



# Stanley Middle Cheerleading Information



## TRYOUT WEEK/TRYOUT INFORMATION

- Tryouts this year will be held from Tuesday May 29-Friday June 1. Material will be taught May 29-30. Thursday, May 31st will be mock tryouts (we will run through what tryouts will be like.) Friday, June 1 will be tryout day.
- Tryouts will run each day from 3:30- 5:30 PM in the SMS gym. Please make sure you plan accordingly.
- We ask that you please be in attendance for tryout day. If you have prior plans we can make accommodations for you to tryout first.
- Letters will be passed out to the girls after tryouts to inform them of the outcome. This process will be described in detail that week. There is not to be anything posted on social media regarding tryout results. **NO EXCEPTIONS**. This letter will be in a sealed envelope handed to you in the car on your way out.
- There will be a parent meeting Monday, June 4 at 5:30 PM in the SMS cafeteria to discuss details of the upcoming year for those participants that make the team.

## FINANCIAL RESPONSIBILITY

- It will cost a new cheerleader \$160 to join the squad. This price will include items such as bow, camp, bloomers, tshirts, etc.
- Payment Schedule:
  - The full amount of \$160 is due to Coach Lockridge **on** the day of the MANDATORY parent meeting (June 4)
  - The warm-up is optional and will be discussed/ordered later in the school year.
  - Each girl is responsible for purchasing **their own** shoes. The brand and style number will be given at the Parent Meeting.

## PRACTICE SCHEDULE

- There will be a mandatory camp the week of July 30-August 1 9am-12pm.
- August practices will begin Monday, August 6. They will run Monday through Wednesday the week of August 13-15 from 9am-12pm, August 16, 3:30-4:45. The week of August 20-23 practices will be Monday through Thursday from 3:30-4:45 due to teacher workdays.
- During the school year practices will be Monday, Tuesday and Thursday from 3:30-4:45. After football season is in full swing practices may be cut to just Monday and Tuesday, but for now please plan accordingly.
- **Camp and all August practices are mandatory.** If you miss camp you will be missing our entire halftime/showcase routine. You **MUST** be there.

***Try- out paperwork is due by Friday, May 18!! This includes your UPDATED physical and contact sheet. You cannot participate in tryouts if we do not have an up-to-date physical on file; no exceptions. If you have any questions please let us know. If you are coming from an elementary school you may drop these off in our front office, have them faxed over, or give them to your school to send to us via courier. If you go to SMS please bring them to Coach Lockridge during advisory.***

**GO Devils!**

Andru Lockridge  
Stanley Middle Cheer Coach  
[arlockridge@gaston.k12.nc.us](mailto:arlockridge@gaston.k12.nc.us)

# **Stanley Middle School**

## **Cheerleader Contact Sheet**

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

Grade Level Entering: \_\_\_\_\_

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

Cheerleader's e-mail: \_\_\_\_\_

Cheerleader's phone number: \_\_\_\_\_

Parent/Guardian name(s): \_\_\_\_\_

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

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

*If you are coming from an elementary school you may drop these off in our front office, have them faxed over, or give them to your school to send to us via courier. If you go to SMS please bring them to Coach Lockridge during advisory.*

# NORTH CAROLINA HIGH SCHOOL ATHLETIC ASSOCIATION

## SPORT PREPARTICIPATION EXAMINATION FORM

Patient's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

***This is a screening examination for participation in sports. This does not substitute for a comprehensive examination with your child's regular physician where important preventive health information can be covered.***

**Athlete's Directions:** Please review all questions with your parent or legal custodian and answer them to the best of your knowledge.

**Parent's Directions:** Please assure that all questions are answered to the best of your knowledge. If you do not understand or don't know the answer to a question please ask your doctor. Not disclosing accurate information may put your child at risk during sports activity.

**Physician's Directions:** We recommend carefully reviewing these questions and clarifying any positive or Don't Know answers.

Explain "Yes" answers below	Yes	No	Don't know
1. Does the athlete have any chronic medical illnesses [diabetes, asthma (exercise asthma), kidney problems, etc.]? List: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the athlete presently taking any medications or pills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the athlete have any allergies (medicine, bees or other stinging insects, latex)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the athlete have the sickle cell trait?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the athlete ever had a head injury, been knocked out, or had a concussion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Has the athlete ever had a heat injury (heat stroke) or severe muscle cramps with activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has the athlete ever passed out or nearly passed out DURING exercise, emotion or startle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Has the athlete ever fainted or passed out AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has the athlete had extreme fatigue (been really tired) with exercise (different from other children)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Has the athlete ever had trouble breathing during exercise, or a cough with exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Has the athlete ever been diagnosed with exercise-induced asthma ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Has a doctor ever told the athlete that they have high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Has a doctor ever told the athlete that they have a heart infection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Has a doctor ever ordered an EKG or other test for the athlete's heart, or has the athlete ever been told they have a murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Has the athlete ever had discomfort, pain, or pressure in his chest during or after exercise or complained of their heart "racing" or "skipping beats"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Has the athlete ever had a seizure or been diagnosed with an unexplained seizure problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Has the athlete ever had a stinger, burner or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Has the athlete ever had any problems with their eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Has the athlete ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injury of any bones or joints?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Head <input type="checkbox"/> Shoulder <input type="checkbox"/> Thigh <input type="checkbox"/> Neck <input type="checkbox"/> Elbow <input type="checkbox"/> Knee <input type="checkbox"/> Chest <input type="checkbox"/> Hip <input type="checkbox"/> Forearm <input type="checkbox"/> Shin/calf <input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Ankle <input type="checkbox"/> Hand <input type="checkbox"/> Foot			
20. Has the athlete ever had an eating disorder, or do you have any concerns about your eating habits or weight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Has the athlete ever been hospitalized or had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Has the athlete had a medical problem or injury since their last evaluation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>FAMILY HISTORY</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Has any family member had a sudden, unexpected death before age 50 (including from sudden infant death syndrome [SIDS], car accident, drowning)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Has any family member had unexplained heart attacks, fainting or seizures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Does the athlete have a father, mother or brother with sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Elaborate on any positive (yes) answers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***By signing below I agree that I have reviewed and answered each question above. Every question is answered completely and is correct to the best of my knowledge. Furthermore, as parent or legal custodian, I give consent for this examination and give permission for my child to participate in sports.***

Signature of parent/legal custodian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Athlete: \_\_\_\_\_ Date: \_\_\_\_\_ Phone #: \_\_\_\_\_

Athlete's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ BP \_\_\_\_\_ ( \_\_\_\_\_ % ile) / \_\_\_\_\_ ( \_\_\_\_\_ % ile) Pulse \_\_\_\_\_

Vision R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected: Y N

***Physical Examination (Below Must be Completed by Licensed Physician, Nurse Practitioner or Physician Assistant)***

These are required elements for all examinations			
	NORMAL	ABNORMAL	ABNORMAL FINDINGS
PULSES			
HEART			
LUNGS			
SKIN			
NECK/BACK			
SHOULDER			
KNEE			
ANKLE/FOOT			
Other Orthopedic Problems			

**Optional Examination Elements – Should be done if history indicates**

HEENT			
ABDOMINAL			
GENITALIA (MALES)			
HERNIA (MALES)			

**Clearance:**

- ☐ A. Cleared
- ☐ B. Cleared after completing evaluation/rehabilitation for : \_\_\_\_\_
- ☐ \*\*\* C. Medical Waiver Form must be attached (for the condition of: \_\_\_\_\_)
- ☐ D. Not cleared for: ☐ Collision ☐ Contact
- ☐ Non-contact \_\_\_\_\_ Strenuous \_\_\_\_\_ Moderately strenuous \_\_\_\_\_ Non-strenuous

Due to: \_\_\_\_\_

**Additional Recommendations/Rehab Instructions:** \_\_\_\_\_

**Name of Physician/Extender:** \_\_\_\_\_

**Signature of Physician/Extender** \_\_\_\_\_ MD DO PA NP

**(Signature and circle of designated degree required)**

**Date of exam:** \_\_\_\_\_

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

**Phone** \_\_\_\_\_

**Physician Office Stamp:**

(\*\*\* The following are considered disqualifying until appropriate medical and parental releases are obtained: post-operative clearance, acute infections, obvious growth retardation, uncontrolled diabetes, severe visual or auditory impairment, pulmonary insufficiency, organic heart disease or Stage 2 hypertension, enlarged liver or spleen, a chronic musculoskeletal condition that limits ability for safe exercise/sport (i.e. Klippel-Feil anomaly, Sprengel's deformity), history of uncontrolled seizures, absence of/ or one kidney, eye, testicle or ovary, etc.)

**This form is approved by the North Carolina High School Athletic Association Sports Medicine Advisory Committee and the NCHSAA Board of Directors.**  
**This form is current as of April 2015.**