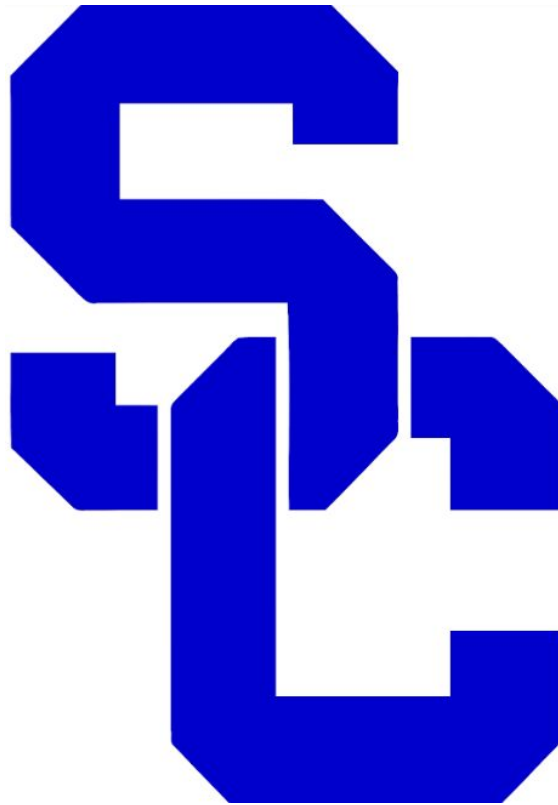


Star City School District

Cheerleading  
Handbook



2019-2020

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## **PURPOSE**

Cheerleaders and mascots are student leaders who exemplify and promote school spirit, pride, and sportsmanship. Cheerleaders enhance a positive school climate by exhibiting leadership skills, such as respect for individual differences, building consensus, academic excellence, and modeling appropriate behaviors at all times, both in and away from school.

Cheerleaders are expected to be mentally and physically fit and athletically skilled in the field of cheerleading. They are first and foremost representatives of their school. Because of these responsibilities, members of the cheerleading squad will be expected to maintain a higher standard of behavior both on and off campus than that of their peers. In or out of uniform, cheerleaders are representatives of the cheerleading squad and the school.

As leaders, cheerleaders and mascots are expected to set good examples and demonstrate high moral standards for other students. Respect for the school, other members of the squad, and the sponsor and his/her authority will be maintained at all times.

## **CHEERLEADING YEAR**

The rules and procedures outlined in these guidelines are in effect from the date of the mandatory parent meeting preceding the tryouts until the next year tryout date. This does not include the academic guidelines. Because of Arkansas Activities Association rules, the academic policies are in effect for a school year.

## **AAA**

It is the practice of Star City School District (SCSD) to utilize the AAA guidelines to regulate and govern the cheerleading program with regard to and all other applicable regulations. The cheerleading program will follow the eligibility requirements as outlined by the AAA and Star City School District.

## **TRYOUT – ELIGIBILITY & REQUIREMENTS**

- A student must be enrolled in the Star City School District. The Athletic Director has discretion to determine participation for students new to district who are not enrolled by the first day of the second semester.
- A student must have a GPA of 2.0 or better (high school) the preceding semester.
- A student must meet state guidelines for compulsory attendance.
- A student must have no outstanding balance for prior year financial obligations.

## **COMMITMENT**

Candidates selected to be a member of the cheerleading squad are expected to make a commitment to the activity for the full cheerleading year. Any cheerleader who voluntarily quits the squad before the end of the cheerleading year without the approval of the Athletic Director and sponsor will not be allowed to tryout for the next year on any Star City campus.

## **TRYOUT GUIDELINES**

Procedures for cheerleader selection are based on the guidelines in this handbook. Sponsors and Star City School District Administration will be responsible for facilitating the tryouts. Parents will not be allowed in the building during any phase of the tryouts.

Each sponsor will be responsible for the preparation and distribution of a packet of information to be made available to all candidates. This information will include tryout dates, times, attire, and procedures. The Athletic Director will approve this information prior to distribution.

Candidates and parents must attend an orientation meeting scheduled by the cheer sponsor. All cheer and mascot candidates must attend a clinic prior to tryouts.

The Cheerleading Handbook Parent/Student Acknowledgement form (p. 10 of this Handbook) must be turned in to the Cheer Sponsor at the parent orientation meeting prior to the student being allowed to participate in the tryout process.

The following forms must be completed and signed prior to the parent orientation meeting:

- Cheerleading Handbook Parent/Student Acknowledgement
- Medical Release Form
- Inherent Risk Form
- Parental Information and Consent Form for Concussions
- Pre-participation Physical Evaluation—Medical History & Physical Examination

### **SQUAD MAKEUP**

The varsity squad will be made up of 12 cheerleaders, as determined by the scores. A minimum of one mascot will be chosen. Junior High will have 12 cheerleaders, as determined by the scores. Each squad will have one alternate which will be the next highest score.

### **JUDGES**

Judges will be selected from NCA, UCA, ACA, and/or other professional cheerleading associations, universities, and/or out-of-district sponsors. Judges should not be hired if they have tutored or taught the cheerleader candidates during the current school year. It is best practice to hire judges who have not worked with students in the Star City area; however, with the hundreds of camps in the state of Arkansas, attended by thousands of cheerleaders and taught by hundreds of instructors, it may be possible at some time that a member of the judging panel may have had some contact with a candidate. New judges will be requested yearly from the selected professional cheerleading associations.

### **CLOSED TRYOUTS**

Tryouts are closed to everyone except judges, principals, athletic director, sponsors, tabulators, and athletic director's designee(s). There will be no students, parents, or existing cheerleaders in the tryout areas, nor will they be involved in the collection or tabulation of scores. No parents are allowed in the school building during tryouts. Students and sponsors may not utilize electronic devices or texting during tryouts. Any deviation from the tryout requirements by the candidates may result in the disqualification of the candidate.

Any student who arrives at the tryout site after tryouts have started will not be allowed to try out unless deemed an emergency.

### **JUDGING GUIDELINES**

The following guidelines determine membership for the cheerleading squad:

#### **Performance Elements 3 Judges Scores - 300 possible points**

- Appearance and Poise
- Group Cheer
- Group Dance
- Individual Cheer
- Jumps

- Overall Impression

### **Teacher Evaluations**

#### **4 Teacher Evaluation - 80 possible points**

Cheer candidates are required to get 4 teacher evaluations - (Teachers of their choice).

The cheer sponsor will be excluded from the teacher evaluations.

- Attendance Record and Punctuality
- Cooperation with Teacher/Staff
- Cooperation with Peers
- 1st Semester Grades

### **Conduct**

#### **10 possible points**

The conduct evaluation represents 10 possible points of the candidate's total score. Points for this category will include disciplinary action taken up to the point of tryouts. A discipline action is one that has been documented by an administrator during the current school year. A total of 10 points may be received in this category if the candidate has zero documented discipline action. If a candidate has one documented discipline action, two points are deducted. Two discipline actions accounts for four points being deducted from this score. Zero points will be given if a candidate has three or more discipline actions or has been removed from an extracurricular activity for disciplinary reasons. Major conduct offenses may result in zero points for conduct at the tryouts.

#### **Total possible points 390**

### **TABULATION OF SCORES**

Tabulation of scores will be conducted by designated tabulators. For each candidate, scores from all three (3) judges will be added for a total performance score. Scores will be tabulated in the tryout area.

Scores will be kept in the office of the Athletic Director until all candidates are notified of the results. Candidate's scoring sheets will be retained for two years following the tryout date.

# Star City Cheerleading Tryouts

Judges' Sheet

Candidate Number: \_\_\_\_\_

## Scoring Code:

0... Not Observed    1... Poor    2... Weak    3... Average    4... Good    5... Excellent

Appearance & Poise (5 points)										
Appearance and Poise	0	1	2	3	4	5				
Group Cheer (20 points)										
Motions, technique, rhythm, coordination	0	1	2	3	4	5				
Synchronization	0	1	2	3	4	5				
Smile, poise	0	1	2	3	4	5				
Spirit, personality	0	1	2	3	4	5				
Group Dance (25 points)										
Motions, technique	0	1	2	3	4	5				
Synchronization	0	1	2	3	4	5				
Rhythm, coordination	0	1	2	3	4	5				
Smile, poise	0	1	2	3	4	5				
Spirit, personality	0	1	2	3	4	5				
Individual Cheer (30 points)										
Motions, technique	0	1	2	3	4	5				
Rhythm, coordination	0	1	2	3	4	5				
Smile, poise	0	1	2	3	4	5				
Voice projection	0	1	2	3	4	5				
Eye Contact	0	1	2	3	4	5				
Spirit, personality	0	1	2	3	4	5				
Jumps (10 points)										
Toe Touch	0	1	2	3	4	5				
Jump of Choice	0	1	2	3	4	5				
Overall Impression (10 points)										
Overall Impression (circle score)	1	2	3	4	5	6	7	8	9	10
Total Score (100 points possible):	_____									

*Star City* Cheerleading Tryouts

Judges' Sheet

Candidate Number: \_\_\_\_\_

Mascot Score Sheet

Creativity (props, music, skit, etc.)	Points	Score
Crowd Effective Material	10	
Character Definition	15	
Appropriateness of Skit	10	
Pantomime (placement of hands, expressions, etc.)	Points	Score
Portrayal of Emotions	15	
Animation	15	
Proper Use of Props	15	
Overall Presence (performance preparedness)		
Crowd Appeal	10	
Enthusiasm	10	
<b>Total Points</b>	_____	<b>/100</b>

## Teacher Evaluation for Cheer Tryouts

Student's Name \_\_\_\_\_

The student named above is a candidate for the Star City Cheer Team. As their teachers please rate them according to their work ethic, attitude, and abilities in your classroom. This evaluation will be kept confidential. PLEASE take time and be sincere in your judgement. We ask your cooperation in filling out this form.

*Please do not fail to sign this form!*

*Return the completed evaluation form in the attached sealed envelope to the Cheer Sponsor.*

### Scale for Evaluation

- 1 Poor
- 2 Fair
- 3 Average
- 4 Good
- 5 Excellent

1. Attendance record and punctually	1	2	3	4	5
2. Cooperation with teacher/staff	1	2	3	4	5
3. Cooperation with peers	1	2	3	4	5
4. 1st Semester grades	1 F	2 D	3 C	4 B	5 A

Teacher's Signature \_\_\_\_\_

**Thank You for your cooperation!!**



**Star City Office Referrals**

**for**

**Cheerleader Tryouts**

\_\_\_\_\_ has # \_\_\_\_\_ office referrals as of

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Principal Signature**

## **INJURY & USE OF VIDEO**

A candidate for the cheerleading squad may show a video of his/her performance for the judges only if he/she is incapable of required physical activity. Sponsors must receive a doctor's note the day after the injury or the first day of the clinic and must state the reason(s) for the inability to tryout. The medical doctor's note must indicate the specific skill the student is incapable of performing as well as any limitations associated with the injury. The video to be shown must be approved by the sponsor, should be no more than three to six months old, and cannot exhibit a skill that the cheerleader will no longer be able to perform. The final determination of eligibility to tryout using a video will be at the sponsor's discretion. The video will be judged using the same criteria as outlined in this section.

## **FINAL DETERMINATION & NOTIFICATION**

- The tabulator designees will tabulate scores. In the event of a tie, the judges' scores on motion will be the first tie-breaker, 2nd tie-breaker - Teacher Evaluations, and 3rd tie-breaker - GPA to determine the winner. The results of the tryouts will be released on the end day of tryouts through the district's social media. (SCSD app, Twitter, FB, &/or Livefeed)

Candidates who did not make the squad may request their scores through the athletic director and cheer sponsor. By law, all other student scores are protected and cannot be shared. Rank scores will not be shared. Original judges' score sheets will not be released to parents or students.

## **CHEERING ACTIVITIES**

### **Varsity**

Football—All home and away games, including play-off games.

Basketball—All home games, including play-off games, with sponsor's discretion on away games.

Camps/Clinics—Cheerleading camp held in June, July, or August. (Camp/clinic instruction is an integral part of program quality; attendance is required, failure to attend is grounds for removal.)

Participation in other sports events, community activities, and social occasions will be at the discretion of the sponsor.

Squads *may* be split to accommodate games and to conform to AAA guidelines.

Students must be present at least one-half of the school day to participate in an activity.

Cheerleaders may not leave a practice, class, or any other activity at any time unless approved by the sponsor.

- Any absence must have the prior approval of the sponsor.
- Prior notification of conflicts with school activities will be addressed with the sponsors and, when appropriate, the principal.
- Work is not considered an excuse for an absence.

## **UNIFORMS & APPEARANCE**

All uniforms and practice attire is approved by the AD and sponsor. While performing, each member is expected to:

Wear proper attire as directed. The uniform is worn to official functions only, and a member may perform only if he/she is in the complete required uniform. A specific uniform may also be required for each practice.

- Keep uniforms clean, pressed, and mended at all times.
- Reflect grooming standards as directed by the sponsor, including, but not limited to:
  - Makeup that is natural and wholesome looking
  - Secured hairstyle with ribbons
  - Nails that are short and well-groomed and do not exceed the length of the finger; acrylic nails or tips are strongly discouraged for safety reasons; colored nail polish is not to be worn when cheering or in uniform
  - No visible jewelry, including body piercing
  - No visible tattoos

- No gum chewing or candy
- Parents are financially responsible for the replacement of school-issued uniforms and equipment; at the end of the school year, launder and return all school-issued uniforms.

## **FUNDRAISING**

A thorough description of appropriate practices and procedures for fundraising is outlined within the document *Star City Campus Activity Fundraising Guidelines*. Individuals directly responsible for fundraising should refer to the document and District policy for complete directions. The following is important information for all members and parents:

- Each cheerleader shall participate in fundraising activities.
- Fundraising activities must support the educational goals of the District.
- Fundraising will be coordinated by the sponsor, and/or officers, approved by the building principal, and must include a written request outlining the need for funding, the type of fundraising activity, the projected amount to be raised, how the money will be used, and the time and duration of the activity. Efforts should be made to avoid conflict with other school organizations attempting to raise funds.
- Sponsors are required to keep a detailed account of income and expenditures of student money, with all transactions processed through a campus activity account.

## **HEAD CHEERLEADER**

There may be two head cheerleaders chosen for the high school level. The head cheerleaders (Captain/Co-Captain) serve in a leadership role as a liaison between cheerleaders, students, and faculty. They also serve as a liaison between sponsors and other cheerleaders.

- The Captain and Co-Captain will be voted on by the cheer squad.
- Captain and Co-Captain must have cheered for Star City High School for at least one year
- Captain and Co-Captain will be selected on a date set by the sponsor. Cheerleaders will vote, and the sponsor, athletic director, and/or principal will count the votes.

The following is expected of this position:

- Communicates information to squad members regarding upcoming activities, such as uniform requirements and practice schedules
- Teaches and starts all cheers and routines for camp, games, and competitions
- Assists the sponsor in planning all pep rallies
- Organizes the creation, placement, and removal of signs and items throughout the school and stadium
- Carries out all other duties assigned by the sponsor

Head cheerleaders may be removed from the position for conduct that occurs **on or off campus** that is detrimental to the school or squad as determined by the sponsor and Athletic Director..

## **MASCOT**

A minimum of one mascot may be selected for the high school squad. The mascot will be an integral part of the spirit program at the school. His/her main responsibilities are to provide interaction with the crowd at all functions by incorporating them in cheers and skits and to work closely with all organizations to enhance the spirit of the school. The mascot will follow all cheer guidelines. Additional responsibilities include:

- Work closely with the athletic department and cheerleader sponsor to foster school spirit
- Be familiar with game rules to make appropriate responses with the crowd at sporting events
- Create skits with appropriate themes to foster spirit, in conjunction with the cheerleaders
- Dress in creative attire, when appropriate, with sponsor approval

## **REPLACEMENTS**

If there is an opening in the cheerleader squad for any reason prior to the first day of school, the sponsor may fill the opening by reviewing the ranked scores from tryouts.

## **ELIGIBILITY – MAINTENANCE**

The Cheerleading program will follow the eligibility requirements as outlined by Star City School District and the AAA.

All conduct grades must be satisfactory.

## **CONDUCT GUIDELINES**

Upon the completion of tryouts, selected cheerleaders will be subject to all rules, expectations, and discipline consequences associated with the new squad. All discipline actions will affect the cheerleader's standing on his/her squad after tryouts and throughout the following academic year. Any member failing to abide by rules and regulations as set forth under the provisions may be subject to review by the sponsor and administration. Dismissal from the group may result from that review.

The guidelines for student discipline are outlined in the Student Code of Conduct adopted by the Star City School District Board of Education and the AAA.

## **EXTRACURRICULAR STANDARDS OF BEHAVIOR**

Student participation in extracurricular activities is encouraged. Star City School District makes extracurricular activities available as an extension of the regular school program, with an important difference: participation in the regular curriculum is a right afforded to each student, while participation in the extracurricular program is a privilege that carries additional expectations for acceptable conduct. Students who engage in extracurricular activities represent not only themselves but also other students and the District when performing, competing, or participating in extracurricular activities and while wearing uniforms or other clothing that identifies the student to the community or public in any setting as a SCSD student. Behavior must be exemplary and reflect the finest attributes of the SCSD student body at all times and in all place.

Since participation in extracurricular activities is a privilege and not a right, SCSD is authorized to set higher standards for participants of extracurricular activities than for students who choose not to participate in extracurricular activities. Cheerleaders must conduct themselves with utmost integrity. The expectations for extracurricular activities extend beyond the SCSD Student Code of Conduct, not only in types of behavior prohibited, but also in corresponding consequences and jurisdiction for imposing discipline. Extracurricular expectations apply to all students participating in extracurricular activities, regardless of whether:

- School is in session;
- The offense occurs on or off school property or at a school-related event;
- The student is directly involved with the extracurricular activity at the time the prohibited conduct occurs;
- The extracurricular activity is in-season; and
- Regardless of where or when the conduct occurs, including social media.

In addition to all conduct prohibited in the Student Code of Conduct, occurring on or off campus, cheerleaders will not represent themselves in an unfavorable, questionable, or illegal manner. They will not attend any event at which underage drinking or smoking is occurring. They will not ride in a vehicle containing alcohol unless a parent, guardian, or other responsible adult is present and aware of the presence of the alcohol. They will not engage in PDA (public display of affection) and they will not engage in any inappropriate behavior in public places, including through electronic media.

Consequences for behavior infractions covered in the Student Code of Conduct and in the Cheer Handbook will be assigned at the discretion and determination of the athletic director and cheer sponsor and may include disciplinary consequences, suspension, removal from squad, and/or prohibition from future participation in all extracurricular activities.

## **GENERAL CONDUCT RULES**

Coaches, administrators, and sponsors will review all facts and circumstances surrounding a particular event and determine appropriate disciplinary action or sanctions.

- 1<sup>st</sup> offense – Parent/student/sponsor/administrator conference to discuss the event and sanctions, and possible dismissal.
- 2<sup>nd</sup> offense – Parent/student/sponsor/administrator conference to discuss the event, sanctions, and possible dismissal.
- 3<sup>rd</sup> offense – Parent/student/sponsor/administrator conference to discuss the event, sanctions, and dismissal.

\*Demerits issued for minor offenses as followed:

1. wearing jewelry with uniform at pep assemblies or games will result in 1 demerit.
2. chewing gum while cheering will result in 1 demerit.
3. arguing and verbal harassment will result in 2 demerits.
4. not wearing complete uniform or not being in compliance with the uniform code or failure to bring pom poms to a game is 1 demerit.
5. late to practice or missing practice is 1 demerit.
6. unexcused absences from practices will result in 2 demerits plus not being allowed to cheer at the next pep assembly or game.
7. failure to follow work schedule will result in 1 demerit.

Merits can be gained through duties or activities as assigned by sponsor. Rules not covered by demerits will be handled by sponsor and AD and will follow protocol outlined in the general conduct rules.

Any event may be serious enough to result in removal from the extracurricular activity at any step. Sanctions may include, but are not limited to: physical activity, performance opportunities, and removal. Decisions of the sponsor and AD are final.

\*If and when the squad member reaches the 5th demerit, that person will be suspended until all the demerits are regained. If efforts are not made to regain then dismissal from the squad.

## **PERMANENT DISMISSAL**

Reasons for permanent dismissal from the cheerleading squad include but are not limited to:

- Unexcused absence from more than two games over the course of the fall/spring season
- Failure to meet behavior expectations
- Expulsion

Prior to being dismissed, the student and parent will be notified of the reason for the action. Student and parent will be afforded the opportunity of a hearing with the sponsor and athletic director. Appeals must be submitted in writing to the building principal within five school days. The student will not be eligible for any individual or team recognitions or awards that occur after the date of dismissal.

## **INCLEMENT WEATHER**

In the event of inclement weather, it will be the responsibility of the sponsor, in collaboration with the campus principal, to make the decision to leave the event. If a parent or student voluntarily leaves a cheerleading event, they will be subject to the penalties outlined in the guidelines.

## **TRANSPORTATION**

Each cheerleader shall ride school-provided transportation to and from out-of-town games. A written request from the parent/guardian is required for the student to be released to the parent or to another adult designated by the parent. Prior approval from the sponsor is required. A phone call from the parent or visual confirmation, and a written note must be provided before the student is released. The penalty for missing school-provided transportation is suspension from that night's game and the following game.

If the cheerleaders meet at the campus prior to going to the stadium/event, then school-provided transportation must be utilized. If the cheerleaders meet initially at the stadium/event, then students may utilize their own means of transportation to the event.

**FINANCIAL RESPONSIBILITIES**

The District will provide the basic uniform for each member. Additional uniforms, camp wear, clothing items, bags, sweaters, and practice attire are purchased by the parent and must be approved by the director and campus principal prior to purchase. Cheerleaders are required to attend summer camp and are responsible for all fees associated with summer camp. A more specific list of approved items outlining financial requirements will be provided to parents at orientation.

**CIVILITY**

Parents are partners with the school and are expected to support the cheerleading program, cheerleaders, and sponsors through attending performances, meeting financial obligations in a timely manner, and assisting in fundraising, among other supportive measures. Mutual respect is imperative, and lack of civility will not be tolerated. Individuals who speak in a demanding, loud, insulting or demeaning manner, or otherwise disrupt operations, will be directed to leave the school or District property.



**STAR CITY SCHOOL DISTRICT  
Medical Release Form**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_

I certify that \_\_\_\_\_ is physically capable and able to fulfill requirements needed to be a cheerleader/mascot. I understand that this form legally releases all obligations and responsibilities for the medical treatment of my son/daughter in the event of illness or injury during any squad-related activity when either parent cannot be reached. If there is any physical or medical reason why he/she should not participate fully, the school requires a doctor's release. Furthermore, the school is not liable for any injury incurred during cheerleading.

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Treatment Permission**

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

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Person to be notified other than parent or guardian in an emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

If you do not grant permission/authorization for consent to medical treatment, what procedure should be followed? \_\_\_\_\_

Insurance company: \_\_\_\_\_ Policy number: \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Information	Circle One	Circle One		
Heart condition/disease	Yes No	Asthma	Yes No	
Diabetes	Yes No	Allergic to medication	Yes No	
Convulsions disorder	Yes No	Allergic to insect bites	Yes No	

State allergies: \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_

Medications currently taking: \_\_\_\_\_

Additional pertinent medical information: \_\_\_\_\_

—



**STAR CITY SCHOOL DISTRICT  
Inherent Risk Form**

**Inherent Risks of Cheerleading**

Cheerleading is reasonably safe as long as certain guidelines are followed, but there is the inherent risk of injury as in any athletic activity. Cheerleading is an anaerobic/aerobic activity that includes jumping, stunting, motions, and tumbling. All physicals must be on file in the school office before you may participate in practices and games. Keep your coach informed of all injuries and/or chronic conditions.

Although the probability of injury is minimized if you practice correctly, there is always the possibility of one occurring. Injuries that can occur in cheerleading include, but are not limited to, the following: blisters, muscle strains, joint and muscle soreness, abrasions, contusions, stress fractures, broken bones, spinal cord injuries involving paralysis, and even death. However, if you take certain precautions, the possibility of such injuries will be largely decreased.

**Cheerleaders should consistently abide by the following guidelines:**

1. Never stunt or tumble unless a coach or coach's designee is present.
2. Always practice in the presence of a qualified coach.
3. Always warm-up appropriately before cheering (practice and games) by jogging and stretching.
4. Do not attempt a stunt that you do not know how to perform safely and that has not been checked off by the coach.
5. Always use attentive spotters when stunting.
6. Always cheer in an area free from obstruction.
7. Always use mats or a grassy area when stunting during practice.
8. Do not stunt on uneven ground, wet surfaces, or concrete, and do not stunt in cold or rainy weather.
9. Never talk, laugh, or mess around when performing a stunt.
10. Report all injuries to the coach as soon as they occur.
11. Follow all trainer and doctor recommendations.
12. Lift weights to increase strength and guard against injuries.
13. Always wear shoes and clothing appropriate for cheerleading.
14. Never wear jewelry of any kind or chew gum when cheering (practice and games).
15. Always have your hair pulled back from your face and shoulders.
16. Eat nutritious meals and get plenty of rest.
17. Ask for assistance or advice at any time.

I have read the preceding warning and thoroughly appreciate and understand the assumption of risks inherent in cheerleading participation. I acknowledge that I am physically fit and that I am voluntarily participating in this activity.

Student name (print) \_\_\_\_\_  
Student signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent signature \_\_\_\_\_ Date \_\_\_\_\_

## **STAR CITY SCHOOL DISTRICT**

### **Parental Information and Consent Form for Concussions**

#### **What is a concussion?**

A concussion is an injury to the brain. It is caused by a bump, blow, or jolt to either the head or the body that causes the brain to move rapidly within the skull. The resulting injury to the brain changes how the brain functions in a normal manner. The signs and symptoms of a concussion can show up immediately after the injury or may not appear for hours or days after the injury. Concussions can have serious long-term health effects, and even a seemingly mild injury can be serious. A major concern with any concussion is returning to play too soon. Having a second concussion before healing can take place from the initial or previous concussion can lead to serious and potentially fatal health conditions.

#### **What are the symptoms of a concussion?**

Signs and symptoms of a concussion are typically noticed right after the injury, but some might not be recognized until days after the injury. Common symptoms include: headache, dizziness, amnesia, fatigue, confusion, mood changes, depression, poor vision, sensitivity to light or noise, lethargy, poor attention or concentration, sleep disturbances, and aggression. The individual may or may not have lost consciousness.

#### **What should be done if a concussion is suspected?**

1. Immediately remove student from practice or game
2. Seek medical attention right away
3. Do not allow the student to return to play until proper medical clearance and return to play guidelines have been followed. The permission for return to play will come from the appropriate health care professional or professionals.

If you have any questions concerning concussions or the return to play policy, you may contact the athletic trainer at your school.

#### **What should the athlete know about playing with a concussion?**

Teach athletes it's not smart to play with a concussion. Rest is the key after a concussion. Sometimes athletes, parents, and other school or league officials wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don't let your athlete convince you that they're "just fine."

#### **What are the risks of returning to activity too soon after sustaining a concussion?**

Prevent long-term problems. If an athlete has a concussion, their brain needs time to heal. Don't let them return to play the day of the injury and until a health care professional, experienced in evaluating for concussion, says they are symptom-free and it's OK to return to play. A repeat concussion that occurs before the brain recovers from the first – usually within a short time period (hours, days, weeks) – can slow recovery or increase the chances for long-term problems.

#### **What can happen if my child keeps on playing with a concussion?**

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that

adolescent or teenage athletes will often under report symptoms or injuries. And concussions are no different. As a result, education of administrators, coaches, parents, and students is the key for student-athlete's safety.

**Liability Provisions**

The student and the student's parent or guardian or another person with legal authority to make medical decisions for the student understands that this policy does not:

1. Waive any immunity from liability of a school district or open-enrollment charter school or of district of charter school officers or employees;
2. Create any liability for a cause of action against a school district or open-enrollment charter school or against district or charter school officers or employees;
3. Waive any immunity from liability under Section 74.151, Civil Practice and Remedies Code;
4. Create any liability for a member of a concussion oversight team arising from the injury or death of a student participating in an interscholastic athletics practice of competition, based only on service on the concussion oversight team.

**Parental Consent**

**By signing this form, I understand the risks and dangers related with returning to play too soon after a concussion. Furthermore, in the event that my son/daughter is diagnosed with a concussion, I give my consent for my son/daughter to participate in and comply with the Star City ISD return-to-play protocol. The undersigned, being a parent, guardian, or another person with legal authority, grants this permission.**

Athlete's Name (print) \_\_\_\_\_

Parent's or Guardian's Name (print) \_\_\_\_\_

Parent's or Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

**STAR CITY SCHOOL DISTRICT**  
**Preparticipation Physical Evaluation—Medical History**

This MEDICAL HISTORY FORM must be completed annually by parent (or guardian) and student in order for the student to participate in athletic activities. These questions are designed to determine if the student has developed any condition that would make it hazardous to participate in an athletic event.

Student's Name: (print) \_\_\_\_\_  
 Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Current Grade \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Personal Physician \_\_\_\_\_ Phone \_\_\_\_\_  
 In case of emergency, contact:  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Explain "Yes" answers on the back of this form. Circle questions you don't know the answers to. Any "Yes" answer to italicized questions requires further medical evaluation that may include a physical examination. Written clearance from a physician, physician assistant, chiropractor, or nurse practitioner is required before any participation in UIL practices, games, or matches.					
	Yes	No		Yes	No
<i>Have you had a medical illness or injury since your last check up or sports physical?</i>	<input type="radio"/>	<input type="radio"/>	Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="radio"/>	<input type="radio"/>
<i>Have you been hospitalized overnight in the past year?</i>	<input type="radio"/>	<input type="radio"/>	Have you ever been dizzy during or after exercise?	<input type="radio"/>	<input type="radio"/>
<i>Have you ever had surgery?</i>	<input type="radio"/>	<input type="radio"/>	Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<input type="radio"/>	<input type="radio"/>
<i>Have you ever passed out during or after exercise?</i>	<input type="radio"/>	<input type="radio"/>	Have you ever become ill from exercising in the heat?	<input type="radio"/>	<input type="radio"/>
<i>Have you ever had chest pain during or after exercise?</i>	<input type="radio"/>	<input type="radio"/>	Have you had any problems with your eyes or vision?	<input type="radio"/>	<input type="radio"/>
<i>Do you get tired more quickly than your friends do during exercise?</i>	<input type="radio"/>	<input type="radio"/>	Have you ever gotten unexpectedly short of breath with exercise?	<input type="radio"/>	<input type="radio"/>
<i>Have you ever had racing of your heart or skipped heartbeats?</i>	<input type="radio"/>	<input type="radio"/>	Do you have asthma?	<input type="radio"/>	<input type="radio"/>
<i>Have you had high blood pressure or high cholesterol?</i>	<input type="radio"/>	<input type="radio"/>	Do you have seasonal allergies that require medical treatment?	<input type="radio"/>	<input type="radio"/>
<i>Have you ever been told you have a heart murmur?</i>	<input type="radio"/>	<input type="radio"/>	Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	<input type="radio"/>	<input type="radio"/>
<i>Has any family member or relative died of heart problems or of sudden unexpected death before age 50?</i>	<input type="radio"/>	<input type="radio"/>	Have you ever had a sprain, strain, or swelling after injury?	<input type="radio"/>	<input type="radio"/>
<i>Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelopathy (Brugada syndrome, etc.), Marfan's syndrome, or abnormal heart rhythm?</i>	<input type="radio"/>	<input type="radio"/>	Have you broken or fractured any bones or dislocated any joints?	<input type="radio"/>	<input type="radio"/>
<i>Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?</i>	<input type="radio"/>	<input type="radio"/>	Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? If yes, check appropriate box and explain on back of form.	<input type="radio"/>	<input type="radio"/>
<i>Has a physician ever denied or restricted your participation in sports for any heart problems?</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Head <input type="radio"/> Elbow <input type="radio"/> Hip <input type="radio"/> Neck <input type="radio"/> Forearm <input type="radio"/> Thigh <input type="radio"/> Back <input type="radio"/> Wrist <input type="radio"/> Knee <input type="radio"/> Chest <input type="radio"/> Hand <input type="radio"/> Shoulder <input type="radio"/> Finger <input type="radio"/> Ankle <input type="radio"/> Shin/Calf <input type="radio"/> Upper Arm <input type="radio"/> Foot		
<i>Have you ever had a head injury or concussion?</i>	<input type="radio"/>	<input type="radio"/>	Do you want to weigh more or less than you do now?		
<i>Have you ever been knocked out, become unconscious, or lost your memory? If yes, how many times? _ When was the last concussion? _ How severe was each one? (Explain on back of form.)</i>	<input type="radio"/>	<input type="radio"/>	Do you lose weight regularly to meet weight requirements for your sport?	<input type="radio"/>	<input type="radio"/>
<i>Have you ever had a seizure?</i>	<input type="radio"/>	<input type="radio"/>	Do you feel stressed out?	<input type="radio"/>	<input type="radio"/>
<i>Do you have frequent or severe headaches?</i>	<input type="radio"/>	<input type="radio"/>	Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	<input type="radio"/>	<input type="radio"/>
<i>Have you ever had numbness or tingling in your arms, hands, legs, or feet?</i>	<input type="radio"/>	<input type="radio"/>	<b>Females Only</b> When was your first menstrual period?		
<i>Have you ever had a stinger, burner, or pinched nerve?</i>	<input type="radio"/>	<input type="radio"/>	When was your most recent menstrual period?		
<i>Are you missing any paired organs?</i>	<input type="radio"/>	<input type="radio"/>	How much time do you usually have from the start of one period to the start of another?		
<i>Are you under a doctor's care?</i>	<input type="radio"/>	<input type="radio"/>	How many periods have you had in the last year?		

Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?	<input type="radio"/>	<input type="radio"/>	What was the longest time between periods in the last year?		
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It is understood that even though protective equipment is worn by the athlete, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the school assumes any responsibility in case an accident occurs. If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse, or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student. If, between this date and the beginning of athletic competition, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

**I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful responses could subject the student in question to penalties determined by the AAA.**

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

**THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.**

***For School Use Only:***

This Medical History Form was reviewed by:

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

**STAR CITY SCHOOL DISTRICT**  
**Preparticipation Physical Evaluation—Physical Examination**

Student's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ % Body fat (optional) \_\_\_\_\_ Pulse \_\_\_\_\_ BP \_\_\_\_\_  
 brachial blood pressure while sitting

Vision: R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_

Corrected: Y N

Pupils: Equal Unequal

As a minimum requirement, this **Physical Examination Form** must be completed prior to junior high athletic participation and again prior to first and third years of high school athletic participation. It **must** be completed if there are yes answers to specific questions on the student's MEDICAL HISTORY FORM on the reverse side. **Local district policy may require an annual physical exam.**

**NORMAL INITIALS**

**ABNORMAL FINDINGS**

<b>MEDICAL</b>			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart—Auscultation of the heart in the supine position			
Heart—Auscultation of the heart in the standing position			
Heart—Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			
<b>MUSCOSKELETAL</b>			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

**CLEARANCE**

Cleared \_\_\_\_\_

Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_

Not Cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_

The following information must be filled in and signed by either a Physician, or Physician Assistant licensed by a State Board of Physicians Assistant Examiners or registered nurse recognized as an advanced practice nurse by the board of nurse examiners, or a doctor of chiropractic. Examination forms signed by any other healthcare practitioner will not be accepted.

Name: \_\_\_\_\_ Date of Examination: \_\_\_\_\_ Address \_\_\_\_\_

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

Must be completed before a student participates in any practice, before, during or after school, (both-in-season and out-of-season) or games/matches.