

# Anderson County Middle School Cheerleading Team Packet 2014-2015

Head Coach: Nicole Carlton  
nackerman39@yahoo.com  
502-598-8314

**Clinics:** May 27<sup>th</sup> and 28<sup>th</sup> 5-8 pm in the ACMS Multipurpose Room  
You must attend at least ONE clinic date to tryout.  
**Tryout Date/Time:** May 29<sup>th</sup>- we will start at 4 PM

Thank you for your interest in Anderson County Middle School Cheerleading. This packet will entail everything you need to know about clinics, tryouts, and our program. Please feel free to contact the head coach for any questions.

*\*Please read carefully\**

*Packet approved by school administration and is not negotiable*

- 1) Packet must be completed entirely in order to participate, and turned in during clinics. Please put this packet **in a FILE FOLDER with your NAME ON THE TAB.**



- 2) EVERY PARTICIPANT MUST SIGN WHERE INQUIRED AND **INITIAL** NEXT TO THE X!  
For example:

Please initial X \_\_\_\_\_ (I have read and understand the following)

### **ACMS CHEER Mission Statement**

The Anderson County Middle School Cheerleading Team is comprised of dedicated and talented young individuals who desire to represent Anderson County Middle School in a positive and ideal manner. Through practice, performance and competitions the team requires the cheerleader to be a team player but also stresses the importance in the building of character, self-esteem, responsibility, accountability and leadership. Equally important, it teaches the individuals to have fun and strive to do their best through the execution of precise and well-choreographed routines.

### **Objectives**

1. To promote academic achievement of the team members through participation in an extracurricular activity.
2. To promote school spirit and represent Anderson County Middle School in a positive manner.
3. To promote unity, self-confidence and pride in team members through performances at school and/or community events and competitions.

### **Eligibility Requirements**

To be eligible, an ACMS cheerleader must...

- Be an Anderson County student going into grades 6-8.
- Accept and adhere to Anderson County Middle School rules at all times.
- If at any time a student is ineligible due to grades or behavior, that member is not allowed to participate in any events the following week.

### **Other documents that must be included WITH this packet:**

- KHSAA sports physical exam for middle school students. Even if you've had one recently, be sure it is up-to-date! You can access the physical form at <http://www.khsaa.org/forms/ms01.pdf>

### **Dress for Clinics and Tryouts**

- **Black** sports pants or cheer shorts
- **Black** shirt (if possible, no logos)

- Tennis shoes or cheerleading shoes
- Hair must be in a ponytail.
- You may **not** wear any ACMS apparel that would indicate that you were on the team a previous year
- No nail polish/acrylic nails

### **During Clinics and Tryouts**

- There will be 2-4 qualified judges including the head coach.
- Score sheets and scoring criteria will be reviewed during clinics. Each score is based on an overall performance in each category. We will teach you the basics at clinics:
  - a. Jumps: You will be asked to perform the following in a group: Toe Touch, Pike, front hurdler
  - b. Projection/Sidelines: Each participant will be taught 3-5 ACMS sideline cheers during clinics. Voice projection of cheers and precision. (i.e. do not "sing" the words to a cheer).
  - c. Motions: Sharpness, precision, accuracy (no bending of wrists, straight arms when appropriate) etc.
  - d. Tumbling: You may do any of the following; cartwheels, round-offs, back hand springs, running tumbling, front walk-over, back walk-over, etc. You will get an overall score for the difficulty of each skill you perform. For example) a back hand spring will score higher than a round off. This is not to discourage you as we will accept students who show immense potential and do not have difficult tumbling passes. There will be no spotting for any reason during tryouts.
  - e. Overall conduct: Overall performance and attitude during clinics and tryouts.
- **All scores are private; no score sheets will be shared. We are looking for a squad of possibly no less than 24 members and possible alternates.** If chosen as an alternate: You've shown great potential, but need improvement. In school cheerleading, an alternate performs at games but in competition, will only perform if someone is sick or injured. The head coach reserves the right to choose if and when an alternate is moved to the competition routine. Alternates will learn all material and are required to attend all practices/games/competitions/fundraisers.

### **Bottom-line**

We are looking for talented and dedicated cheerleaders; team players with character that can exemplify the core values of the ACMS cheerleading program as well as the school. There is absolutely no guarantee that a cheerleader from a previous year will have a guaranteed spot on the team for any upcoming year. If you have never cheered before, we will teach you what you need to know for tryouts during clinics ☺ you can get a head start by taking gymnastics and work on jumps and motions.

### **Directly after tryouts**

We will announce the participants who made the team by their number given at clinics. If your number does not get called, don't give up. Take gymnastics; work on cheers, motions, jumps, tumbling etc. **No one is allowed to re-enter the gym after numbers are called.** There will be a brief team meeting directly after the team is chosen.

**The team that is chosen is not negotiable.**

[illegible]

## Season Information

### GENERAL

Please initial X \_\_\_\_\_ (I have read and understand the following)

- If any cheerleader has Asthma which requires an inhaler, they **MUST** bring their inhaler (with their initials) to each practice, and it must be visible during practice.
- Basket tosses are illegal at the middle school level and we will never practice or perform baskets. (Per KAPOs rules)
- Dismissal/Quitting- **There are no refunds (for any reason)** on general fundraisers or expenses you have put out for participation on this team. If you are removed or quit the team, you will not be able to tryout again until the following season.
- Leadership opportunities: We will choose a team captain and co-captain at the beginning of the season.

### RULES

Please initial X \_\_\_\_\_ (I have read and understand the following)

1. No cell phones (you can bring a cell phone with you, but they must be turned on silent). Calls/texts are to be made for EMERGENCY circumstances only or to call for rides.
2. Appearance- For obvious safety reasons: No acrylic/long nails at any time during the season. Long nails are extremely dangerous in stunts and tumbling. Hair color must be kept natural- no blue, pink, purple, green, etc. hair dye throughout the season. No jewelry/ nail polish should ever be worn during practices/ games/ competitions.
3. No gum at ANY time.
4. All members must arrive by the given time, ready to go in appropriate attire for the event.
5. DO NOT socialize with players, friends or family during games.
6. \*Conduct\* Applies to **Cheerleaders/Parents/Guardians**
  - a. Negative attitudes and disrespect to the coach, team members, parents, or other ACMS staff will not be tolerated! If this becomes a problem first you will receive a warning. If it continues, you will be benched from a game and furthermore, dismissed from the team. Regardless of your opinions about the coach, team members, parents, choreography, formations, uniforms, locations for performances or music etc. you are expected to maintain a positive attitude. Hostile or aggressive behavior about a cheerleader's formation or coach's decisions will not be tolerated by team members or parents.
  - b. Your position/place in the routine is to be determined by the Head Coach and is not negotiable. We have your best interest set out. Not everyone can be a climber, not everyone can be a base, not everyone will be in the front row, etc. Cleanliness, skill level, and precision for 2 ½ minute routines are our goal for competitions. You will be placed in the routine according to your ability and best fit. When it comes to routines and sidelines we will strive to put the best members where appropriate regardless of age or grade level.
  - c. ACMS Cheerleading requires everyone involved to follow our "No Drama" Policy:
    - We encourage you to address the coach about any concern that you may have. However, it is a requirement that the approach be civil and not in front of other parents or cheerleaders. Approaching the coaches in a hostile or aggressive manner will not be tolerated. I strongly encourage that we keep an open line of communication and hope that I and parents will communicate in a reasonable fashion. We expect those involved in our program to avoid gossip toward our team of any sort. Parents/guardians are an important part of our program, and as such are expected to be positive contributors to the program. Your actions reflect upon your cheerleader. If there is unnecessary drama/situation which hinders your cheerleader, the team, or a team member in any way, your cheerleader will be dismissed with no negotiation.
7. Communication: Any inappropriate communication or behavior through the internet, social media, email, text, etc. will NOT be tolerated. The coach reserves the right to determine what is appropriate, and what is not.

8. **ALCOHOL/DRUGS-** Drinking alcoholic beverages, smoking, or use of any drugs is unacceptable. Any involvement will cause you to be dismissed. If at any time I suspect the use of alcohol I will ask an officer to administer a breathalyzer. **Overall, you are expected to make good public decisions.**  
**Note: The Head Coach reserves the right to dismiss any participant at any time!**

## **GRADES**

Please initial X \_\_\_\_\_ (I have read and understand the following)

- Understand that you are a **STUDENT ATHLETE**. Student before athlete. You will be expected to keep up with your grades and behave in school. You must be passing all classes to participate.
- If at any time a student is ineligible due to grades or behavior, that member is not allowed to participate in any events the following week.

## **ATTENDANCE**

Please initial X \_\_\_\_\_ (I have read and understand the following)

- **Your first responsibility is to the Anderson County Middle School's Cheerleading Team**, excluding academics, church and family. This includes any other cheerleading teams or school club activities. **Gymnastics or other sports classes MUST be taken on a non-practice day.** If a practice is scheduled on the day you have gymnastics, other sports class or event, you are required to be at our practice. Cheerleaders, who play other sports, see the head coach and we will do our best to work something out.
- If you are sick and are going to miss a practice, you must contact the coach or assistant immediately. If possible please submit a doctor's note. It will be your responsibility to learn any missed material and you must come to the following practice caught up. Regular doctor/therapy, dentist, hair, nail and other appointments must be scheduled on a NON-PRACTICE day. Make-up tests or work must also be scheduled on a non-practice day if at all possible. If not possible the coach must be contacted immediately as well as a note from the teacher verifying that you were making up work. **If a student misses school for the whole day, the student is not allowed to come to a game/practice. If the student checks out/in, they must have a doctor's not to cheer in the game/practice. If they do not have a doctor's note, then they can sit on the bench in uniform.**
- **Unexcused absences:** If you do not contact the coach and fail to show up for practice/performance this will be considered unexcused. Continuous unexcused absences will result in dismissal from the team with no negotiation.
- **Tardiness-** We understand this age group is dependent on rides. However, if you know you are going to be late, **ALWAYS** notify the coach. Continuous tardiness will not be tolerated.
- **SUSPENSION-** if you are suspended from school you are not allowed to attend practice, games/performance, or on campus until your suspension is over. In the event that you are suspended, a meeting with the principal and coach will be held to determine if you should be dismissed from the team. If the suspension interrupts any competition, the cheerleader will be pulled from the routine with no negotiation.

## **PRACTICE**

Please initial X \_\_\_\_\_ (I have read and understand the following)

We will practice, and we will practice a lot. Please understand that the ACMS cheer team must share gym time with other sports. You need to be flexible. We will try to schedule practice times after 5:15 pm during the week. Practice duration is 2 hours 2-3 days a week (subject to change). We will have some practices on Saturdays. Calendars will be given out in advance. You are responsible for keeping up with practices/games and any changes.

### **PRACTICES/GAMES/COMPETITIONS ARE MANDATORY.**

- All practices are **CLOSED**. The coach will notify everyone if there is an open practice.
- Conditioning is a requirement of this team and will be implemented. Exercise is extremely important in any sport. You will be expected to keep up.
- Gymnastics classes are not required. However, it is **highly recommended** that you take gymnastics. You may take wherever you like. Gymnastics is required to do well at any competition at the middle school level.

## **COMPETITIONS**

Please initial X \_\_\_\_\_ (I have read and understand the following)

- Our program is a competitive cheerleading program and will attend at least 2 competitions per season. Entry fees are your responsibility, unless other funds have been provided by fundraising, etc. As a team player, you must always continue to work to improve your abilities. This may require private lessons or working on your own time. The coach reserves the right to decide which camps, games, competitions and other performances the team will attend.
- Competitions are chosen by the coach (followed by when the competition is) and will not be changed. Any member who misses a competition without approval from the coach will be dismissed with no negotiation and any member who knows they will be absent for a competition will be pulled from the routine.
- You are expected to be on your best behavior at competitions, as well as presenting great sportsmanship. We will have a parent/team meeting prior to each competition reviewing expectations, times to arrive, where to meet, hair/makeup, and performance times.

## **GAMES**

Please initial X \_\_\_\_\_ (I have read and understand the following)

- We will only cheer 8<sup>TH</sup> GRADE HOME GAMES (which include football, girls/boys basketball). The only time we will ever go to an away game is if it is LOCAL/STATE.
- **Know the game of football and basketball!! You will need to need to know the basics!!**
- Any athlete that has been benched from cheering at the game for any reason must sit in uniform with the coaches for the entire game.

## **FINANCIAL OBLIGATIONS**

Please initial X \_\_\_\_\_ (I have read and understand the following)

- You will be responsible for the following financial obligations for your child to be a member of the ACMS Cheerleading Team. Financial support either through personal funds, sponsors, fundraising or a combination must be met by given deadlines to allow the cheerleaders full participation in all activities/events of the team. If you absolutely cannot meet the following requirements, please do not let this hinder your child's participation. Contact head coach ASAP and we will do our best to make confidential financial arrangements upon being selected for the team.
- Any damaged or lost items of the uniform must be replaced by the cheerleader ASAP. ACMS will not replace any part of the uniform from the ACMS Cheerleading fund, which is primarily there for fundraising goals.
- **Uniforms: We will use 2 uniforms throughout the season; alternating at games and competitions.** Uniforms are trial and error and never a definite. Cheerleading uniforms are very different from other sports such as, basketball or soccer, where they can usually wear t-shirt and shorts. We are often judged on appearance at competitions and it is very important that the uniform is clean, presentable, and up-to-date.
- **Cost (all of the following items are mandatory):** Please remember that this is the **higher estimate** and will vary from year to year.

Uniforms	TBA
Spirit pack (1); includes t-shirt, shorts, and tank top	80.00; Splatter Inc.
Nfinity Cheer Shoes (1); Team shoes will be worn <b>only</b> for games/competitions and are never to be worn to school/outside of practice. You may wear your Nfinity's or another pair of <u>cheerleading shoes</u> to practices. Participants who are CLIMBERS/FLYERS in the routine must always wear Nfinity's to practice.	80.00-90.00; Amazon, Varsity, GTM
Bows (2); highly recommend you order more than one of each! Will be a game and a competition bow. Must purchase both.	6.00-12.00 each
Warm-Up	85.00
Socks (1); Socks- you can buy on your own/or use a pair you already have. MUST be low ankle socks and solid white.	
Stunt Clinic (per cheerleader); ABSOLUTELY MANDATORY. Anyone who misses stunt clinic will be dismissed with no negotiation. Stunt technique is extremely important and must be accomplished before camp.	TBA
Camp (per cheerleader); ABSOLUTELY MANDATORY. Anyone who misses camp will be dismissed with no negotiation. The entire 2½ minute competition routine will be choreographed during this time. (Stunt clinic/ Camp will be held in August/September; exact dates are TBA)	TBA
Competitions (per cheerleader); We will do our best to go to at least 2 competitions (none out of state). Budget accordingly.	10.00-55.00 per participant; competition fees vary
Travel expenses	We will not take a bus due to cost. You will need to drive/carpool to competitions.

## **FUNDRAISING**

Please initial X \_\_\_\_\_ (I have read and understand the following)

- **ALL ACMS CHEERLEADERS ARE REQUIRED TO PARTICIPATE IN FUNDRAISING.** Consequences (upon the coaches' discretion) will follow if the cheerleader does not comply. This will require additional help from parents as well. Keep in mind; fundraising is a team effort and a lot of fun! ☺
- Fundraising will not conflict with any practice/performance/ games. The coach reserves all rights to decide what fundraising money is spent on. Our first goal this year is to fundraise and purchase 2 mats for the completion of our floor.



## **Background of Head Coach**

As we meet, you will quickly realize cheerleading is my passion and I am thrilled you have taken an interest! I hope that you will embrace this opportunity and I will do my best to give you what cheerleading gave to me.

## **Cheerleading, Gymnastics, and Dance Experience**

- Head Cheerleading Coach at Elkhorn Middle School; 2010-2014
  - 2011-2012: Cheers for the New Year 1<sup>st</sup> place and overall Best Choreography, Capital Cup Championships; 1<sup>st</sup> place in middle school division and overall Best Choreography against middle and high school teACMS, Bluegrass Conference 1<sup>st</sup> place performance in Super large division (KAPOS).
  - 2012-2013: JAMFest; 1<sup>st</sup> place, Just Keep Dreaming Cheer and Dance competition; 1<sup>st</sup> place and Grand Champion, Cheer Elite Nationals 2<sup>nd</sup> place
  - 2013-2014: Kentucky Middle School Conference Sideline Competition; 1<sup>st</sup> place in sideline and half time routine, JAMFest Winter Jam 3<sup>rd</sup> place
- 2013 to Present- Gymnastics Instructor- Frankfort, Ky. YMCA
  - Expertise in gymnastics and ability to teach skills to a variety of age groups
  - Maintain a structured environment for each class to ensure proper techniques are being executed
  - Work and train with other staff to improve teaching techniques and demonstration skills
  - Extensive practical knowledge in gymnastics equipment
- 10 years Champions All-Star Cheerleading owned and operated by former University of Kentucky cheerleaders Paul and Tanya Blackhurst
  - All-Star team involvement and accomplishments:
    - Junior and Senior Levels
    - 1 year Champions All-Star Co-ed squad- Grand Champions at JamFest Nationals in Louisville, Kentucky
    - NCA/UCA and JamFest competitions; National and Grand Champion titles consecutive years
    - National Champion stunt group at JamFest competition
    - Best Base Award
    - Coaches Award
  - School team involvement and accomplishments:
    - 5 years training and competing in school cheerleading (Middle and High School Level- Anderson Co.); Complex knowledge in KAPOS and KHSAA
    - Best Base Award
- Coordinated/Staffed cheerleading camps
- Choreographed ACYC cheerleading in Anderson Co.- 2004- (Anderson County Youth Cheerleading)
- 3 Years Champions All-Star Dance Team Junior and Senior Levels: NDA National and Grand Champions (trained by former University of Kentucky Dance Coach; Andrea Masters)
- 2 Years Capital City Dance Studio: Ballet, Tap, and Jazz
- CPR and First Aid Certified

## FORMS

### **Financial Agreement**

As parent or legal guardian of (cheerleaders name) \_\_\_\_\_. I agree to be responsible for the required financial obligations for my child to be a member of the Anderson County Middle School Cheerleading Team. I agree to provide the necessary financial support either through personal funds, fundraising or combination by given deadlines.

Please Sign Below:

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Parent/Guardian Signature

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Student/Cheerleader Signature

**Behavior Agreement**

If I am chosen as an ACMS cheerleader, I will adhere to this packet and to the ACMS Athletic Policy. The coach reserves the right to extend any punishment (according to the circumstances and upon the coaches' discretion) along with what administration decides as well.

By signing/initialing these documents I accept that I have read and understand the rules, regulations, and expectations as an ACMS cheerleader. I understand that I am of representation of this school and I am held accountable for all of my actions including: at practice, games, performances, and inside and outside of school. I also understand that my head coach ultimately makes the main decisions for the team.

Cheerleader:

X

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Parent:

X

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## **Contact Sheet**

Cheerleader First and Last Name: \_\_\_\_\_

Cheerleader phone: \_\_\_\_\_

Cheerleader e-mail: \_\_\_\_\_

Parent/Guardian First and Last Name: \_\_\_\_\_

(If more than 1 please list their contact information)

Parent/Guardian phone: \_\_\_\_\_

Parent/Guardian e-mail: \_\_\_\_\_

Cheerleader Home address: \_\_\_\_\_

Allergies or other medical conditions: \_\_\_\_\_

Other: \_\_\_\_\_

Kentucky High School Athletic Association  
2280 Executive Drive  
Lexington, Kentucky 40505

Name (Last, First, Initial) \_\_\_\_\_ School Year \_\_\_\_\_  
 Home Address (Street, City, State, Zip): \_\_\_\_\_  
 Gender \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Birth Place (County, State): \_\_\_\_\_

<input type="checkbox"/> Baseball	<input type="checkbox"/> Basketball	<input type="checkbox"/> Cross Country	<input type="checkbox"/> Football	<input type="checkbox"/> Golf	<input type="checkbox"/> Soccer
<input type="checkbox"/> Softball	<input type="checkbox"/> Swimming	<input type="checkbox"/> Tennis	<input type="checkbox"/> Track and Field	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Wrestling
<input type="checkbox"/> Archery	<input type="checkbox"/> Bass Fishing	<input type="checkbox"/> Bowling	<input type="checkbox"/> Competitive Cheer	<input type="checkbox"/> Other	

**Parent and student complete this part and present to the authorized health care provider before the physical.**

1. Have you ever been hospitalized?
2. Have you ever had surgery of any kind (e.g., tonsillectomy)?
3. Are you presently taking any medications or pills?
4. Do you have any allergies (medicine, bees, or other insects)?
5. Have you ever passed out during exercise?
6. Have you ever been dizzy during or after exercise?
7. Have you ever had chest pain during or after exercise?
8. Have you ever had high blood pressure?
9. Have you ever been told you have a heart murmur?
10. Have you ever had racing of your heart?
11. Has anyone in your family died of heart problems before 50?
12. Do you have any skin problems (itching, rashes, acne)?
13. Have you ever had a head injury?
14. Have you ever been knocked out or unconscious?
15. Have you ever had a seizure or suffer from epilepsy?
16. Have you ever had a stinger, burner or pinched nerve?
17. Have you ever had heat related problems?
18. Have you ever been dizzy or passed out in the heat?
19. Do you cough heavily, or breathe heavily during activity?
20. Do you use any special equipment (e.g., knee brace)?
21. Have you had any problems with your eyes or vision?
22. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones?
23. Are you missing one of any paired organs (e.g., eyes)?
24. Have you ever been diagnosed with any form of asthma?
25. Are you using an inhaler for asthma?
26. Are you diabetic?
27. Do you administer insulin to yourself?
28. Are you presently using tobacco in any form?
29. Do you have a history of sickle-cell anemia in your family?
30. Have you had any other medical problems?
31. Have you had a medical problem or injury within the last year?
32. Can you swim?
33. When was your last tetanus shot?

[illegible]

**Please explain any YES answers from questions 1-31:**

**PART III - PHYSICAL EXAMINATION**

*This part must be completed per KRS 156.070 (2)(d) and be signed by a physician, physician assistant, advanced practice registered nurse, or chiropractor (if performed within the chiropractor's scope of practice).*

PATIENT NAME: \_\_\_\_\_

 HEIGHT: \_\_\_\_\_ WEIGHT \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_ PULSE \_\_\_\_\_  
 VISION: R- 20/ \_\_\_\_\_ L- 20/ \_\_\_\_\_ BOTH- 20/ \_\_\_\_\_ CORRECTED? Y N

	Normal	Abnormal	Comment
HEART			
Rhythm (Regular/Irregular)			
Murmur (supine)			
Murmur (standing)			
ENT			
Lungs			
Skin			
Abdominal			
Genitalia			
Musculoskeletal			
Neck			
Shoulder			
Elbow			
Wrist			
Hand			
Back			
Knee			
Ankle			
Foot			
Dental			
Other			

After having reviewed the data above and the student's medical history, I make the following recommendations on participation in athletics:

1. Cleared \_\_\_\_\_
  2. Cleared after additional evaluation for \_\_\_\_\_
  3. Restricted from participating in the sports of \_\_\_\_\_
  4. Cleared only to participate in the sports of \_\_\_\_\_
- Recommendations/Restriction (attach additional if necessary) \_\_\_\_\_

I have examined the physical condition of the student and find the said student to be physically fit to practice for and participate in interscholastic athletic contests.

Authorized Signature \_\_\_\_\_

Date: \_\_\_\_\_

Provider's Name (please print) \_\_\_\_\_

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

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

**KRS 156.070 (2)(d) states: "Every local board of education shall require an annual medical examination performed and signed by a physician, physician assistant, advanced practice registered nurse, or chiropractor (if performed within the professional's scope of practice), for each student seeking eligibility to participate in any school athletic activity or sport." As such, this Physical Examination is valid for one year from date administered, should be kept in a secure location until the student has exhausted eligibility, graduated from high school and reached the age of 19.**

**PART IV - STUDENT AND PARENT/GUARDIAN ACKNOWLEDGMENT OF RISK, ELIGIBILITY RULES, LIABILITY WAIVER AND CONSENT AND RELEASE AND EMERGENCY PERMISSION FORM**

*This part must be completed by student and custodial parent / guardian. This form must be reproduced in order for a copy to travel with respective athlete. By signing this form, all parties agree that they have accurately completed all sections of the form and have read and agree to the terms of Part V as detailed.*

Students' Name (please print)

School

Student and Parent/Guardian Address including City, State and Zip

Signature of Student

Date

Please list above any health problems/concerns this student may have, including allergies (medications / others) and any medications presently being used

Name of Parent(s)/Guardian(s) who has/have custody of this student (please print)

Emergency Phone Number

Signature of Parent(s)/Guardian(s) who has/have custody of this student

Date

**OPTIONAL INSURANCE INFORMATION (only for purpose of emergency treatment)**

Insurance Carrier

Policy Number

**EMERGENCY CONTACT INFORMATION**

Name (please print)

Relation to Student

Emergency Contact Address, including City, State and Zip

Daytime Phone

Cell Phone

**OPTIONAL EMERGENCY TREATMENT INFORMATION**

The following information is recorded solely for potential hospitalization and emergency care needs and is not required to be recorded on this form. However, those failing to provide this information should be aware that this might be required by emergency treatment facilities prior to rendering service, and failure to provide could result in lack of appropriate care.

Social Security Number

Birth Date

*The student and parents/guardian must read this statement carefully and sign where required. By signing this form, all parties agree that they have accurately completed all sections of the form and have read and agree to the terms of Part V as detailed. This form must be completed before the student participates (hereinafter including try out for practice and/or compete) in interscholastic athletics. This form should be kept in a secure location until the student has exhausted eligibility, graduated from high school and reached the age of 18.*

## **PART V – CONSENT INFORMATION TO PARTICIPATE, ACKNOWLEDGMENT OF RISK, ACKNOWLEDGEMENT OF ELIGIBILITY RULES, LIABILITY WAIVER AND CONSENT AND RELEASE**

*The student and parents/guardian must read this statement carefully and sign where required. By signing this form, all parties agree that they have accurately completed all sections of the form and have read and agree to the terms of Part V as detailed. This form must be completed before the student participates (hereinafter including try out for, practice and/or compete) in interscholastic athletics. This form should be kept in a secure location until the student has exhausted eligibility, graduated from high school and reached the age of 18.*

*Each individual group meeting the requirements of 702 KAR 7:055, Section 3(x) may have supplement waivers and disclaimer requirements. In this case, both the MS01 and the required form of the approved group would be required.*

As parent/legal guardian, I agree to allow my child to participate in interscholastic athletics.

The parent/legal guardian recognize that participation in interscholastic athletics involves some inherent risks for potentially severe injuries, including but not limited to death, serious neck, head and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of the body, or effects to the general health and well being of the child. Because of these inherent risks, the parent/legal guardian recognize the importance of the student obeying the coaches' instructions regarding playing techniques, training and other team rules. By signing this form, the parent/legal guardian acknowledge that the student's participation is wholly voluntary and to having read and understood this provision.

The student and parent/legal guardian individually and on behalf of the student, hereby irrevocably, and unconditionally release, acquit, and forever discharge the KHSAA and its officers, agents, attorneys, representatives and employees (collectively, the "Releasees") from any and all losses, claims, demands, actions and causes of action, obligations, damages, and costs or expenses of any nature (including attorney's fees) that the student and/or parent/legal guardian incur or sustain to person, property or both, which arise out of, result from, occur during or are otherwise connected with the student's participation in interscholastic athletics if due to the ordinary negligence of the Releasees.

The student and parent/legal guardian, individually and on behalf of this student, give the high school, the KHSAA and their representatives permission to release this student's demographic information (including motion picture and still photographic images) and participation statistics (including height, weight and year in school, participation history and other performance based statistics) and other information as may be requested, and agree that the student may be photographed or otherwise digitally or electronically captured during school-based competition. All of this material may be used without permission or compensation specifically related to the KHSAA and its events.

The student and parent/legal guardian consent to this student receiving a physical examination as required by the KHSAA.

The student and parent/legal guardian, individually and on behalf of this student, consent to the school and the KHSAA and their representatives to use and disclose the necessary personally identifiable information from the student's education records including academic, financial and health care information, to third parties including school representatives, coaches, athletic trainers, medical facilities, medical staffs, KHSAA legal counsel and the media, for the purpose of receiving proper/necessary medical care and complying with the KHSAA bylaws, including making determinations regarding eligibility to participate in interscholastic athletics and any administrative or legal proceedings resulting from participation or attempted participation in interscholastic athletics, without such disclosure constituting a violation of rights under the Family Educational Rights and Privacy Act. The student and parent/legal guardian, individually and on behalf of this student, further release the school, the KHSAA and their representatives from any and all claims arising out of the use and disclosure of said necessary personally identifiable information, and agree to release to the school, the KHSAA, and their representatives, upon request, the detailed and completed application for financial aid.

The student and parent/legal guardian, individual and on behalf of the student, hereby acknowledge that they are aware of and will review if desired, the education materials available through the KHSAA, the Centers for Disease Control and other agencies regarding education all individuals with respect to nature and risk of concussion and head injury, including the continuance of play after concussion or head injury.

The student and parent/legal guardian, individual and on behalf of the student, hereby consent to allow the student to receive medical treatment that may be deemed advisable by the school, the KHSAA, and their representatives in the event of injury, accident or illness while participating in interscholastic athletics, including, but not limited to, transportation of the student to a medical facility.