

Dear Parents/Guardians,

We are excited about your daughter's interest in the Palos South Cheerleading Squad. Cheerleading workshop & try-outs will be held on **Tuesday, November 30th, 2021** and **Wednesday, December 1st, 2021**. **Each girl MUST have a current physical on file in the nurse's office PRIOR to try-outs. Your child will not be allowed to try-out without it.** (6<sup>th</sup> grade girls already have physicals on file and will not be required to have another one) In order to ensure that everyone understands the responsibilities involved with being a member of the squad, we ask that you read through this information with your daughter and sign and return the attached permission forms by **Monday, November 29th, 2021**. **\*Late forms not accepted.**

All girls interested in trying out need to do the following:

**ATTEND THE MANDATORY WORKSHOP ON TUESDAY, NOVEMBER 30TH FROM 2:40PM – 4:30PM**

- Wear workout clothes and gym shoes. (NO TANK TOPS)
- Cheers and jumps will be taught.
- Bring water bottles.
- **Girls need to be picked up PROMPTLY at 4:30pm** by the Rosemarie Carroll Center doors in the back of the building.

**ATTEND TRYOUTS –WEDNESDAY, DECEMBER 1ST BEGINNING AT 2:40PM IN THE LITTLE THEATRE AT PALOS SOUTH**

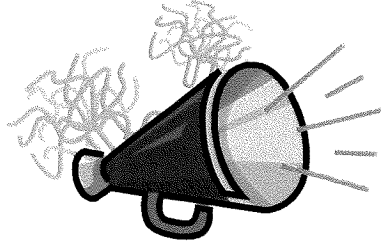
- Girls should change immediately into workout clothes and gym shoes. Have hair pulled back neatly in a pony-tail. Bows for the hair and school colors are encouraged!
- Girls will be judged on the performance of the cheers and the jumps.
- **Girls may leave as soon as they are done performing. They will need to be picked up as soon as their tryout has finished. They will be allowed to call home for their rides.**

**Parents: Please be available to pick your child up as soon as her tryout has finished.**

- ***The final team roster will be posted outside the front entrance doors at 7:00pm. Please arrange for your daughter to have transportation back to school to check the list that evening. The girls may not remain in the building until 7:00 pm. When they return to check the list, they may not enter the building.***

***ONLY GIRLS TRYING OUT FOR THE SQUAD WILL BE ALLOWED TO ATTEND THE WORKSHOP & TRYOUT. SPECTATORS WILL NOT BE ALLOWED IN.***





**WE STRONGLY ADVISE THAT YOU CONSIDER THE TIME COMMITMENT AND SCHEDULE BEFORE YOUR DAUGHTER TRIES OUT FOR THE TEAM.**

If your daughter makes the team, she will be expected to do the following:

◆ **Attend ALL practices and games, which will run from Monday-Thursday during the months of December, January and February.**

*\*Practices will go till 4:30pm Monday-Thursday.*

*\*Junior Varsity games are weekdays from approximately 4:00-5:15pm.*

*\*Varsity games are weekdays from approximately 5:15-6:30pm.*

- A practice and game schedule will be given out at the first practice.
- Practices will be scheduled mainly after school; however, there may be some additional practices before school on certain days, as needed.

**Parents will be expected to pick their daughters up from practice and games or arrange for rides home, as there will not be bus transportation available.**

◆ **Pay the following fees**

- Approximately \$100 (give or take) – body suit, cheer bow, cheerleading shoes

*\*Returning cheerleaders may not need to purchase all of the above items*

*(There will be an opportunity for girls to purchase Palos South cheer spirit wear once the season begins. This is an additional optional purchase)*

◆ **Follow all rules set forth by the coaches and the school.**

- A list of rules will be given out at the first practice.

**6<sup>TH</sup>, 7<sup>TH</sup> AND 8<sup>TH</sup> GRADE GIRLS TRYING OUT MAY BE PLACED ON EITHER JV OR VARSITY TEAMS; SQUADS ARE FORMED AT THE COACHES' DISCRETION – BASED ON NUMBERS, NEEDS, AND ABILITY LEVEL.**

Once the squads have been chosen, there will be a **mandatory** parent meeting. Date TBD.

If you have any questions, please contact us.

Sincerely,

Mrs. Partin (708) 761-3963 [apartin@palos118.org](mailto:apartin@palos118.org) – Varsity Coach

Mrs. Schuller (708) 761-3969 [aschuller@palos118.org](mailto:aschuller@palos118.org) – JV Coach

**Dear Parent or Guardian:**

Your child has elected to tryout/participate in a Palos 118 interscholastic sport, intramural athletic, or clinic. **Each student and his or her parent/guardian must read and sign the *Agreement to Participate* each year before being allowed to participate. The completed *Agreement* must be returned to the coach prior to tryout or first day of participation. Emergency contact information must also be provided.**

**If participating in Interscholastic Sport:**

All children who participate in the program must have a current school or athletic physical form (within 395 days of tryouts) on file with the school nurse. **All physicals must be completed prior to the first scheduled try-out date in order for any student to participate.** Public Act 096-0128 requires the use of the attached form and is available in the office at Palos South as well as the District 118 and Palos South websites. All completed forms remain on file with the school nurse. Physicals can be obtained from your personal physician, Minute Clinics (Walgreens, CVS) or the Palos Township (708-598-2441) for a nominal fee.

**CHEERLEADING**

**Yes, this is an interscholastic sport requiring a physical and accident insurance.**

**No, this is not an interscholastic sport, therefore not requiring a physical or accident insurance.**

**Workshop will be held on: Tuesday, November 30<sup>th</sup>                      Time: 2:40-4:30**

**Tryouts will be held on: Wednesday, December 1<sup>st</sup>                      Time: 2:40-?**

**Please retain this page for further reference, complete all of the applicable, attached pages and turn them in to Coach Partin or Coach Schuller no later than Monday, November 29<sup>th</sup>, 2:30pm.**

Please be advised **that tryouts are closed to the public** and all decisions by the coaching staff are final. Coaches of the athletic teams will issue a schedule of practices and games. Parents should make arrangements for their children to get home safely.

**Please retain this page for your reference.**

**Registration Form for Sports Tryouts/Participation**

**Student Name:** \_\_\_\_\_

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

**Bus Number:** \_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Day phone number: \_\_\_\_\_ Evening phone number: \_\_\_\_\_

Cell phone number: \_\_\_\_\_ Other: \_\_\_\_\_

Attachments: Concussion Information Sheet  
Agreement to participate  
IESA/IHSA Pre-participation Exam form

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1) Do you have any previous or current cheerleading experience on a recreation squad or organization? YES OR NO

If YES:  
Name of Squad/Organization: \_\_\_\_\_ How long? \_\_\_\_\_

2) Do you have any gymnastics and/or tumbling experience? YES OR NO

If YES:  
Name of Gymnastics Organization: \_\_\_\_\_ How long? \_\_\_\_\_

**THIS COMPLETED FORM SHOULD BE RETURNED TO  
MRS. PARTIN OR MRS. SCHULLER**

STUDENT NAME (print clearly): \_\_\_\_\_ GRADE: \_\_\_\_\_

**STUDENT AGREEMENT TO PARTICIPATE  
TO BE READ AND SIGNED BY THE STUDENT**

1. I wish to participate in the interscholastic sport(s)/intramural/clinic: \_\_\_\_\_
2. I agree to abide by all conduct rules and will behave in a sportsmanlike manner. I agree to follow the coaches' instructions, playing techniques, and training schedule as well as all safety rules.
3. I understand that Board policy 7:305, *Student Athlete Concussions and Head Injuries*, requires, among other things, that a student athlete who exhibits signs and symptoms, or behaviors consistent with a concussion or head injury must be removed from participation or competition at that time and that such student will not be allowed to return to play unless cleared to do so by a physician licensed to practice medicine in all its branches or a certified athletic trainer.
4. I am aware that with participation in sports comes the risk of injury, and I understand that the degree of danger and seriousness of risk vary significantly from one sport to another with contact sports carrying the highest risk. I am aware that participating in sports involves travel with the team. I acknowledge and accept the risks inherent in the sport(s) or athletics in which I will be participating and in all travel involved. I agree to hold the district, its employees, agents, coaches, school board members, and volunteers harmless from any and all liability, actions, claims, or demands of any kind and nature whatsoever that may arise by or in connection with my participating in the school-sponsored interscholastic sport(s) or intramural athletics. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

**PARENT PERMISSION TO HAVE THEIR CHILD PARTICIPATE IN INTERSCHOLASTIC  
SPORT(S), INTRAMURAL ATHLETICS OR SPORTS CLINIC**

**TO BE READ AND SIGNED BY THE PARENT/GUARDIAN**

1. I am the parent/guardian of the above named student and give my permission for my child or ward to participate in cut sports, interscholastic sport(s), or intramural athletics indicated. I have read the above *Agreement to Participate* and understand its terms.
2. I acknowledge having received and read the attached *Concussion Information Sheet*.
3. I understand that all sports can involve many **risks of injury**, and I understand that the degree of danger and seriousness of risk vary significantly from one sport to another with contact sports carrying the higher risk. I am aware that participating in sports involves travel with the team. In consideration of the school district permitting my child to participate, I agree to hold the district, its employees, agents, coaches, school board members and volunteers harmless from any and all liability, actions, claims or demands of any kind and nature whatsoever that may arise by or in connection with the participation of my child in the sport(s) or athletics. I assume all responsibility and certify that my child is in good physical health and is capable of participation in the above indicated sport or athletics.
4. **If participating in interscholastic sports:** Before your child will be allowed to participate, I must provide the school district with a certificate of physical fitness (if participating in interscholastic sport(s), the pre-participation physical examination form serves this purpose), show proof of accident insurance coverage, and complete any forms required by Palos 118 and the Illinois High School Association (IHSA).

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

## Concussion Information Sheet

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 can’t 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>
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### Signs observed by teammates, parents and coaches include:

<ul style="list-style-type: none"><li>• Appears dazed</li><li>• Vacant facial expression</li><li>• Confused about assignment</li><li>• Forgets plays</li><li>• Is unsure of game, score, or opponent</li><li>• Moves clumsily or displays incoordination</li><li>• Answers questions slowly</li><li>• Slurred speech</li><li>• Shows behavior or personality changes</li><li>• Can’t recall events prior to hit</li><li>• Can’t recall events after hit</li><li>• Seizures or convulsions</li><li>• Any change in typical behavior or personality</li><li>• Loses consciousness</li></ul>
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### **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 young 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 student-athlete’s safety.

### **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 after an apparent head injury or concussion, regardless of how mild it seems or how quickly

symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. IHSA policy requires athletes to provide their school with written clearance from either a physician licensed to practice medicine in all its branches or a certified athletic trainer working in conjunction with a physician licensed to practice medicine in all its branches prior to returning to play or practice following a concussion or after being removed from an interscholastic contest due to a possible head injury or concussion and not cleared to return to that same contest. In accordance with state law, all IHSA member schools are required to follow this policy.

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.

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/ConcussionInYouthSports/>

Adapted by the Illinois High School Association from the CDC and the 3<sup>rd</sup> International Conference on Concussion in Sport, Document created 7/1/2011.



# Pre-participation Examination



To be completed by athlete or parent prior to examination.

Name \_\_\_\_\_ School Year \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ City/State \_\_\_\_\_

Phone No. \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Class \_\_\_\_\_ Student ID No. \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_

## HISTORY FORM

**Medicines and Allergies:** Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

\_\_\_\_\_

Do you have any allergies?  Yes  No If yes, please identify specific allergy below.  
 Medicines  Pollens  Food  Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Have you or any family member or relative been diagnosed with cancer?		
52. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY	Yes	No
53. Have you ever had a menstrual period?		
54. How old were you when you had your first menstrual period?		
55. How many periods have you had in the last 12 months?		

Explain "yes" answers here

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Signature of athlete \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

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# Pre-participation Examination



## PHYSICAL EXAMINATION FORM

Name \_\_\_\_\_

Last

First

Middle

EXAMINATION		
Height _____	Weight _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP _____ / _____ / _____	Pulse _____	Vision R 20/ _____ L 20/ _____ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart <sup>a</sup> • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) <sup>b</sup>		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic <sup>c</sup>		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/Ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

<sup>a</sup>Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

<sup>b</sup>Consider GU exam if in private setting. Having third party present is recommended.

<sup>c</sup>Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

On the basis of the examination on this day, I approve this child's participation in interscholastic sports for 395 days from this date.

Yes \_\_\_\_\_ No \_\_\_\_\_ Limited \_\_\_\_\_

Examination Date \_\_\_\_\_

Additional Comments:

Physician's Signature \_\_\_\_\_ Physician's Name \_\_\_\_\_

Physician's Assistant Signature\* \_\_\_\_\_ PA's Name \_\_\_\_\_

Advanced Nurse Practitioner's Signature\* \_\_\_\_\_ ANP's Name \_\_\_\_\_

\*effective January 2003, the IHSAA Board of Directors approved a recommendation, consistent with the Illinois School Code, that allows Physician's Assistants or Advanced Nurse Practitioners to sign off on physicals.