrual period?		
31. When was your most recent menstrual period?		
32. How many periods have you had in the past 12 months?		

Explain "Yes" answers here.

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

Signature of athlete: _____

Signature of parent or 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, e-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-enhancing 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 (Q4–Q13 of History Form).

EXAMINATION		
Height: _____	Weight: _____	
BP: _____ / _____ (_____ / _____)	Pulse: _____	Vision: R 20/ _____ L 20/ _____ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency) 		
Eyes, ears, nose, and throat <ul style="list-style-type: none"> Pupils equal Hearing 		
Lymph nodes		
Heart ^a <ul style="list-style-type: none"> Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver) 		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis 		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional <ul style="list-style-type: none"> Double-leg squat test, single-leg squat test, and box drop or step drop test 		

^a Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

■ PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name: _____ Date of birth: _____

Medically eligible for all sports without restriction

Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

Medically eligible for certain sports

Not medically eligible pending further evaluation

Not medically eligible for any sports

Recommendations: _____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are 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 medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

SHARED EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Other information: _____

Emergency contacts: _____

Georgia High School Association Student/Parent Concussion Awareness Form

SCHOOL: _____

DANGERS OF CONCUSSION

Concussions at all levels of sports have received a great deal of attention and a state law has been passed to address this issue. Adolescent athletes are particularly vulnerable to the effects of concussion. Once considered little more than a minor “ding” to the head, it is now understood that a concussion has the potential to result in death, or changes in brain function (either short-term or long-term). A concussion is a brain injury that results in a temporary disruption of normal brain function. A concussion occurs when the brain is violently rocked back and forth or twisted inside the skull as a result of a blow to the head or body. Continued participation in any sport following a concussion can lead to worsening concussion symptoms, as well as increased risk for further injury to the brain, and even death.

Player and parental education in this area is crucial – that is the reason for this document. Refer to it regularly. This form must be signed by a parent or guardian of each student who wishes to participate in GHSA athletics. One copy needs to be returned to the school, and one retained at home.

COMMON SIGNS AND SYMPTOMS OF CONCUSSION

- Headache, dizziness, poor balance, moves clumsily, reduced energy level/tiredness
- Nausea or vomiting
- Blurred vision, sensitivity to light and sounds
- Fogginess of memory, difficulty concentrating, slowed thought processes, confused about surroundings or game assignments
- Unexplained changes in behavior and personality
- Loss of consciousness (NOTE: This does not occur in all concussion episodes.)

BY-LAW 2.68: GHSA CONCUSSION POLICY: In accordance with Georgia law and national playing rules published by the National Federation of State High School Associations, any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion shall be immediately removed from the practice or contest and shall not return to play until an appropriate health care professional has determined that no concussion has occurred. (NOTE: An appropriate health care professional may include licensed physician (MD/DO) or another licensed individual under the supervision of a licensed physician, such as a nurse practitioner, physician assistant, or certified athletic trainer who has received training in concussion evaluation and management.)

a) No athlete is allowed to return to a game or a practice on the same day that a concussion (a) has been diagnosed, OR (b) cannot be ruled out.

b) Any athlete diagnosed with a concussion shall be cleared medically by an appropriate health care professional prior to resuming participation in any future practice or contest. The formulation of a gradual return to play protocol shall be a part of the medical clearance.

By signing this concussion form, I give _____ High School permission to transfer this concussion form to the other sports that my child may play. I am aware of the dangers of concussion and this signed concussion form will represent myself and my child during the 2022-2023 school year. This form will be stored with the athletic physical form and other accompanying forms required by the _____ School System.

I HAVE READ THIS FORM AND I UNDERSTAND THE FACTS PRESENTED IN IT.

Student Name (Printed)

Student Name (Signed)

Date

Parent Name (Printed)

Parent Name (Signed)

Date

Georgia High School Association

Student/Parent Sudden Cardiac Arrest Awareness Form

SCHOOL: _____

1: Learn the Early Warning Signs

If you or your child has had one or more of these signs, see your primary care physician:

- Fainting suddenly and without warning, especially during exercise or in response to loud sounds like doorbells, alarm clocks or ringing phones
- Unusual chest pain or shortness of breath during exercise
- Family members who had sudden, unexplained and unexpected death before age 50
- Family members who have been diagnosed with a condition that can cause sudden cardiac death, such as hypertrophic cardiomyopathy (HCM) or Long QT syndrome
- A seizure suddenly and without warning, especially during exercise or in response to loud sounds like doorbells, alarm clocks or ringing phones

2: Learn to Recognize Sudden Cardiac Arrest

If you see someone collapse, assume he has experienced sudden cardiac arrest and respond quickly. This victim will be unresponsive, gasping or not breathing normally, and may have some jerking (Seizure like activity). Send for help and start CPR. You cannot hurt him.

3: Learn Hands-Only CPR

Effective CPR saves lives by circulating blood to the brain and other vital organs until rescue teams arrive. It is one of the most important life skills you can learn – and it's easier than ever.

- Call 911 (or ask bystanders to call 911 and get an AED)
- Push hard and fast in the center of the chest. Kneel at the victim's side, place your hands on the lower half of the breastbone, one on top of the other, elbows straight and locked. Push down 2 inches, then up 2 inches, at a rate of 100 times/minute, to the beat of the song "Stayin' Alive."
- If an Automated External Defibrillator (AED) is available, open it and follow the voice prompts. It will lead you step-by-step through the process, and will never shock a victim that does not need a shock.

By signing this sudden cardiac arrest form, I give _____ High School permission to transfer this sudden cardiac arrest form to the other sports that my child may play. I am aware of the dangers of sudden cardiac arrest and this signed sudden cardiac arrest form will represent myself and my child during the 2022-2023 school year. This form will be stored with the athletic physical form and other accompanying forms required by the _____ School System.

I HAVE READ THIS FORM AND I UNDERSTAND THE FACTS PRESENTED IN IT.

Student Name (Printed)

Student Name (Signed)

Date

Parent Name (Printed)

Parent Name (Signed)

Date

.....



Teacher Recommendation

Dear Teacher,

Please evaluate _____ on the qualities listed below. I welcome additional comments concerning the student; it will be helpful during the evaluation process. Please return this completed form in my box or send it through the courier (attn: Ms. Christen Bridges, Blackmon Road Middle School). You may also scan your results and email them to me at Bridges.Christen.M@muscogee.k12.ga.us. Thank you for taking the time to complete this student's recommendation in a timely matter.

Thank you,
Ms. Christen Bridges

Please circle the number that **best** represents the above student's character and abilities. Rank 1 as the lowest and 5 as the highest.

Is this student motivated?	1	2	3	4	5
Is this student dedicated?	1	2	3	4	5
How well does this student interact with others?	1	2	3	4	5
Does this student have a positive attitude?	1	2	3	4	5
Is the student capable of balancing cheerleading and academics?	1	2	3	4	5
Do you recommend this student for cheerleading?	1	2	3	4	5

Teacher Name: _____ Teacher Signature: _____

Additional Comments:

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Teacher Recommendation

Dear Teacher,

Please evaluate _____ on the qualities listed below. I welcome additional comments concerning the student; it will be helpful during the evaluation process. Please return this completed form in my box or send it through the courier (attn: Ms. Christen Bridges, Blackmon Road Middle School). You may also scan your results and email them to me at Bridges.Christen.M@muscogee.k12.ga.us. Thank you for taking the time to complete this student's recommendation in a timely matter.

Thank you,
Ms. Christen Bridges

Please circle the number that **best** represents the above student's character and abilities. Rank 1 as the lowest and 5 as the highest.

Is this student motivated?	1	2	3	4	5
Is this student dedicated?	1	2	3	4	5
How well does this student interact with others?	1	2	3	4	5
Does this student have a positive attitude?	1	2	3	4	5
Is the student capable of balancing cheerleading and academics?	1	2	3	4	5
Do you recommend this student for cheerleading?	1	2	3	4	5

Teacher Name: _____ Teacher Signature: _____

Additional Comments:

.....



General Policies and Expectations

- All practices and games are required.
- Cheerleaders are responsible for letting the coach know ahead of time that a conflict will prevent them from attending a scheduled practice or game. With no notice, the cheerleader will be required to attend the next game and sit in the stands.
- Cheerleaders provide leadership and are role models for BRMS and our community. They are responsible for promoting school spirit, enthusiasm, and good sportsmanship. Cheerleaders are to present a positive attitude at all times. If athletic events bore you, you should not be a cheerleader!
- A cheerleader that participates in inappropriate behavior (in/out of school) or presents a negative attitude during practice, games, or competitions may be benched for part/all of a game or pep rally, and may be removed from the squad.

Selection of Cheerleaders

- May 16 - 18, after school from 4:00 – 5:30 pm
 - Each candidate will learn a cheer, chant, short dance routine, review jumps, and learn what it means to be a cheerleader
 - Each candidate will be asked to perform any tumbling skills they have already acquired
 - *Note: these skills should only be attempted if the candidate has experience w/out spot*
 - Candidates will be judged throughout the selection process. Decisions will be based upon the following:
 - Execution of Fundamentals – tumbling, jumps, dance, motions
 - Difficulty – tumbling, jumps, dance, motion
 - Overall Performance – showmanship, spirit, athleticism
 - Coach Evaluation – cooperation, attitude, attendance, dependability (behavior, grades, and discipline reports taken into account)
 - Teacher recommendations – cooperation, attitude, attendance, dependability
 - There will be 13-20 candidates selected.

Athletic Eligibility

- All cheerleaders are athletes and must meet the eligibility requirements stated in the MCSD handbook.
- You may not participate if you have failed any classes during the first semester. If you are in danger of failing a class this semester you should not try-out.





Attitude and Behavior

- Cheerleaders are responsible for their behavior both on and off the field/court.
- Cheerleaders will follow the rules as outlined in the BRMS Handbook.
- Cheerleaders must maintain good rapport with the BRMS staff and faculty, both on and off the school grounds.
 - The coach reserves the right to:
 - Suspend from participation
 - Release from squad
- A cheerleader is a role model for the student body and fans. A positive attitude and good sportsmanship toward squad members, teams, coaches, teachers, students, and officials is expected at all times.

Responsibility and Commitment

- As noted previously, all performances and practices are required.
- At the conclusion of a practice or game cheerleaders should be picked up within 15 minutes.
- **Practice Schedule**
 - Parent meeting May 16 at 5:30 pm in the gym
 - Practice will be every Monday through Wednesday from 4-5 pm during the months of August and September in order to prepare for football season.
 - Additional information TBA
- **Camp Schedule**
 - We will attend a MANDATORY summer cheer camp at United Cheerleading and here at BRMS.
 - June 13 – 14 at United from 9:00 am – 3:00 pm
 - June 15 – 16 at BRMS gym from 2:30 pm – 5:30 pm (subject to change)
 - If you are unable to attend ALL 4 days of summer cheer camp, you should NOT tryout!
- **Games**
 - Attendance at all games is required during football season.
 - October - November
 - Specific Schedule TBA
 - Attendance at all assigned home games is required during basketball season.
 - November - December
 - Specific schedule TBA
- We are also responsible for a variety of school spirit events that cheerleaders are expected to support. In the past we have participated/planned:
 - Back-to-School Dance
 - Homecoming Week
 - Pep Rallies
 - Open-house
 - Community events
 - Fundraising
- **Accountability**
 - All BRMS athletes will be required to obtain, complete, and turn-in WEEKLY progress monitoring sheets to the Coach. These sheets will be completed by each athletes' teachers to show grades and classroom behavior that the Coach may not be aware of. Failure to turn-in these sheets on time will result in consequences from the Coach.



Estimated Donations

- Each cheerleader is responsible for raising the funds associated with being a member of the cheerleading squad. The amounts listed below are approximate and do not include tax. A detailed statement will follow for members.

Description of Item	Price
Uniform (skirt & top) Rental	\$50.00
Bloomers (similar to Nike Pros)	\$10.00
Razor-back sports bra	\$10.00
Socks	\$10.00
White cheer shoes	\$50.00
Poms	\$40.00
Bow	\$5.00
Cheer bag	\$40.00
Practice t-shirt and shorts	\$30.00
Warm-up suit	\$50.00
Athletic Booster Club Dues	\$35.00
Summer Camp at United	\$100.00
Approximate Total	\$430.00

- All monies paid for cheerleading are nonrefundable. Any cheerleader removed from the squad during the season will not receive a refund. **Some items may not need purchasing if you have cheered before.**

Required Paperwork (due by 4 pm the Friday BEFORE tryouts begin...NO EXCEPTIONS!)

- Tryout Packet Cover Sheet
- Application for Cheerleading Tryouts
- BRMS Player Packet
- 2 Teacher recommendation forms
- Copy of most recent report card (you can print a screenshot from Infinite Campus)

Contact the Coaches

- Ms. Christen Bridges – Head Coach
 - Bridges.Christen.M@muscogee.k12.ga.us
- Mrs. Sydney Wiggins – Asst. Coach
 - Wiggins.Sydney.G@muscogee.k12.ga.us