

# Clark-Shaw Magnet School Cheerleading Requirements

## Academic and Conduct Requirements

- Students who try out for the squad must have at least a “C” average (2.0) with no grade less than a “C” for second and third quarters. *This means no grade below 70.*
- Students must not have any “unsatisfactory conduct” comments for the present school year.
- Students must not have been suspended during the current school year.
- A discipline referral check will be made. Students with a discipline record that is not acceptable as a role model will be ineligible to try out for cheerleading. This includes excessive detentions.
- Students must not have quit or been dismissed from the squad the previous year.

## Requirements for Cheerleading Tryouts

- Students must sign up to try out during the time announced. No late signups will be allowed.
- Students must have a permission slip signed by a parent/guardian.
- Student and parent/guardian must sign a contract agreement stating that they understand and agree to abide by all guidelines set forth by the administration and the sponsor.
- Students will pay a required tryout fee of \$25 to help pay for the judges and choreographers.
- Students will wear their P.E. uniforms and tennis shoes for tryouts.

Former cheerleaders will not be permitted to wear anything that will single them out as a former cheerleader – camp shirts, ribbons, socks, etc. Students must be present each day of clinic with no early dismissals. Students must also be present the entire day of tryouts –no early dismissals. Students will be judged on the performance of cheer, dance, jumps, chant, and spirit taught during the clinic. Students are also given points based on GPA.

## What if I’m selected?

Students will be required to attend a fitting for their uniforms (date to be set by sponsor). The cost of cheerleading is higher than most sports. Depending on the types of uniforms and accessories ordered, the costs may range between \$500 and \$800. All attempts are made to keep costs as low as possible. Monthly payments may be made, but all balances must be paid by the first game. Failure to pay a balance will result in dismissal from the squad. Cheerleaders will attend a private camp during the month of July here at school with instructor(s) from UCA. The cost for camp ranges between \$150 and \$200 per person.

## 2018 Parental Permission for Cheerleading Tryouts

Name of student trying out: \_\_\_\_\_

I, the undersigned, have read and fully understand the rules and regulations which will govern my daughter if she is chosen to represent Clark-Shaw Magnet School as a cheerleader. I further understand that this is an extra-curricular activity and that attendance at all practices, games and functions is a requirement of all selected cheerleaders. I hereby give consent for my daughter, \_\_\_\_\_, to try out for the cheer squad at Clark-Shaw Magnet School. I understand her responsibility to the school. If selected, my daughter will be required to pay for summer cheer camp, uniforms, and any other expenses associated with cheerleading. A reasonable estimate of these expenditures is approximately \$800.

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

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

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

Students must turn in the following:

\_\_\_\_\_ \$25 fee

\_\_\_\_\_ Parental Permission form signed

\_\_\_\_\_ Current Physical – back side must be signed by a physician

\_\_\_\_\_ AHSAA Concussion Form signed

\_\_\_\_\_ AHSAA Participant Agreement/Consent Form signed

\_\_\_\_\_ MCPSS Waiver/Insurance Form completed

\_\_\_\_\_ Constitution Agreement signed

ALABAMA HIGH SCHOOL ATHLETIC ASSOCIATION

Preparticipation Physical Evaluation Form

History

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_  
 Date of birth \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 School \_\_\_\_\_ Grade \_\_\_\_\_ Sport \_\_\_\_\_

Explain "Yes" answers below:		Yes	No
1.	Has a doctor ever restricted/denied your participation in sports?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Have you ever been hospitalized or spent a night in a hospital?	<input type="checkbox"/>	<input type="checkbox"/>
	Have ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Do you have any ongoing medical conditions (like Diabetes or Asthma)?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are you presently taking any medications or pills (prescription or over-the-counter)?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Do you have any allergies (medicine, pollens, foods, bees or other stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
	Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
	Have you ever had chest pain or discomfort in your chest during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
	Do you tire more quickly than your friends during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
	Have you ever had high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
	Have you ever been told that you have a heart murmur, high cholesterol, or heart infection?	<input type="checkbox"/>	<input type="checkbox"/>
	Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>
	Has anyone in your family died of heart problems or a sudden death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>
	Does anyone in your family have a heart condition?	<input type="checkbox"/>	<input type="checkbox"/>
	Has a doctor ever ordered a test on your heart (EKG, echocardiogram)?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Do you have any skin problems (itching, rashes, staph, MRSA, acne)?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>
	Have you ever been knocked out or unconscious?	<input type="checkbox"/>	<input type="checkbox"/>
	Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
	Have you ever had a stinger, burner, pinched nerve, or loss of feeling or weakness in your arms or legs?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Have you ever had heat or muscle cramps?	<input type="checkbox"/>	<input type="checkbox"/>
	Have you ever been dizzy or passed out in the heat?	<input type="checkbox"/>	<input type="checkbox"/>
10.	Do you have trouble breathing or do you cough during or after activity?	<input type="checkbox"/>	<input type="checkbox"/>
	Do you take any medications for asthma (for instance, inhalers)?	<input type="checkbox"/>	<input type="checkbox"/>
11.	Do you use any special equipment (pads, braces, neck rolls, mouth guard, eye guards, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
12.	Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
	Do you wear glasses or contacts or protective eye wear?	<input type="checkbox"/>	<input type="checkbox"/>
13.	Have you had any other medical problems (infectious mononucleosis, diabetes, infectious diseases, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
14.	Have you had a medical problem or injury since your last evaluation?	<input type="checkbox"/>	<input type="checkbox"/>
15.	Have you ever been told you have sickle cell trait?	<input type="checkbox"/>	<input type="checkbox"/>
	Has anyone in your family had sickle cell disease or sickle cell trait?	<input type="checkbox"/>	<input type="checkbox"/>
16.	Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones or joints?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Head <input type="checkbox"/> Back <input type="checkbox"/> Shoulder <input type="checkbox"/> Forearm <input type="checkbox"/> Hand <input type="checkbox"/> Hip <input type="checkbox"/> Knee <input type="checkbox"/> Ankle		
	<input type="checkbox"/> Neck <input type="checkbox"/> Chest <input type="checkbox"/> Elbow <input type="checkbox"/> Wrist <input type="checkbox"/> Finger <input type="checkbox"/> Thigh <input type="checkbox"/> Shin <input type="checkbox"/> Foot		
17.	When was your first menstrual period? _____		
	When was your last menstrual period? _____		
	What was the longest time between your periods last year? _____		
Explain "Yes" answers:			
_____			
_____			
_____			

I hereby state that, to the best of my knowledge, my answers to the above questions are correct.

Signature of athlete \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_

**DUPLICATE AS NEEDED**

# Preparticipation Physical Evaluation

**Rule 1, Sec. 14** — In order for a student to be eligible for interscholastic athletics, there must be on file in the Superintendent's or Principal's office a current physician's statement certifying that the student has passed a physical exam, and that in the opinion of the examining physician (M.D. or D.O.) the student is fully able to participate in interscholastic athletics (Grade s 7-12). The AHSAA Physicians Certificate (Form 5) must be used. A physical exam will satisfy the requirement for one calendar year through the end of the month from the date of the exam. For example, a physical given on May 5, 2015, will satisfy the requirement through May 31, 2016.

## Physical Examination

COMPLETE	LIMITED	Height _____ Weight _____ BP _____ / _____ Pulse _____		
		Vision R 20 / ____ L 20 / ____ Corrected: Y N		
			Normal	Abnormal Findings
		Cardiovascular		
		Pulses		
		Heart		
		Lungs		
		Skin		
	E.N.T.			
	Abdominal			
	Genitalia (males)			
	Musculoskeletal			
	Neck			
	Shoulder			
	Elbow			
	Wrist			
	Hand			
	Back			
	Knee			
	Ankle			
Foot				
Other				

Clearance:

A. Cleared

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

C. Not cleared for:  Collision  Contact  Noncontact \_\_\_\_\_ Strenuous \_\_\_\_\_ Moderately strenuous \_\_\_\_\_ Nonstrenuous

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

Recommendation: \_\_\_\_\_

Name of physician \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

ALABAMA HIGH SCHOOL ATHLETIC ASSOCIATION  
**Concussion Information Form**  
*(Required by AHSAA Annually.)*  
2017-18 School Year

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a "ding" or a bump on the head can be serious. You cannot see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

**Symptoms may include one or more of the following:**

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• Headaches</li> <li>• "Pressure in head"</li> <li>• Nausea or vomiting</li> <li>• Neck pain</li> <li>• Balance problems or dizziness</li> <li>• Blurred, double, or fuzzy vision</li> <li>• Sensitivity to light or noise</li> <li>• Feeling sluggish or slowed down</li> <li>• Feeling foggy or groggy</li> <li>• Drowsiness</li> <li>• Change in sleep patterns</li> </ul> | <ul style="list-style-type: none"> <li>• Amnesia</li> <li>• "Don't feel right"</li> <li>• Fatigue or low energy</li> <li>• Sadness</li> <li>• Nervousness or anxiety</li> <li>• Irritability</li> <li>• More emotional</li> <li>• Confusion</li> <li>• Concentration or memory problems (forgetting game plays)</li> <li>• Repeating the same question/comment</li> </ul> |
|--|---|

**Signs observed by teammates, parents and coaches include:**

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can't recall events prior to hit
- Can't recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

**(Continued on Page 2)**

## AHSAA Concussion Information Form (Page 2)

### **What can happen if my child keeps on playing with a concussion or returns too soon?**

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to a student-athlete's safety.

**AHSAA Concussion Policy:** Any student-athlete who exhibits signs, symptoms or behaviors consistent with a concussion shall be removed from the contest and shall not return that day. Following the day the concussive symptoms occur, the student-athlete may return to practice or play only after a medical release has been issued by a medical doctor.

Any health care professional or AHSAA certified coach may identify concussive signs, symptoms or behaviors of a student athlete during any type of athletic activity. Once concussive signs are identified, only a medical doctor can clear an athlete to return to play. Any school in violation of the AHSAA policy application of the National Federation rule will be subject to sanctions.

### **If you think your child has suffered a concussion:**

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity on the same day he/she sustained an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear. The athlete may return the following day or anytime thereafter with written clearance from a medical doctor. Close observation of the athlete should continue for several hours. You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

This form is required by Alabama Law established in June 2011. The form was revised in April 2012, coinciding with the current AHSAA Concussion Policy.

**I have reviewed this information on concussions and am aware that a release by a medical doctor is required before a student may return to play under this policy.**

_____ Student-Athlete Name Printed	_____ Student-Athlete Signature	_____ Date
_____ Parent Name Printed	_____ Parent Signature	_____ Date



# Participant Agreement, Consent, Release, And Venue

This completed form must be kept on file by the school. This form is valid for the years 2017-2018

### Part 1. Student Agreement, Consent, And Release (to be signed by student at the bottom)

I know of no reason why I am not eligible to represent my school in interscholastic athletic competition. If accepted as a representative, I agree to follow the rules of my school and AHSAA and to abide by their decisions. I know that athletic participation is a privilege. I know of the risks involved in athletic participation and choose to accept such risks. I hereby authorize the use or disclosure of my individually identifiable health information should treatment for illness or injury become necessary. I also authorize physicians or other designated medical professionals associated with the AHSAA to review my individually identifiable health information and/or a video live feed of a health-related inspection/exam for the purpose of determining my eligibility to participate in certain athletic events. I further authorize the disclosure of my individually identifiable health information by any physician performing such examination to appropriate AHSAA and/or school officials or other health care officials involved in determining eligibility for participation in athletic events. I hereby consent to the disclosure by my school to AHSAA, upon its request, and hereby grant AHSAA the right to review all records including my SSID number relevant to my athletic eligibility including, but not limited to, my official transcripts, and records relating to enrollment and attendance, academic standing, age, discipline, residence and physical fitness. This Consent includes granting AHSAA the right to review all records otherwise protected by the Family Educational Rights and Privacy Act and all official transcripts provided to my school from any school that is in the Youth Services Department District. I hereby grant the released parties the right to photograph and/or videotape me and further to use my name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein.

### Part 2. Parental/Guardian Agreement, Consent, And Release (to be completed and signed by a parent(s)/guardian(s) at the bottom; where divorced or separated, parent/guardian with legal custody must sign.)

A. I hereby give consent for my child/ward to participate in any AHSAA recognized or sanctioned sport EXCEPT for the following sport(s):

List sport(s) exceptions here

B. I know of, and acknowledge that my child/ward knows of, the risks involved in interscholastic athletic participation. I authorize emergency medical treatment for my child/ward should the need arise for such treatment while my child/ward is under the supervision of the school. I further hereby authorize the use or disclosure of my child's/ward's individually identifiable health information should treatment for illness or injury become necessary. I consent to the disclosure, by my child's/ward's school, to the AHSAA, upon its request, of all records relevant to his/her athletic eligibility including, but not limited to, his/her records relating to enrollment and attendance, academic standing, age, discipline, residence and physical fitness. I grant the released parties the right to photograph and/or videotape my child/ward and further to use said child's/ward's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein.

C. I am aware of the potential danger of concussions and/or head and neck injuries in interscholastic athletics. I also have knowledge about the risk of continuing to participate once such an injury is sustained without proper medical clearance.

D. **VENUE FOR ANY AND ALL LITIGATION AND ATTORNEY FEES.** I agree that in the event I, or anyone acting on my child's behalf, files suit against AHSAA or any of its officers, directors, agents, or employees alleging any cause of action and seeking either legal or equitable relief impacting my child (individually) or my child's team participation in AHSAA contests, such action shall be filed in the Montgomery County, Alabama, Circuit Court. I also agree that filing such action in the Montgomery County Circuit Court is both fair and reasonable. I further agree that should AHSAA prevail in such litigation, either in Circuit Court or any Appellate Court, then AHSAA shall be entitled to reasonable attorney fees and costs associated with the litigation.

**I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE AND VENUE CLAUSE (Only one parent/guardian signature is required)**

\_\_\_\_\_  
Name of Parent/Guardian (printed)

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

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent/Guardian (printed)

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

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

**I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE AND VENUE CLAUSE (student must sign)**

\_\_\_\_\_  
Name of Student (printed)

\_\_\_\_\_  
Signature of Student

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ M.I. \_\_\_\_\_ SEX \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

**MOBILE COUNTY PUBLIC SCHOOL ATHLETIC WARNING STATEMENT & CONSENT TO PARTICIPATE**

As an athlete / athletic parent in the MCPSS Athletic program, I / We understand that participation in any sport can be a dangerous activity involving **MANY RISKS TO INJURY**. I / We further understand that there are serious risks including and not limited to brain damage, cardiac arrest, serious injury to internal organs and to bones, joints, ligaments, muscles, tendons, and other serious injury or impairment to other aspects of the athlete's general health and well-being. I / We understand that the dangers and risks of participating in sports also include the potentially high cost of medical care and impairment of the athlete's future ability to earn a living, to engage in other business, social and recreational activities, and generally enjoy life. Recognizing these risks, I / We consent to the participation of my / our son / daughter in the sports program offered by MCPSS. I / We also agree to comply with all rules, regulations, and recommendations of administrators, coaches, athletic trainers and doctors concerning injury prevention and care. I / We hereby grant consent to any and all health care providers designated by Mobile County Public School to provide my child any necessary medical care as a result of any injury / illness. I / We consent to participation in the following sport(s)

- |                                       |  |  |                                   |                                     |
|---------------------------------------|--|--|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Baseball     | <input type="checkbox"/> Cross Country | <input type="checkbox"/> Gymnastics    | <input type="checkbox"/> Soccer   | <input type="checkbox"/> Tennis     |
| <input type="checkbox"/> Basketball   | <input type="checkbox"/> Football      | <input type="checkbox"/> Indoor Track  | <input type="checkbox"/> Softball | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Golf          | <input type="checkbox"/> Outdoor Track | <input type="checkbox"/> Swimming | <input type="checkbox"/> Wrestling  |

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

**EMERGENCY INFORMATION**

PLEASE PRINT

Parent / Guardian Name: \_\_\_\_\_

Home phone: \_\_\_\_\_ Father's Work: \_\_\_\_\_ Mother's Work: \_\_\_\_\_

Father's Cell: \_\_\_\_\_ Mother's Cell: \_\_\_\_\_

**HEALTH INSURANCE INFORMATION:** NOTE: This MUST be completed. You must have insurance to participate. If you do not have health insurance, you can take the accident policy offered through MCPSS or All Kids. Check with your school for further information. Also, please inform us of any changes in your insurance coverage during this school year.

Carrier: \_\_\_\_\_ Policy No.: \_\_\_\_\_ Group No.: \_\_\_\_\_ Expiration Date \_\_\_\_\_

Policyholder's name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**MEDICAL HISTORY:** List any allergies or medical conditions: \_\_\_\_\_

**In EMERGENCY, if parents cannot be contacted, notify:**

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

Home phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_



# Clark-Shaw Magnet School Constitution Agreement

Rules and Regulations

I, \_\_\_\_\_, the parent  
of \_\_\_\_\_, understand  
that Clark-Shaw Magnet School has established a  
Cheerleading Constitution regarding conduct,  
academics and behavior. My child and I have read  
and fully understand the rules and regulations  
regarding CMS Cheerleading. I agree that my child  
and I will follow the rules and regulations set forth by  
Clark-Shaw Magnet School and the Cheerleading  
Constitution.

Parent  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Student  
Signature \_\_\_\_\_ Date \_\_\_\_\_

# Cheerleading Constitution

This constitution is in addition to all school rules, student handbook guidelines and expectations of being a student of a magnet school.

## Cheerleading Guidelines

Clark-Shaw cheerleaders are role models for the student body. All cheerleaders are expected to conduct themselves in a manner that exemplifies a model Clark-Shaw student both on and off campus.

## Purpose

1. They shall develop a sense of good sportsmanship.
2. They shall promote and uphold school spirit.
3. They shall strive to build better relationships between schools.

## Membership

1. Only seventh and eighth grade students are eligible.
2. The number of squad members shall be determined by the sponsor and administration.

## Conduct and Responsibilities of Clark-Shaw Cheerleaders

1. A grade of "C" or above in each subject must be maintained throughout the school year.
2. Satisfactory conduct in each class must be maintained throughout the school year.
3. All grades will be checked mid-quarter (progress reports) and the end of each quarter (report card).
4. Any cheerleader who drops below the academic or behavioral standards will be placed on probation until the next grading period – NO EXCEPTIONS.
5. Members of the squad must remain in good standing with the school. If a cheerleader receives a discipline referral, her record will be reviewed and evaluated by the sponsor and administration to determine eligibility. Suspension will result in immediate removal from the squad.
6. A cheerleader must cooperate with the sponsor, captain, co-captains, game officials, and her fellow squad members.
7. During a game, a cheerleader should appear peppy, well-groomed, and in command of any situation which may arise.
8. A cheerleader may not eat or drink while in formation. Gum chewing is off limits at all times.
9. A cheerleader shall not sit in the stands or leave her squad until the end of the game or designated time by the sponsor.
10. Cheerleaders shall be prepared to pay expenses pertaining to cheerleading, including clinic, camp, and uniforms. Any balance must be paid by the first game.
11. Parents and cheerleaders must remember that cheerleading comes before any other extracurricular activities.
12. Cheerleaders should realize that many responsibilities go along with their selection to the squad including making posters, community service projects, and participating in various other activities.
13. Cheerleaders are required to meet all deadlines set by the sponsor, including paperwork, payments, etc.

## Probation

A cheerleader will be placed on academic probation if she fails to meet the academic requirements. A cheerleader on academic probation will not be allowed to cheer until the next grading period (mid-term or quarter report) - NO EXCEPTIONS. If placed on probation, the cheerleader will not dress out on game days or attend games. A cheerleader who is placed on academic probation for two grading periods will be dismissed from the squad – NO EXCEPTIONS.

A sponsor or administration may place a cheerleader on conduct probation as deemed necessary for conduct unbecoming of a cheerleader. After the accumulation of 10 demerits, a cheerleader will be placed on probation for two games. After 15 demerits, a cheerleader will be on probation and will not be allowed to cheer until a meeting is held with the sponsor and principal. After 20 demerits, the cheerleader will be dismissed from the squad and may no longer wear cheer apparel, jacket included.

## Dismissal

A cheerleader will be dismissed for the following reasons:

- If she does not maintain the standards of scholarship, leadership, service, character, and citizenship used as the basis of her selection.
- If she is placed on academic probation for two grading periods (does not have to be consecutive).
- Conduct unbecoming of a cheerleader on or off campus (i.e., smoking, drugs, alcohol, vulgar acts or language, inappropriate posting in social media, etc.)
- If she is suspended during the school year.
- Not complying with the rules and regulations resulting in the accumulation of 20 demerits.

## Practices

- All practices are required, including summer and after school practices.
- If a cheerleader is to be tardy or absent, the individual (or her parent) must notify the sponsor 24 hours in advance with a legitimate excuse.
- Each cheerleader is required to wear the proper uniform at all practices.
- Cheerleaders must be picked up promptly at the designated time.
- The sponsor or assigned school official must be present at all practices and games.
- Practices are for cheerleaders only. Siblings are NOT allowed to stay for practices.

## Games

- All games are required. Personal illness is the only excuse for absences.
- Cheerleaders must report to the sponsor fifteen minutes prior to each game.
- Each cheerleader should be ready to cheer at all times, including exam week.
- Each cheerleader must be present at school (except for school sponsored functions) the entire day and must be present at the last practice before the game or event.
- Five minutes will be allowed for cheerleaders to go to the bathroom and to get a quick drink during halftime.
- Halftime is not for visiting with friends and family. The squad should sit or stand together with the visiting squad and support the halftime activities.
- Pom poms are required for every game.

## Uniforms and Appearance

- Personal items (i.e. clothing, shoes, poms, practice uniforms, etc.) will be clean and neat.
- Each cheerleader shall be responsible for the care of her own uniforms.
- The sponsor will determine the length of the uniform.
- Uniforms are to be worn the day of games.
- Uniforms are only to be worn in conjunction with school activities.
- Hair should be kept clean, out of face, and not groomed in public.
- Excessive make-up will not be permitted.
- No part of the cheerleading uniform shall be worn by anyone except a squad member.
- NO JEWELRY may be worn by a cheerleader during practice or while in uniform.
- Drinking and eating in formation is prohibited.
- Sitting with friends or having small children sit in the formation is prohibited.
- Chewing gum during practice or at a game is prohibited.