



POINTE SOUTH MIDDLE SCHOOL CHEERLEADING TRYOUT PACKET

2017-2018 CHEER SQUADS

Thank you for your interest in trying out for cheerleading at Pointe South Middle. In this packet, you will find the following tryout information, an information sheet, the Constitution Statement of Permission and Agreement, the 2017 Rules for Cheerleading, and the Demerit System Sheet. You will also need to complete and turn in **All Forms** - including the Physical Form completed by a doctor, Parent Permission and Consent Form, Cheerleading Constitution Agreement, Demerit System, and Teacher Recommendation Request.

All participants MUST live in the Pointe South Middle School District or have a parent that is currently employed by the Clayton County Board of Education.

Please read and understand all the enclosed information before tryouts.

Cheerleading Tryout Dates:

- Try-outs will be held on Tuesday, July 25 through Thursday, July 27th promptly from 9:00 am to 12:00 pm, in the Gym at Pointe South Middle School. Each cheerleader will be given a number that they will be identified by throughout tryouts.
- ALL paperwork must be completed and turned in before your child can enter/participate in the clinic.
- Try-Outs are closed to parents.

**All paperwork (pages 5-12 including physical form) is
due by noon, **May 24th, 2017****

**** Physicals need to be current and filled out by a doctor's office.**

Eligibility:

To be eligible for the 2017-2018 cheer season, a student must:

- **Currently passing 5 of 6 classes for rising 7th and 8th graders.**
- **Rising 6th graders must be promoted to 6th grade at Pointe South Middle School (also a copy of your 3rd 9-weeks report card and 4.5 weeks progress report for 4th 9 weeks! Please attach with this packet)**

Attached is a list with all the needed information to insure your tryout packet is 100% complete.

Selection of the cheerleaders will be based on the following:

- Execution of a cheer and dance, which will be taught during the tryout clinic.
- Jumps (including a single toe touch as well as an optional jump selected by participant)
- Athleticism and physical fitness.
- Scholastic achievement and eligibility, which will be determined, based on Teacher Recommendations.
- Conduct, Attitude, initiative, teamwork, leadership, work ethic, enthusiasm, and coach ability.

What do you wear to tryouts?

- During clinic days and on official try-out days, you will need to wear black cheer shorts and a solid white t- shirt. Dress as you would dress for cheerleading practice including athletic shoes and sports bras and bows are suggested. No basketball shorts or pajamas. No **denim shorts**, jewelry, or artificial or painted nails. Your hair should also be pulled back.
- Please do not wear any previous cheerleading or dance attire during tryout week, including previous all-star teams.

Additional Information Regarding Tryouts:

- Coaches will observe skills at the tryout clinics as well as the official try out day.
 - 2 cheers
 - Jumps
 - Dance
- Results will be posted on Pointe South Middle School's cheer website Friday morning following tryouts.

Financial Responsibility:

- Understand that Cheerleading can be an expensive sport. Payments must be made on time.
- It is our goal to be transparent as well as responsible when it comes to the finances of the cheer organization. Please understand that neither the Cheer Club nor other parents will be funding your fee commitment. Monthly Financial Reports are disbursed and discussed at each parent meeting.

Other Responsibilities:

- There will be multiple practices as well as camp/choreography dates throughout the summer which are required. It is extremely important that ALL members of the teams be present at practices to have a place in the routine. If one girl isn't there, this lets the whole team down and forms obstacles in completing the routines.

2017 Rules for Cheerleading

Purpose

The purpose of the Pointe South Cheerleading organization is to provide leadership for the student body, promote and assert spirit, support athletic teams, promote community service, develop a respectable character and foster personal growth by teaching responsibility,

dependability, cooperation, discipline and maintaining high standards and excellence in both academics and physical fitness.

Practices and Games

- Squad will have practices each week. A tentative schedule will be given out at the beginning of each month.
- All practices are **mandatory**, and other schedules should revolve around cheerleading practices. Additional practices may be added when needed.
- During football season, games are usually held on Tuesday. You will be given a schedule at the beginning of the season, and cheerleaders will be expected to be present at all games, including playoff games.
- A Coach must be notified prior to practice or games if an emergency or illness prevents a cheerleader from attending a practice or game.
 - Only a Coach can excuse a girl from practice or game in cases of an emergency or illness.
- Cheerleaders must arrive on time to all events and may not leave early for any reason other than illness or family emergencies. Missing any part of an event without prior approval will result in demerits.
 - No outside spectators will be allowed at cheer practices.

Appearance

- NO jewelry will be worn when performing. This includes all games and practices.
- Hair must be pulled back into the designated hairstyle when performing.
- No bright colored nails or fake nails. Keep nails trimmed.
- Uniforms should be cared for properly and clean at all times.
- Failure to be in complete and proper uniform will result in disciplinary action to be determined by individual coach.

Expected Behavior

- Use your **Best Judgment** at all times.
- Consequences will be issued for misbehavior or poor conduct
- Promote a positive image for the school community - your peers, parents, teachers, and community members
- While representing PSMS, cheerleaders must not:
 - Show unsportsmanlike conduct
 - Use profanity
 - Show displays of affection
 - Be academically dishonest
- Attend all practices and games.
- Your attitude and ability to work with other different personalities must be exceptional.
- Lying or fabricating the truth will not be tolerated and can result in immediate termination from the squad.
- Part of a coach's job is to know where you are at all times during practices, games, and special events. Consequences will be issued for failure to follow the coach's direction or to stay in assigned areas during events.
- While safety is our number one goal, please understand that you should expect bumps, bruises, and other occasional minor injuries. This is all part of cheerleading.
 - Cheerleaders cannot loan PSMS cheerleading uniforms/outfits to non-cheerleaders.

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

**Being in correct uniform means wearing the appropriate uniform—sports bra, bloomers, hair bow, socks, shoes, having hair pulled up in approved style. Complete uniform also means wearing no jewelry, glitter, or bright fingernail polish. Your nails must be trimmed short, and no acrylic nails or tips will be worn. *Coaches reserve the right to make changes/additions to the rules as needed.*

Information Sheet

Please complete the following information. Please write LEGIBLY.

Student Name: _____

Grade Level for 17-18 School year: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Parent/Guardian Name: _____

Mother's Work Phone: _____ Mother's Cell Phone: _____

Father's Work Phone: _____ Father's Cell Phone: _____

Emergency Contact Name: _____ Relationship to You: _____

Emergency Phone: _____ Emergency Cell Phone: _____

Allergies/Health Problems/ Medications (Please describe in detail):

Were you involved in any behavior infractions (ISS or OSS) during the 2016-2017 school year? If yes, please explain on a separate sheet of paper. Circle one: Yes or No

Name: _____ Male: ____ Female: ____
(Last) (First) (Middle)

(Printed Name of Parent/Parents/Guardian): _____

Date of Birth: _____ Grade level: _____ or upcoming school year: _____

Telephone (home): _____ (Cell): _____

WARNING: Although participation in supervised inter-scholastic athletics and intra-scholastic athletic clubs may be one of the least hazardous in which students will engage in or out of school, by its nature, participation in interscholastic athletics includes a risk or injury which may range in severity from minor to long term catastrophic, including permanent paralysis from the neck down or death. Although serious injuries are not common in supervised athletic programs or athletic clubs, it is possible only to minimize, not eliminate this risk. Participants can and have the responsibility to help reduce the chance of injury. Participants must obey all safety rules, report all physical problems to their coaches, follow a proper conditioning program, and inspect their equipment daily.

I, as parent/guardian of the above mentioned cheerleading candidate, have read and fully understand the rules and regulations, which will govern my child during participation in tryouts, and if chosen to represent the Pointe South as a cheerleader, during the upcoming seasons/school year. I also understand that this is an extra-curricular activity and that attendance at ALL PRACTICES, GAMES, PERFORMANCES, CAMPS, and FUNDRAISERS are requirements of the elected cheerleaders. I also understand that if my child is chosen as a part of a PSMS cheerleading squad and is later dismissed from the squad for any reason, I will receive **no financial restitution**. I give permission to display photos/videos taken throughout the season on the SPSCC, Inc., school website, and any other display of which the coaches approve. I hereby give my consent to the above mentioned student to participate in cheerleading tryouts, and if chosen, to participate as a member of a PSMS cheerleading squad for the 2017-2018 cheerleading season.

By signing this permission form, you acknowledge that you have read and understand this warning.

PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM.

I (We) _____ hereby give consent for to: _____
(print parent(s) name) (print student-athlete name)

**(1)participate in Cheerleading as part of the Pointe South Middle Cheerleading Program
(2)and, I (We) hereby verify that the information on this form is correct and understand that any false information may result in my son/daughter being declared ineligible.**

This acknowledgement of risk and consent to allow participation shall remain in effect until revoked in writing.

SIGNATURE OF PARENT OR GUARDIAN: _____ DATE: _____

SIGNATURE OF STUDENT-ATHLETE: _____ DATE: _____

Constitution Statement of Permission and Agreement

If you make the cheerleading squad, realize that you are making a commitment to Pointe South, your coaches, your teammates, and yourself for the **complete season (full year)**. The decision to tryout should not be taken lightly. You will be expected to put cheerleading as one of your top priorities. Furthermore, as a representative of PSMS, you must **maintain proper behavior** at *all times*. You must follow the cheerleading guidelines set forth in the Cheerleading Constitution. Students who break the rules will be disciplined as outlined by the Demerit System. These activities will not only channel your enthusiasm and spirit in a constructive and beneficial manner, but will give you a sense of pride and accomplishment in being a part of a group that has earned respect and maintains a winning reputation.

Student Agreement

I, _____, have read and understand the Cheerleading
(print name)

Constitution and Demerit System. I agree to abide by the policies described if I am chosen as a member of the squad. I am agreeing to the information in the packet and understand that failure to adhere to these rules policies could result in dismissal from the squad.

Student Signature: _____ Date: _____

Parent/Guardian Agreement

I (We), _____, the parent or legal guardian of, _____
(print name) (print student-athlete name)

have read and understand the Cheerleading Constitution and Demerit System. I agree to abide by the policies described if my child is chosen as a member of the squad. I also agree to the financial obligations as they are described in the information provided. I understand that failure by me or my child to adhere to these policies could result in dismissal from the squad.

Parent Signature:

Date:

2017-2018 PSMS Cheerleading Demerit System

Print Name:

I understand the Demerit System and demerits that could be assigned below and their consequences.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

NAILS TOO LONG/ACRYLIC NAILS/ BRIGHT POLISH	1 Demerit
JEWELRY	1 Demerit
CHEWING GUM DURING PRACTICE/GAMES	1 Demerit
MISSING HAIR BOW OR MINOR UNIFORM PIECE	2 Demerits
WRONG PRACTICE OUTFIT	2 Demerits
WEARING THE WRONG OUTFIT TO AN EVENT	4 Demerits
LATE TO PRACTICE (OR LEAVING EARLY)	2 Demerits
LATE TO GAMES (OR LEAVING EARLY)	4 Demerits
MISSING PRACTICE (UNLESS EXCUSED OR PREAPPROVED)	5 Demerits
MISSING GAME (UNLESS EXCUSED OR PREAPPROVED)	5 Demerits
SCHOOL DISCIPLINE AND/OR TEACHER COMPLAINT	4 Demerits
DISRESPECT TO COACH OR SQUAD MEMBER	5 Demerits
BAD SPORTSMANSHIP	5 Demerits
INAPPROPRIATE BEHAVIOR ON SOCIAL MEDIA	5 Demerits
INAPPROPRIATE BEHAVIOR AT SP FUNCTIONS	5 Demerits
1 FAILING GRADE ON REPORT CARD	5 Demerits
*(Cheerleader will be placed on probation until grade is brought up.)	
2 FAILING GRADES ON REPORT CARD	***

(***Cheerleader will be benched until grade is brought up. Must show proof, ex. Parent portal, class grade, etc.)

****A TOTAL OF 15 DEMERITS RESULTS IN SUSPENSION FROM THE NEXT GAME. **A TOTAL OF 30 DEMERITS RESULTS IN DISMISSAL FROM THE SQUAD.**

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.
- c) It is mandatory that every coach in each GHSA sport participate in a free, online course on concussion management prepared by the NFHS and available at www.nfhslearn.com at least every two years – beginning with the 2013-2014 school year.
- d) Each school will be responsible for monitoring the participation of its coaches in the concussion management course, and shall keep a record of those who participate.

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

SIGNED: _____
(Student) (Parent or Guardian)

DATE: _____

**Clayton County Schools
Release or Insurance Form
(WAIVER)**

To Whom It May Concern:

Please be advised that my son/daughter, _____ has permission to participate in _____ activity sponsored by the Clayton County Public Schools, Jonesboro, Georgia. To participate in any athletic activity, a student is required to have a physical examination signed and dated by a physician before any practice, tryout or conditioning

Should emergency medical treatment be necessary during the course of this activity;

I _____, hereby authorize the responsible adult designated
(Parent or Guardian)
in charge of said activity to seek and approve any medical attention needed.

I, _____, have adequate medical insurance to cover my child
(Parent or Guardian)

in case of athletic injury. Company Providing Insurance _____
Name of Insured _____ Policy Number _____

Furthermore, I hereby release the Clayton County Public Schools and the school involved of all responsibility concerning this matter.

Authorization of Treatment

In case of an emergency or accident on the school grounds or during any school activity involving my child, _____, which in the opinion of the school authorities present requires immediate medical or surgical attention, I hereby grant permission to said school authorities to obtain the services of a physician or to transport said child to the hospital if it is deemed necessary by school authorities. I hereby grant permission, also, to said physician to treat said condition unless I am present and request otherwise or until I later request otherwise.

Date: _____
Guardian) _____ (Signature of Parent or

Students Name: _____

Address: _____
City: _____ (Home Phone) _____ (Emergency Phone)

City: _____ (Date Authorized)

Teacher Evaluation for PSMS Cheer Squad 2017-2018

Cheerleading Tryouts

(2 recommendations are required from academic (Math, Science, Social Studies, and ELA) teachers ONLY)

Please complete the following form as soon as possible, so that we will have time to tally prior to the tryout date. Teacher evaluations will be averaged together to count for a portion of each candidate’s score. Only those teachers who taught the candidate will participate in the evaluation process. Therefore, it is very important to give the student an honest rating based on your knowledge of that individual student.

Please complete this form and return in a sealed envelope with your packet by May 24, 2017 at noon. It is very important that you rate this student according to how YOU feel the student does in YOUR class or classes. Please be realistic as well as fair. These evaluations will not be shared with the student. They will be confidential and tallied by the coaches.

Thank you for your cooperation. If you have any questions, please feel free to contact me at erica.crawford@clayton.k12.ga.us

Sincerely,

Ms. Crawford, Head cheerleading coach

Name of Applicant _____

Did this student ever need to be disciplined by you, and if so, what was the offense?

On a scale of 1 to 5, please rate the applicant in each of these areas listed below: (Highlight or circle for each)

Not so great					Awesome		
1	2	3	4	5			
						Ability to get along with others	
						Attitude	
						Cooperation	
						Attendance and punctuality	
						Dependability	

Signature of teacher _____ Date _____

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						Cooperation	
						Attendance and punctuality	
						Dependability	

Signature of teacher _____ Date _____