

# CHEERLEADING/ MASCOT TRYOUT INFORMATION PACKET

2016 - 2017  
Tryout Dates:

**Wednesday, April 13<sup>th</sup>,**

**Monday, April 18<sup>th</sup>,**

**and**

**Wednesday, April 20<sup>th</sup>**



## **CHECK LIST OF FORMS**

**All of the following forms are due to Mr. Chauvin, Mrs. Dupuy, or Ms. Bird by Tuesday, April 12, 2016.**

### **Tryout Packet Forms:**

- 1. \_\_\_\_ Cheer / Dance Team Application**
- 2. \_\_\_\_ Acknowledgement of Duty and Responsibilities Form**
- 3. \_\_\_\_ LHSAA Physical (A completed Comprehensive Physical Examination Report (If you have a physical form on file with the school from another sport or tryout, then you must note this on the Cheer / Dance Team Application Form.)**
- 5. \_\_\_\_ District Athletic Participation Packet (If you have this form on file with the school from another sport or tryout, then you must note this on the Cheer / Dance Team Application Form.) (sign this in front of a school employee when returning the physical to the coach)**
- 6. \_\_\_\_ 3 teacher recommendations (the teachers will turn these in to the cheer / dance coach)**
- 7. \_\_\_\_ A copy of your latest report card (3<sup>rd</sup> nine weeks - the office will print and submit to the coaches)**

**Submit all of these forms and documents (7 documents) for your tryout by Tuesday, April 12, 2016.**

**Any student that has not returned these forms by noon on Tuesday, April 12, 2016, will NOT be allowed to try out for the cheer / dance team.**

**If you do not bring your Physical Form by the morning of the first day of tryouts, you will not be allowed to participate in cheer / dance team tryouts. This form is in this packet but your signature must be witnessed by a school employee upon returning it.**

**\*\*The Albert Cammon Middle School Wellness Center will conduct physicals, but members must be signed up with the proper paperwork to go to the Wellness Center. (Only for SRE and ACM students)**

**\*\*You must use the St. Charles Parish Physical Form.**

**\*\*You only need to complete the District Athletic Participation Packet once at Albert Cammon Middle school and it is good for all 3 years and all sports.**

## CHEER / DANCE GUIDELINES

The purpose of this packet is to ensure that the newly appointed cheer / dance team members have a successful year both in school and as part of the squad. As we strive for excellence, the following guidelines will ensure that we are in-line with the schools climate for success. The purpose of a cheer / dance team is to promote school spirit and a good work ethic. Following the guidelines is a list of our demerit system. The purpose of the demerit system is to ensure that the members abide by the guidelines set forth by the Coaches, St. Charles Parish, and LHSAA to promote a positive image and character as we continue to strive for excellence in everything that we do. Please read through the guidelines and demerit system and feel free to share any questions or concerns you may have.

### CHEER / DANCE TRY-OUTS

Cheer / Dance try-outs will be held on Wednesday, April 13<sup>th</sup>, Monday, April 18<sup>th</sup>, and Wednesday, April 20<sup>th</sup>, from 3:05 – 5:00 PM. Prospective members must be present each day to be considered for the team. During the try-out clinics the students will learn and practice routines and skills needed for the try-outs on. **All participants must have a physical on file prior to try-outs. Students must wear a white T-shirt, black shorts, biker shorts, and tennis shoes for tryouts.** Practice buses will be available to transport students home when practice is over. Please be advised that practice buses do not drop students off at individual addresses. The 2016 – 2017 Cammon Cheerleading Squad will be announced Tuesday, April 21<sup>st</sup> via the Cheerleading webpage located at: <http://www.stcharles.k12.la.us/acmcheer>.

### Important Dates 2016

Tuesday, April 12, 2016	3:00 PM	All Paperwork Due
Wednesday, April 13 <sup>th</sup>	3:05 – 5:00	Try-Out Clinic (Students will leave at 5:00)
Monday, April 18 <sup>th</sup>	3:05 – 5:00	Try-Out Clinic (Students will leave at 5:00)
Wednesday, April 20 <sup>th</sup>	3:05 – 4:45 4:45 – 5:30	Try-Outs for 6 <sup>th</sup> and 7 <sup>th</sup> Graders Try-Outs for 5 <sup>th</sup> Graders
Monday, May 2 <sup>nd</sup>	5:00 – 6:30	Information Night (Mandatory for parents and cheerleaders)
Monday, May 2 <sup>nd</sup>	3:00 - 5:00	May Practice
Friday, May 20 <sup>th</sup>	3:05	Payment 1 Due; or payment plan set up in writing
	3:05	Payment 2 Due
	3:05	Payment 3 Due
July 25 <sup>th</sup> , 26 <sup>th</sup> , 27 <sup>th</sup>	9:00-12:00	Cheer Camp at ACM

\*\*There will be a short 3 day cheer camp at the end of the summer. We will send home reminders. Make plans to attend because we will be learning stunts and assigning stunt groups.

\*\*If you are already committed to another activity that interferes with our football games, you should not try out.

\*\*All cheerleading information can be found on the Cheerleading webpage located at:  
<http://www.stcharles.k12.la.us/acmcheer>.

## EXPENSES

The total **estimated** cost for each new member of the cheer / dance team \$292.00. Any changes to this amount should be minimal and will be communicated to you prior to the due date. At least 50% of this money will be due to Mr. Chauvin, Ms. Bird, or Mrs. Dupuy by Thursday, May 28<sup>th</sup> to ensure that each girl will have her uniform at the beginning of the school year. If you need to make arrangements to pay in installments, please contact Ms. Bird at ACM (504-467-4536) or SRE (504-464-9254). If payments are not received or a payment plan has not been set up by team members. If payments are not received or a payment plan has not been set up by Thursday, May 28<sup>th</sup>, uniforms will not be ordered and **cheerleaders will be cut from the squad.**

Item	Price	Returning Girls
Uniform Top	\$55.00	\$55.00
Uniform Skirt	\$35.00	\$35.00
Boy Cut Briefs	\$6.00	(Optional) \$6.00
Warm Up Jacket	\$30.00	(Optional) \$30.00
Tank	\$9.00	(Optional) \$9.00
Practice T-Shirt	\$10.00	\$10.00
2 Practice Shorts (Grey and Royal Blue)	\$10.00	\$5.00
Cheer Bag	\$13.00	(Optional) \$13.00
Cheer Shoes	\$20.00	\$20.00
Cheer Socks	\$3.00	\$3.00
Cheer Bow	\$6.00	\$6.00
Embroidering of Jacket	\$5.00	(Optional) \$5.00
Food and Drinks on Football Game Days	\$30.00	\$30.00
Cheer DVD	\$5.00	\$5.00
Miscellaneous	\$5.00	\$5.00
3 Day ACM Cheer Camp	\$50.00	\$50.00
<b>Total Price</b>	<b>\$292.00</b>	<b>\$224.00</b>
Parent T-Shirt (Optional)	\$15.00	\$15.00

**\*\*Returning girls will be given an opportunity to replace items at an additional charge.**

**Please read over the guidelines carefully with your child. If you have any questions or concerns, do not hesitate to contact**

**Mr. Chauvin**  
**ACM (504-467-4536)**  
**mchauvin1@stcharles.k12.la.us**

**Ms. Bird**  
**ACM (504-467-4536) or SRE (504 464-9254)**  
**mbird@stcharles.k12.la.us**

**Mrs. Dupuy**  
**ACM (504-467-4536)**  
**sdupuy@stcharles.k12.la.us**

**Thank you,**  
**Matthew Chauvin, Melissa Bird, & Sally Dupuy**  
**ACM Cheerleader Coaches**

**Members must cooperate with all faculty members, team members, game officials, coaches, and sponsors.**

- Cheer/ dance team members must display proper behavior in class, including being on time, not skipping, and not cheating.
- Each case of discipline will be judged individually. The sponsor / coach, with the assistance of the administration if deemed necessary, has the final decision in any disciplinary situation.
- Every attempt will be made to discipline fairly/equally, and to make consequences of actions known ahead of time. Parents will be kept informed of problem situations. Severity of, or repeated offenses may dictate harsher action.

**ABSENCES**

- One person being absent affects the entire team. It is important not to inconvenience the practice time of the entire team by being absent.
- Absences should always be avoided when possible. Absences must be excused prior to practice/game.
- Practices:
  - If you will miss 1 practice, a written note or phone call from a parent/ guardian is required.
  - If you miss 2 practices, a note is required from a parent/ guardian or doctor.
  - If you miss 3 or more consecutive practices, a note is required from a doctor that contains: the nature of the injury, restriction(s), duration of restriction(s), and any special instructions.
- Games/ Events:
  - If you miss any games/ events, a written note is required from a parent/ guardian or your doctor.
  - If the absence is not due to a medical condition, demerits may be given upon the discretion of the coaches.
- Failures to notify your coach will result in an automatic demerit.
- Missing a scheduled practice the day before a game may result in the individual not performing/cheering at the game.
- Attendance at a game or practice without proper shoes, clothes or uniform will be considered an absence. You will also not be able to cheer at the game.

**UNIFORMS/APPEARANCE**

- Uniforms and team athletic shoes must be clean
- Do not use profanity, or misbehave in any team apparel (uniform, T-shirts, jackets. warm-ups) or while representing St. Charles Parish Public Schools at any event.
- No jewelry is allowed during practices, performances, or games.
- You may not wear the team uniform on off-campus, to any event, parades, competitions, etc. without the permission of your coach.
- Do not wear colored bras under uniforms. If a strapped bra is worn, then it must be nude colors or have clear straps.
- Fingernails must be trimmed. Nail polish, if worn, must be clear or natural color.
- No gum chewing during practices, performances, or games.
- All phones must be turned off during practices, performances, or games.
- Hair must be in a secured full ponytail if shoulder length or below. Bangs must be out of the eyes.
- Cheer / dance team members will not loan out any piece of their uniform to anyone. Warm-ups and sweatshirts are considered part of your uniform and should not be worn by anyone other than you or at any other time other than team activities.

**PERFORMANCES AND CHEER / DANCE LINES**

- Placement for performances and cheer / dance lines will be based on participation, ability and effort. At the time of performance, if a team member does not have the routine clean enough for performance, they may be asked to sit out the performance.

**TRANSPORTATION**

- Cheer / dance team members must ride in school transportation. Any other means of transportation must be approved by the coaches prior to the event.
- If a team member has permission to ride to an event with a parent or guardian, he/ she MUST check in with a coach as soon as they arrive at the event.
- If a team member has permission to ride home from an event with a parent or guardian, he/ she and the parent/ guardian MUST check in with their coach before leaving the event.

## DEMERIT SYSTEM

A cheer / dance team member may receive demerits for any of these infractions both at practices and events.

Attendance:	
• Unexcused absence from a game	5
• Excused absence from a game (with a doctor/parent note)	1
• Unexcused absence from any other requirement (This includes all scheduled practices)	3
• Late to a game (This includes departures times)	3
• Late to practice	2
Physical Appearance:	
• Improper Uniform (Bow, Bloomers, Socks, etc)	1
• Improper dress for practice	1
• Hair not appropriate	1
• Nails not appropriate	1
• Jewelry not appropriate	1
• Uniform not clean	1
Behavior:	
• Food and/or GUM during practice	1
• Inappropriate PDA during games or in uniform	2
• Primping during a game	2
• Inappropriate talking during practice or games	2
• Cell phone use during practice or a game	2
• Disrespect towards a coach or team member or teacher	3
• In School Suspension	5
• Out of School Suspensions (ADAPT)	10

**Consequences**

5 Demerits:  
Must sit out of one event

15 Demerits:  
Conference with guardian and coach and possible dismissal from squad

**\*\*Any behavior deemed inappropriate by the coach or administration may be grounds for dismissal without warning and/or demerits with principal approval.**

**\*\*Any time a team member must sit out of an event, they must attend fully dressed in their uniform and accompany the coaches.**



## CHEER / DANCE TEAM APPLICATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Grade Next School Year:    6<sup>th</sup>    7<sup>th</sup>    8<sup>th</sup>

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

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

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

Birthday: (month/ day/ year): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Age: \_\_\_\_\_

Parent/ Guardian Name (print): \_\_\_\_\_

Parent/ Guardian Cell Phone: \_\_\_\_\_

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

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Check here if the school has as up-to-date physical on file:

☐ Physical on File

What month and sport did you get your physical? \_\_\_\_\_

## ACKNOWLEDGEMENT OF DUTY AND RESPONSIBILITY FORM

### PARTICIPANT:

I have read and understand the duties and responsibilities of becoming a member of the \_\_\_\_ cheer / dance team.

If selected as a member of the team, I know that I will be expected to fulfill all of my commitments with enthusiasm, integrity, and respect. I also understand that a failure to fulfill my duties and responsibilities as a cheer / dance team member may result in action taken that could constitute dismissal from the team.

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Participant Signature

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Date

### PARENT / GUARDIAN:

I have read and understood the duties and responsibilities that my child will be expected to fulfill if they are selected as a member of the Cheer / Dance Team. I agree that I will support my child and have them adhere to the guidelines and meet their responsibilities. I understand that failure to fulfill their duties and responsibilities may result in their dismissal from the cheer / dance team.

I also agree to pay all required fees by the due dates. I understand that the fees shown are estimated to the best of the program sponsor's knowledge, are subject to slight variation, and that opportunities will be offered to participate in extra purchases that may not be "required" items. Also, fundraisers may be offered to help defray unexpected or extra costs. I understand that my child will be expected to participate in the fundraiser and raise a minimum to help the team's account.

I will support my child by coming to events, when I can, and cheering on the cheer / dance team. I will also communicate with the coaches in hopes of resolving issues that may be of concern, in a professional and caring manner. I will support the team as a whole and remember that my child's experience in this group is for educational and social reasons. I will do all I can to encourage my child to be a team player and inspire her them to be a leader by mastering their skills and leading by example.

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Parent / Guardian Signature

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Date

# **LHSAA MEDICAL HISTORY EVALUATION**

**IMPORTANT:** This form must be completed annually, kept on file with the school, & is subject to inspection by the Rules Compliance Team.

*Please Print*

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_  
 Sport(s): \_\_\_\_\_ Sex: M / F Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Parent / Guardian: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**FAMILY MEDICAL HISTORY:** Has any member of your family under age 50 had these conditions?

Yes No Condition Whom	Yes No Condition Whom	Yes No Condition Whom
<input type="checkbox"/> <input type="checkbox"/> Heart Attack/Disease _____	<input type="checkbox"/> <input type="checkbox"/> Sudden Death _____	<input type="checkbox"/> <input type="checkbox"/> Arthritis _____
<input type="checkbox"/> <input type="checkbox"/> Stroke _____	<input type="checkbox"/> <input type="checkbox"/> High Blood Pressure _____	<input type="checkbox"/> <input type="checkbox"/> Kidney Disease _____
<input type="checkbox"/> <input type="checkbox"/> Diabetes _____	<input type="checkbox"/> <input type="checkbox"/> Sickle Cell Trait/Anemia _____	<input type="checkbox"/> <input type="checkbox"/> Epilepsy _____

**ATHLETE'S ORTHOPAEDIC HISTORY:** Has the athlete had any of the following injuries?

Yes No Condition Date	Yes No Condition Date	Yes No Condition Date
<input type="checkbox"/> <input type="checkbox"/> Head Injury / Concussion _____	<input type="checkbox"/> <input type="checkbox"/> Neck Injury / Stinger _____	<input type="checkbox"/> <input type="checkbox"/> Shoulder L / R _____
<input type="checkbox"/> <input type="checkbox"/> Elbow L / R _____	<input type="checkbox"/> <input type="checkbox"/> Arm / Wrist / Hand L / R _____	<input type="checkbox"/> <input type="checkbox"/> Back _____
<input type="checkbox"/> <input type="checkbox"/> Hip L / R _____	<input type="checkbox"/> <input type="checkbox"/> Thigh L / R _____	<input type="checkbox"/> <input type="checkbox"/> Knee L / R _____
<input type="checkbox"/> <input type="checkbox"/> Lower Leg L / R _____	<input type="checkbox"/> <input type="checkbox"/> Chronic Shin Splints _____	<input type="checkbox"/> <input type="checkbox"/> Ankle L / R _____
<input type="checkbox"/> <input type="checkbox"/> Foot L / R _____	<input type="checkbox"/> <input type="checkbox"/> Severe Muscle Strain _____	<input type="checkbox"/> <input type="checkbox"/> Pinched Nerve _____
<input type="checkbox"/> <input type="checkbox"/> Chest _____	Previous Surgeries: _____	

**ATHLETE MEDICAL HISTORY:** Has the athlete had any of these conditions?

Yes No Condition	Yes No Condition	Yes No Condition
<input type="checkbox"/> <input type="checkbox"/> Heart Murmur / Chest Pain / Tightness _____	<input type="checkbox"/> <input type="checkbox"/> Asthma / Prescribed Inhaler _____	<input type="checkbox"/> <input type="checkbox"/> Menstrual Irregularities: Last Cycle: _____
<input type="checkbox"/> <input type="checkbox"/> Seizures _____	<input type="checkbox"/> <input type="checkbox"/> Shortness of breath / Coughing _____	<input type="checkbox"/> <input type="checkbox"/> Rapid weight loss / gain _____
<input type="checkbox"/> <input type="checkbox"/> Kidney Disease _____	<input type="checkbox"/> <input type="checkbox"/> Hernia _____	<input type="checkbox"/> <input type="checkbox"/> Take supplements/vitamins _____
<input type="checkbox"/> <input type="checkbox"/> Irregular Heartbeat _____	<input type="checkbox"/> <input type="checkbox"/> Knocked out / Concussion _____	<input type="checkbox"/> <input type="checkbox"/> Heat related problems _____
<input type="checkbox"/> <input type="checkbox"/> Single Testicle _____	<input type="checkbox"/> <input type="checkbox"/> Heart Disease _____	<input type="checkbox"/> <input type="checkbox"/> Recent Mononucleosis _____
<input type="checkbox"/> <input type="checkbox"/> High Blood Pressure _____	<input type="checkbox"/> <input type="checkbox"/> Diabetes _____	<input type="checkbox"/> <input type="checkbox"/> Enlarged Spleen _____
<input type="checkbox"/> <input type="checkbox"/> Dizzy / Fainting _____	<input type="checkbox"/> <input type="checkbox"/> Liver Disease _____	<input type="checkbox"/> <input type="checkbox"/> Sickle Cell Trait/Anemia _____
<input type="checkbox"/> <input type="checkbox"/> Organ Loss (kidney, spleen, etc) _____	<input type="checkbox"/> <input type="checkbox"/> Tuberculosis _____	<input type="checkbox"/> <input type="checkbox"/> Overnight in hospital _____
<input type="checkbox"/> <input type="checkbox"/> Surgery _____	<input type="checkbox"/> <input type="checkbox"/> Prescribed EPI PEN _____	<input type="checkbox"/> <input type="checkbox"/> Allergies (Food, Drugs) _____
<input type="checkbox"/> <input type="checkbox"/> Medications _____		

List Dates for: Last Tetanus Shot: \_\_\_\_\_ Measles Immunization: \_\_\_\_\_ Meningitis Vaccine: \_\_\_\_\_

**WAIVER FORM**

To the best of our knowledge, we have given true & accurate information & hereby grant permission for the physical screening evaluation. We understand the evaluation involves a limited examination and the screening is not intended to nor will it prevent injury or sudden death. We further understand that if the examination is provided without expectation of payment, there shall be no cause of action pursuant to Louisiana R.S. 9:2798 against the team volunteer health-care provider and/or employer under Louisiana law.

- If, in the judgment of a school representative, the named student athlete needs care or treatment as a result of an injury or sickness, I do hereby request, consent and authorize for such care as may be deemed necessary. Yes No
- I understand that if the medical status of my child changes in any significant manner after his/her physical examination, I will notify his/her principal of the change immediately. Yes No
- I give my permission for the athletic trainer to release information concerning my child's injuries to the head coach/athletic director/principal of his/her school. Yes No

This waiver, executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, M.D., D.O., APRN or PA and \_\_\_\_\_, student athlete, is executed in compliance with Louisiana law with the full understanding that there shall be no cause of action for any loss or damage caused by any act or omission related to the health care services if rendered voluntarily and without expectation of payment herein unless such loss or damage was caused by gross negligence.

Typed or Printed Name of Student Athlete \_\_\_\_\_ Signature of Parent \_\_\_\_\_ Typed or Printed Name of Parent \_\_\_\_\_

**II. COMPLETED ANNUALLY BY MEDICAL DOCTOR (MD), OSTEOPATHIC DR. (DO), NURSE PRACTITIONER (APRN) or PHYSICIAN'S ASSISTANT (PA)**

Height _____	Weight _____	Blood Pressure _____	Pulse _____
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**GENERAL MEDICAL EXAM :**

	Norm	Abnl
ENT	<input type="checkbox"/>	<input type="checkbox"/>
Lungs	<input type="checkbox"/>	<input type="checkbox"/>
Heart	<input type="checkbox"/>	<input type="checkbox"/>
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>
Skin	<input type="checkbox"/>	<input type="checkbox"/>
Hernia (if Needed)	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**OPTIONAL EXAMS:**

**VISION:**  
 L: \_\_\_\_\_ R: \_\_\_\_\_ Corrected: \_\_\_\_\_  
**DENTAL:**  
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16  
 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

**ORTHOPAEDIC EXAM**

	Norm	Abnl
<b>I. Spine / Neck</b>		
Cervical	<input type="checkbox"/>	<input type="checkbox"/>
Thoracic	<input type="checkbox"/>	<input type="checkbox"/>
Lumbar	<input type="checkbox"/>	<input type="checkbox"/>
<b>II. Upper Extremity</b>		
Shoulder	<input type="checkbox"/>	<input type="checkbox"/>
Elbow	<input type="checkbox"/>	<input type="checkbox"/>
Wrist	<input type="checkbox"/>	<input type="checkbox"/>
Hand / Fingers	<input type="checkbox"/>	<input type="checkbox"/>
<b>III. Lower Extremity</b>		
Hip	<input type="checkbox"/>	<input type="checkbox"/>
Knee	<input type="checkbox"/>	<input type="checkbox"/>
Ankle	<input type="checkbox"/>	<input type="checkbox"/>

From this limited screening I see no reason why this student cannot participate in athletics

- ☐ Student is cleared  
☐ Cleared after further evaluation and treatment for: \_\_\_\_\_  
☐ Not cleared for: \_\_ contact \_\_ non-contact

Printed Name of MD, DO, APRN or PA \_\_\_\_\_ Signature of MD, DO, APRN or PA \_\_\_\_\_ Date \_\_\_\_\_

\* This physical expires one year on the last day of the month that it was signed and dated by the MD, DO, APRN or PA. \*



## Instructions and Definitions/Criteria

This form is to be used for the Louisiana High School Athletic Association (LHSAA) medical history evaluation. It may also be used as a school entrance and/or general health exam at the local school district's discretion. If this form is being used for school entrance, proper immunization documentation is also required. (See below).

### Instructions for the Parent/Legal Guardian:

Complete pages 1-2 as instructed. Sign the bottom of page 2. A licensed medical provider must complete Page 3.

### Instructions for the Medical Provider:

Review pages 1-2 and complete page 3 as instructed. Sign the bottom of page 3. Attach proper immunization documentation if this form is being used for school entrance.

#### Immunization Documentation:

Louisiana State law (R.S. 17:170) requires proper immunization documentation on all students upon entry to school. *Louisiana Immunization Network for Kids Statewide (LINKS)* is a statewide, web-based immunization tracking system, which replaced over 30 years of "pink cards," collected statewide in public health. It is preferable to submit the LINKS print out now available in many physician offices. Other acceptable forms include the IMM-1 card that can be obtained from the Louisiana Office of Public Health (OPH)/Immunization Program or other proof of immunization that includes dates of series with an authorized signature.

Physicians may contact the OPH/Immunization Program at 504-483-1900 to obtain more information on LINKS or to obtain blank IMM-1 cards. Please note that there will be a time when only the LINKS print out will be accepted for school entry.

### Definitions/Criteria for the Medical Provider:

#### Anemia Screen (if indicated)

Perform screen if indicated based on history or clinical findings. Louisiana KIDMED (EPSDT) requires periodic hemoglobin or hematocrit measurement of Medicaid recipients according to the Louisiana KIDMED Periodicity Schedule that can be found at: [www.la-kidmed.com/kidmed/docs/periodicity.pdf](http://www.la-kidmed.com/kidmed/docs/periodicity.pdf). The American Academy of Pediatrics recommendation for anemia screening can be found at: [http://aappolicy.aappublications.org/policy\\_statement/index.dtl#R](http://aappolicy.aappublications.org/policy_statement/index.dtl#R). Click on Policy Statement: Recommendations on Practice and Ambulatory Medicine (03/01/00).

#### Urine Screen (if indicated)

Perform screen if indicated based on history or clinical findings. Louisiana KIDMED (EPSDT) requires periodic urine dipstick of Medicaid recipients according to the Louisiana KIDMED Periodicity Schedule.

#### Vision Screening (if indicated)

Perform screen if indicated. Louisiana State law (R.S. 17:2112) requires that the school system test the visual acuity and muscle balance of all students according to the schedule established by the American Academy of Pediatrics. The law also requires the school system to test every first grader for color perception. Louisiana KIDMED (EPSDT) requires subjective and objective vision screening of Medicaid recipients according to the Louisiana KIDMED Periodicity Schedule.

#### Hearing Screen (if indicated)

Perform screen if indicated. Louisiana State law (R.S. 17:2112) requires that the school system test the hearing of all students according to the schedule established by the American Academy of Pediatrics using pure tone audiometer. Louisiana KIDMED (EPSDT) requires subjective and objective hearing screening of Medicaid recipients according to the Louisiana KIDMED Periodicity Schedule.

#### Blood Lead Test (if indicated)

Perform screen if indicated. It is recommended by the Centers for Disease Control and Prevention/Childhood Lead Poisoning Prevention Program that a risk assessment questionnaire is administered at every well baby visit (6-72 months) and that all children receive a blood lead test at ages 1 and 2, or, if between 3 and 6 years of age and not previously tested. Louisiana KIDMED (EPSDT) requires all Medicaid recipients receive a blood lead test at ages 1 and 2, or, if between the ages of 1 and 6 years of age and not previously tested.





## DISTRICT ATHLETIC PARTICIPATION PACKET

Student Athletes Name: \_\_\_\_\_

Grade: \_\_\_\_\_

As parent/ guardian and student of St. Charles Parish Public Schools, we have read and understand the following documents listed below:

- District Supplemental Insurance/ Consent Policy
- District Excessive Insurance Policy
- District Comprehensive Sports Injury Management Program
- Fact Sheet for Parents

We acknowledge and accept the terms and conditions of the above documents and all the information contained in the District Athletic Participation Packet. We, as parent(s)/ guardian(s) give our consent for our child to participate in the sport(s) listed below.

**This signature form must be turned into the coach before the season start date.**  
understand that I am restricted from participating in any athletic competition and practices until this file is on file. Unless the Athletic Department receives notification, this signature form is valid for the four years of enrollment of each student-athlete. The form must be signed in the presence of a school official.

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Official

\_\_\_\_\_  
Date

Sport(s) Participating In:  
\_\_\_\_\_  
\_\_\_\_\_



## St. Charles Parish Public Schools Excess Insurance/ Consent Policy

The School Board encourages all of its students to become involved in extracurricular activities, and we are happy that your child has expressed an interest in so doing.

If you feel you cannot afford primary insurance coverage, we urge you to look into the state sponsored Louisiana Children's Health Insurance Program (LaCHIP). For more information on LaCHIP please call 1-877-252-2447.

We understand that most insurance coverage that you purchase will have additional out of pocket charges, such as a deductible. To ease with these out of pocket expenses, the School Board has decided to purchase excess student accident insurance to provide excess insurance coverage for all of its students.

We are stressing that this is excess coverage, and will not replace the primary insurance coverage.

The student whose name is listed **does** have my permission to participate in the sport(s) listed above. I understand that injuries in this sport(s) may occur, and, by consenting to my child's participation therein, I agree to hold the St. Charles Parish School Board, its members, employees, agents, and/ or assigns free and harmless from liability for any injuries suffered by my child during such participation. I also give my permission for team physicians to treat my child in the event of any injury requiring emergency treatment.

As Parents/ Guardians of the students whose name is listed above, we acknowledge that we have enrolled our child in primary insurance coverage. We understand that we are responsible for maintaining this primary coverage on our child throughout any period of time in which our child is participating in any St Charles Parish Public School sponsored sports related activity and that if I do not have any primary coverage the insurance provided by the School Board is limited to \$25,000 and is for accidents only. We further understand and agree that the St. Charles Parish Public Schools Excess Accidental Student Insurance policy may or may not cover incidental costs for our child while participating in a sport related activity on behalf of the St. Charles Parish Public Schools. We further understand and agree that the St. Charles Parish School Board, its members, employees, agents, and/ or assigns shall not be responsible for payment of any such bills.



*You and I ... We are*  
ST. CHARLES PARISH PUBLIC SCHOOLS

13855 River Road  
Luling, LA 77070  
965.785.6289  
[www.stcharles.k12.la.us](http://www.stcharles.k12.la.us)

## ST. CHARLES PARISH PUBLIC SCHOOLS COMPREHENSIVE SPORTS INJURY MANAGEMENT PROGRAM Middle Schools

### What should your child do if they are injured during athletic participation?

If your child gets hurt during athletic participation, he/ she should approach the coach. The coach will be responsible for making sure that all Incident/ Accident Reports are reported and contact you (the parent) to provide any further information necessary. An ambulance service is on site during football games.

### How do we define injuries in St. Charles Parish?

Injuries in St. Charles Parish are defined as mild (bruises, scraps, etc.), moderate (sprains, strains, etc.), and severe (fractures, heat illness, etc.). Our coaches first evaluate each injury and the injury is labeled accordingly to fit one of our three classification systems. If the injury fits in the moderate or severe category and/ or needs extensive medical attention, the parents will be contacted and the athlete will be referred to a physician for further evaluation.

### Where can I receive further information about the Sports Injury Management Program?

If you need additional information, please feel free to contact the coach or William Wise, District Athletic Director at any time.

#### School Board Members

Ellis A. Alexander	DISTRICT 1
Malinda H. Bernard	DISTRICT 2
Dennis J. Nazam	DISTRICT 3
Clarence H. Senechal	DISTRICT 4
John L. Smith	DISTRICT 5
John W. Robichaux	DISTRICT 6
Arthur A. Autaux	DISTRICT 7
Alex L. Suffrin	DISTRICT 8

#### Superintendent

Felicia Gomez-Walker





## A Fact Sheet for PARENTS

### WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury. Concussions are caused by a bump or blow to the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

You can’t see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

### WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

#### Signs Observed by Parents or Guardians

*If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:*

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes

#### Symptoms Reported by Athlete

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just “not feeling right” or “feeling down”

### HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION OR OTHER SERIOUS BRAIN INJURY?

- Ensure that they follow their coach’s rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity. Protective equipment should fit properly and be well maintained.
- Wearing a helmet is a must to reduce the risk of a serious brain injury or skull fracture.
  - However, helmets are not designed to prevent concussions. There is no “concussion-proof” helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.

### WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

#### 1. SEEK MEDICAL ATTENTION RIGHT AWAY.

A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to regular activities, including sports.

#### 2. KEEP YOUR CHILD OUT OF PLAY.

Concussions take time to heal. Don’t let your child return to play the day of the injury and until a health care professional says it’s OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a repeat concussion. Repeat or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.

#### 3. TELL YOUR CHILD’S COACH ABOUT ANY PREVIOUS CONCUSSION.

Coaches should know if your child had a previous concussion. Your child’s coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

***It’s better to miss one game than the whole season.***

For more information, visit [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).



## CHEER / DANCE TEAM TEACHER RECOMMENDATION FORM

**Student:** These forms are to be presented to 2 of your content teachers (math, science, reading, writing, or social studies) and 1 of your enrichment teachers from this school year.

**Teacher:** These confidential recommendations make up 35% of a candidate's tryout score. Without the proper number of forms, a student becomes ineligible for tryouts. It is very important that you rate the student according to how YOU feel the student does and has done in your classroom. Please be honest. The forms will NOT be shared with the students. Thank you for your time and cooperation.

Please fill out each section, and return the form to the person indicated below by: **Tuesday, April 12, 2016.**

ACM : Please return forms to: Mr. Chauvin or Mrs. Dupuy

SRE : Please return forms to: Ms. Bird

**Name of candidate:** \_\_\_\_\_ **Class(es) Taught:** \_\_\_\_\_

On a scale of 0-3, with 3 being the best, please rate this candidate in each of the following areas:

	Poor	Weak	Average	Strong
Profile	0	1	2	3
Ability to get along with others				
Attentiveness in class				
Willingness to help classmates				
Quality of work in or out of classroom				
Punctuality				
General disposition/ Attitude				
Attendance Record				
Ability to accept criticism				
Ability to represent our school well				



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<b>Profile</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>Ability to get along with others</b>				
<b>Attentiveness in class</b>				
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<b>Ability to accept criticism</b>				
<b>Ability to represent our school well</b>				



**CHEERLEADING TRYOUT SCORE SHEET**

TRYOUT # \_\_\_\_\_ Date: \_\_\_\_\_

**CATEGORY SCORE****APPEARANCE (3 points total)**Appropriate Attire (1 point) \_\_\_\_\_  
Poise/Posture (2 points) \_\_\_\_\_**CHEER TECHNIQUE (6 points each)**Execution (angles, strength, wrists) \_\_\_\_\_  
Voice Projection (loud, strong, clear) \_\_\_\_\_  
Sharpness \_\_\_\_\_**JUMP TECHNIQUE (6 points each)**Arm Placement/Hands \_\_\_\_\_  
Jumps (height, timing, pointed toes) \_\_\_\_\_**SHOWMANSHIP (5 points each)**Smile/Spirit/Enthusiasm \_\_\_\_\_  
Confidence/Recoveries \_\_\_\_\_  
Eye Contact/Facial Projection \_\_\_\_\_**DANCE (5 points x 2 = 10 points)**

Rhythm/Knowledge of the Dance \_\_\_\_\_

**EVALUATIONS (30 points total)**Teacher Evaluations \_\_\_\_\_  
Teacher Evaluations \_\_\_\_\_ average \_\_\_\_\_  
Teacher Evaluations \_\_\_\_\_**TOTAL****Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**RATING SCALE**Poor – 1 Below Average – 2 Average – 3 Good – 4 Excellent – 5 Superior – 6  
(A TOTAL OF 88 POINTS POSSIBLE)

JUDGE: \_\_\_\_\_ TOTAL SCORE: \_\_\_\_\_

**CHEERLEADING TRYOUT SCORE SHEET**

TRYOUT # \_\_\_\_\_ Date: \_\_\_\_\_

**CATEGORY SCORE****APPEARANCE (3 points total)**Appropriate Attire (1 point) \_\_\_\_\_  
Poise/Posture (2 points) \_\_\_\_\_**CHEER TECHNIQUE (6 points each)**Execution (angles, strength, wrists) \_\_\_\_\_  
Voice Projection (loud, strong, clear) \_\_\_\_\_  
Sharpness \_\_\_\_\_**JUMP TECHNIQUE (6 points each)**Arm Placement/Hands \_\_\_\_\_  
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Rhythm/ Knowledge of the Dance \_\_\_\_\_

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(A TOTAL OF 88 POINTS POSSIBLE)

JUDGE: \_\_\_\_\_ TOTAL SCORE: \_\_\_\_\_

## DANCE TEAM TRYOUT SCORE SHEET

Candidate # \_\_\_\_\_

SCORE 1-5 POINTS	SCORE	NOTES
RIGHT & LEFT LEG SPLITS		
RIGHT & LEFT LEG HIGH KICKS		
RIGHT 7 LEFT LEG JETE		
RIGHT & LEFT LEG SINGLE PIROUETTE TURNS		
TOE TOUCH		

TECHNICAL SCORE: \_\_\_\_\_

SCORE 1-10 POINTS	SCORE	NOTES
MEMORY (10 POINTS)		
TECHNIQUE (10 POINTS)		
PERSONALITY & CONFIDENCE (10 POINTS)		
OVERALL PERFORMANCE (10 POINTS)		

ROUTINE SCORE: \_\_\_\_\_

TEACHER RECOMMENDATIONS:

TEACHER #1	
TEACHER #2	
TEACHER #3	

AVERAGE: \_\_\_\_\_

TOTAL SCORE: \_\_\_\_\_

## DANCE TEAM TRYOUT SCORE SHEET

Candidate # \_\_\_\_\_

SCORE 1-5 POINTS	SCORE	NOTES
RIGHT & LEFT LEG SPLITS		
RIGHT & LEFT LEG HIGH KICKS		
RIGHT 7 LEFT LEG JETE		
RIGHT & LEFT LEG SINGLE PIROUETTE TURNS		
TOE TOUCH		

TECHNICAL SCORE: \_\_\_\_\_

SCORE 1-10 POINTS	SCORE	NOTES
MEMORY (10 POINTS)		
TECHNIQUE (10 POINTS)		
PERSONALITY & CONFIDENCE (10 POINTS)		
OVERALL PERFORMANCE (10 POINTS)		

ROUTINE SCORE: \_\_\_\_\_

TEACHER RECOMMENDATIONS:

TEACHER #1	
TEACHER #2	
TEACHER #3	

AVERAGE: \_\_\_\_\_

TOTAL SCORE: \_\_\_\_\_