

2023-2024 CHEERLEADER & MASCOT TRYOUT PACKET

ALBERT CAMMON MIDDLE SCHOOL

Parent Meeting: March 6

Clinic Dates: March 20, 21, 22

Tryout Date: March 23



Name _____

Current Grade _____

CHECKLIST OF FORMS

THIS CHECKLIST AND ALL FORMS ARE DUE TO COACHES BY 3:05 PM ON FRIDAY, MARCH 17, 2023.

- Candidates will submit this cover sheet along with all of the forms listed below. Forms will not be accepted individually or without this cover sheet completed in its entirety.
- Each form box should be initialed by BOTH a parent/guardian and the candidate.
- Candidates must distribute recommendations to their teachers & the teachers will turn these in to the cheer coaches. Recommendations will NOT be accepted if a candidate turns it in.
- Any candidate that has not returned these forms by the above indicated date and time will NOT be allowed to try out for the cheer team until ALL documents are turned in.

FORM	Parent/ Guardian Initials	Candidate Initials
Cheerleader & Mascot Application Form		
Acknowledgement of Duty and Responsibilities Form		
LHSAA Physical <small>*only the SCPPS physical form may be used</small>		
District Athletic Participation Form		
3 Teacher Recommendations <small>*initialing only that they were submitted to teachers</small>		
1 copy of candidate's medical insurance card		
1 copy of the candidate's latest report card		

TEACHER RECOMMENDATIONS

Please fill in the following information.

Recommendation	Teacher Name	Subject(s) Taught	Date given to teacher
1			
2			
3			

By submitting these documents, I acknowledge and understand that they will be kept on file with the coaches, and they may be pulled and/or referred to at any time for any disciplinary situation that may arise. I certify that I have read and understand both the ACM Cheer & Mascot Guidelines and Handbook and the St. Charles Parish Public Schools Athletic Handbook contained within this packet.

Parent/Guardian Signature

Candidate Signature

Date

CHEERLEADER & MASCOT APPLICATION FORM

Student Information

First Name _____ Last Name _____

Grade Next School Year _____ Trying out for (circle one) CHEER MASCOT

Current School Schedule

Teacher	Subject

Mailing Address _____

City _____ State _____ Zip Code _____

Birthday (month/day/year): _____ / _____ / _____ Current Age _____

Medical Information

Allergies _____

Medical Conditions _____

Parent/Guardian Information

Name (print) _____ Relation _____

Cell Phone _____ Email _____

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

Physical on File _____ What month and sport did you get your physical? _____

ACKNOWLEDGEMENT OF DUTY AND RESPONSIBILITY FORM

CANDIDATE

I, _____ have read and understand the duties and responsibilities of becoming a member of the ACM cheer team. If selected as a member of the team, I know that I will be expected to fulfill all of my commitments with enthusiasm, integrity, and respect. I promise to abide by the St. Charles Parish Athletic Handbook and the rules and regulations set forth by the ACM coaches and administrators. I agree to participate in all required activities if selected as a cheerleader or mascot. I also understand that failure to fulfill my duties and responsibilities as a cheer team member may result in disciplinary action(s) taken that could constitute dismissal from the team.

Candidate Signature _____

Date _____

PARENT/GUARDIAN

Please carefully read each section below, and initial in the space provided.

My child, _____, has my permission to try out to become an ACM cheerleader or mascot. I understand that my child will be evaluated by highly-qualified Universal Cheer Association judges, and we agree to abide by the decisions of the judges. I have read and understood the duties and responsibilities that my child will be expected to fulfill if they are selected for the team as a cheerleader or mascot. _____

I understand that the very nature of the activity of cheerleading carries a risk of physical injury. No matter how careful the participant(s) and coaches are, how many spotters are used, or what landing surface is used, the risk cannot be eliminated. The risk of injury includes minor injuries such as muscle pulls, dislocation, and broken bones. The risk also includes catastrophic injuries such as permanent paralysis or even death from landing or falls on the back, neck, or head. I understand these risks and will not hold the school or any of its personnel responsible in the case of accident or injury at any time. I agree to indemnify the school and its employees for any claim which may hereafter be presented by my child as a result of such injuries. In the event that I am unavailable for purposes of providing parental consent, I authorize the staff, hospital, or emergency care center affiliated with the school or school district to provide such hospital care that includes routine diagnostic procedures and medical treatment as necessary to my minor child. I understand that consent does not include major surgical procedures. _____

I have read and understand the discipline policy and procedures of the ACM cheerleading team. Should my child commit any of the serious violations listed in the ACM/SCPPS cheerleading and mascot handbooks or the St. Charles Parish Schools Code of Conduct, I understand that this will be grounds for the immediate dismissal of my child from the cheer team at the discretion of the cheer coaches and administration. _____

I have read and understand the discipline policy and procedures of the ACM cheerleading team. Should my child commit any of the serious violations listed in the ACM/SCPPS cheerleading and mascot handbooks or the St. Charles Parish Schools Code of Conduct, I understand that this will be grounds for the immediate dismissal of my child from the cheer team at the discretion of the cheer coaches and administration. _____

I understand the costs associated with my child becoming a cheerleader/mascot, and agree to pay all required fees by the due dates. If I am unable to meet a payment deadline, I understand that it is my responsibility to contact a coach before the payment due date. I understand that the fees shown are estimated to the best of the coaches' knowledge, are subject to variation, and that opportunities will be offered to participate in extra purchases that are not mandatory items. _____

I understand that fundraisers will be offered to help defray unexpected or extra costs, and that my child will be expected to participate in all fundraisers and meet a minimum sales requirement, regardless of whether it is to . _____

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

Parent/Guardian Signature _____

Date _____

LHSAA MEDICAL HISTORY EVALUATION

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

Please Print

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

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

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

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

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

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

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

List Dates for: Last Tetanus Shot: _____ Measles Immunization: _____ Meningitis Vaccine: _____

PARENTS' WAIVER FORM

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

This waiver, executed on the date below by the undersigned medical doctor, osteopathic doctor, nurse practitioner or physician's assistant and parent of the student athlete named above, is done so in compliance with Louisiana law with the full understanding that there shall be no cause of action for any loss or damage caused by any act or omission related to the health care services if rendered voluntarily and without expectation of payment herein unless such loss or damage was caused by gross negligence. Additionally,

- If, in the judgment of a school representative, the named student-athlete needs care or treatment as a result of an injury or sickness, I do hereby request, consent and authorize for such care as may be deemed necessary..... **Yes** **No**
- I understand that if the medical status of my child changes in any significant manner after his/her physical examination, I will notify his/her principal of the change immediately..... **Yes** **No**
- I give my permission for the athletic trainer to release information concerning my child's injuries to the head coach/athletic director/principal of his/her school..... **Yes** **No**
- By my signature below, I am agreeing to allow my child's medical history/exam form and all eligibility forms to be reviewed by the LHSAA or its Representative(s) **Yes** **No**

Date Signed by Parent _____ Signature of Parent _____ Typed or Printed Name of Parent _____

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

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

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

COMMENTS: _____

OPTIONAL EXAMS:

VISION:
 L: _____ R: _____ Corrected: _____

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

ORTHOPAEDIC EXAM :

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

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

- [] Student is cleared
 [] Cleared after further evaluation and treatment for: _____
 [] Not cleared for: __contact __non-contact

Printed Name of MD, DO, APRN or PA _____ Signature of MD, DO, APRN or PA _____ Date of Medical Examination _____

This physical expires 13 months from the date it was signed and dated by the MD, DO, APRN or PA.

DISTRICT ATHLETIC PARTICIPATION FORM

Student Athlete's Name _____ Current Grade _____

*****THIS FORM MUST BE SIGNED IN THE PRESENCE OF A SCHOOL OFFICIAL, SUCH AS A COACH, SPONSOR, OR ADMINISTRATOR.**

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

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

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

_____ Cheerleading & Mascot _____ Pirettes _____ Football _____ Baseball

_____ Softball _____ Soccer _____ Track & Field _____ Volleyball _____ Basketball

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

Parent/Guardian Signature

Date

School Official

Date

CHEERLEADER & MASCOT TEACHER RECOMMENDATION FORM

Candidate Name _____ Teacher Name _____

Date Received from student _____ Subject(s) taught _____

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

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

Please fill out each section, and return the form to the person indicated below by FRIDAY, MARCH 17, 2023.

ACM Teachers: Please return forms to Mrs. Dozier's or Ms. Sullivan's box in the ACM workroom. DO NOT SEND WITH A STUDENT.

SRE Teachers: Please send forms via courier to Mrs. Dozier or Ms. Sullivan at ACM **OR** an SRE office SOS for coaches to pick up.

ON A SCALE OF 0-3, WITH 3 BEING THE BEST, PLEASE RATE EACH CANDIDATE ON THE FOLLOWING AREAS:

PROFILE	Poor	Weak	Average	Strong
	0	1	2	3
Ability to get along with others				
Attentiveness in class				
Willingness to help classmates				
Quality of work in or out of class				
Punctuality				
General disposition and attitude				
Attendance record				
Ability to accept criticism				
Ability to represent our school well				
TOTAL			/27	

COMMENTS

Teacher Signature _____ Date Submitted _____

CHEERLEADER & MASCOT TEACHER RECOMMENDATION FORM

Candidate Name _____ Teacher Name _____

Date Received from student _____ Subject(s) taught _____

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

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

Please fill out each section, and return the form to the person indicated below by FRIDAY, MARCH 17, 2023.

ACM Teachers: Please return forms to Mrs. Dozier's or Ms. Sullivan's box in the ACM workroom. DO NOT SEND WITH A STUDENT.

SRE Teachers: Please send forms via courier to Mrs. Dozier or Ms. Sullivan at ACM **OR** an SRE office SOS for coaches to pick up.

ON A SCALE OF 0-3, WITH 3 BEING THE BEST, PLEASE RATE EACH CANDIDATE ON THE FOLLOWING AREAS:

PROFILE	Poor	Weak	Average	Strong
	0	1	2	3
Ability to get along with others				
Attentiveness in class				
Willingness to help classmates				
Quality of work in or out of class				
Punctuality				
General disposition and attitude				
Attendance record				
Ability to accept criticism				
Ability to represent our school well				
TOTAL			/27	

COMMENTS

Teacher Signature _____ Date Submitted _____

CHEERLEADER & MASCOT TEACHER RECOMMENDATION FORM

Candidate Name _____ Teacher Name _____

Date Received from student _____ Subject(s) taught _____

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

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

Please fill out each section, and return the form to the person indicated below by FRIDAY, MARCH 17, 2023.

ACM Teachers: Please return forms to Mrs. Dozier's or Ms. Sullivan's box in the ACM workroom. DO NOT SEND WITH A STUDENT.

SRE Teachers: Please send forms via courier to Mrs. Dozier or Ms. Sullivan at ACM **OR** an SRE office SOS for coaches to pick up.

ON A SCALE OF 0-3, WITH 3 BEING THE BEST, PLEASE RATE EACH CANDIDATE ON THE FOLLOWING AREAS:

PROFILE	Poor	Weak	Average	Strong
	0	1	2	3
Ability to get along with others				
Attentiveness in class				
Willingness to help classmates				
Quality of work in or out of class				
Punctuality				
General disposition and attitude				
Attendance record				
Ability to accept criticism				
Ability to represent our school well				
TOTAL			/27	

COMMENTS

Teacher Signature _____ Date Submitted _____

CHEER/MASCOT CLINIC & TRYOUTS

Tryout clinic will be held March 20th, 21st, and 22nd from SRE (3:35) & ACM (3:00) dismissal times until the conclusion of after-school activities at 4:50.

- SRE candidates will be escorted to ACM by a cheer coach OR an SRE faculty/staff member.
- All candidates will need to be picked up and signed out in the office by 4:50 PM each day, or they will ride the activity bus home.
- Practice buses will be available to transport students home when practice is over on Monday-Wednesday. Please be advised that practice buses do not drop students off at individual addresses.

Tryouts will be held from 3:05 PM - till on Thursday, March 23rd.

- All candidates should report to the office and be picked up IMMEDIATELY after their tryout is over if they do not have another supervised after-school activity.

Candidates must be present each day to be considered for the team.

ATTIRE GUIDELINES FOR CLINIC & TRYOUTS

- Candidates who were cheerleaders the previous year are NOT allowed to wear any apparel from previous years during clinic or tryouts EXCEPT for shoes, bloomers, shorts, etc. that do not have any ACM cheer affiliation or markings.
- Absolutely no cropped-tops, v-neck shirts, tank tops, jewelry, jackets, or non-athletic clothing (school uniform) may be worn during clinic days or tryouts.
- Fingernails should be natural and sports cut. No long natural nails, no long acrylics, and no bright colors.
- If proper tennis shoes are not worn, candidates will not be allowed to participate in clinic days or tryouts for safety purposes.
- Female participants must have all hair pulled back in a ponytail, if possible.
- Anyone not in the complete and correct tryout uniform will not be allowed to try out.
- Numbers will be given to each candidate. Numbers must be placed on the front of the shirt where it is visible. Failure to wear the proper number will result in disqualification.

On clinic days, candidates should wear:

- Any appropriate t-shirt
- Any color appropriate shorts
- Bikers/bloomers underneath shorts
- Tennis shoes

On tryout day, cheer candidates MUST wear:

- PLAIN white t-shirt (no logos)
- Black shorts
- Bikers/bloomers underneath shorts
- White socks
- Tennis shoes

On tryout day, mascot candidates may wear any appropriate attire described under clinic days, as they will be dressing out in the full mascot costume to try out.

The Cheerleading Squad will be announced March 23rd, 2023 via Albert Cammon's Cheer webpage at www.stcharles.k12.la.us/domain/1657 by 7:00pm.

IMPORTANT & MANDATORY DATES

- ❖ UCA Cheer & Mascot Overnight Camp on June 5-8 is **MANDATORY**.
- ❖ Candidates should **NOT** try out if they are unable to be present for camp **in its entirety**.
- ❖ If you are already committed to another activity that interferes with our football games, **you should not try out**.

DATE	TIME	EVENT
March 6	5:00pm	Tryout informational meeting
March 20	3:50-4:50 pm	Clinic Day 1
March 21	3:50-4:50 pm	Clinic Day 2
March 22	3:50-4:50 pm	Clinic Day 3
March 23	3:05-4:50 pm	Clinic Day 4 - TRYOUTS
March 27	3:05-4:50 pm 5:00 pm	First practice Mandatory Parent Meeting Fitting, Fundraising, etc. meeting
March 27 - April 10		MEGA DOUGH Fundraiser
March 29	3:05-4:50 pm	Practice
April 5	3:05-4:50 pm	Practice
April 19	3:05-4:50 pm	Practice
April 26	3:05-4:50 pm	Practice
May 3	3:05-4:50 pm	Practice
May 17	3:05-4:50 pm	Practice
May 30 - June 1	TBD	*TENTATIVE* ACM CHEER KIDDIE CAMP and Mandatory Practice
June 5	All day @ LSU	UCA Camp Day 1
June 6	All Day@ LSU	UCA Camp Day 2
June 7	All day @ LSU	UCA Camp Day 3
June 8	All day @ LSU	UCA Camp Day 4
July TBD	TBD	Practice

Please note the following:

- For practices taking place in April and May, SRE 5th graders will be walked to ACM after their dismissal by a cheer coach or SRE faculty/staff member.
- Additional practices **MAY BE ADDED OR CANCELED** at any time.
- Coaches will make every effort to communicate cancellations and/or additions in a timely manner via SchoolStatus and school announcements.
- It is very important that cheerleaders pay attention to the school announcements and check the Google Classroom daily.

FUNDRAISERS

The ACM cheer team participates in a variety of fundraisers throughout the year to specifically help offset both individual and team costs and expenses. They are spaced out throughout the season, and **participation is REQUIRED** by all members of the team, as well as the coaches.

● MEGADOUGH

- Cheerleaders and mascots will register online and begin the MegaDough fundraiser at the parent meeting on Monday, March 27th.
- **50% OF THE SALES OF EACH INDIVIDUAL CHEERLEADER OR MASCOT WILL GO DIRECTLY TOWARDS OFFSETTING HIS/HER OWN EXPENSES, NOT THE ENTIRE SQUAD.**
 - For example, if your child sells \$400 worth of MegaDough products, he/she will receive a credit of \$200 towards his/her expenses.
- Over the last few years, this fundraiser has been a HUGE success for ACM Cheer. Some members have sold enough cookie dough to cover ALL of their cheer or mascot expenses!
- We STRONGLY ENCOURAGE all cheerleaders to sell as much as possible to family, friends, neighbors, etc. to help offset the inc
- In order for everyone to benefit from the full 50% profit, each cheerleader/mascot must sell a minimum of 10 items for the MegaDough fundraiser.
- Orders will take 4-6 weeks to come in, and are delivered to us at ACM. You and your child are then responsible for distributing to the friends, family, etc. that purchased under that member's name.
- **Please note: If the sales of a member surpass the remaining expenses (after the initial deposit), those profits will go to the team account. No credits or refunds will be given.**

● ACM CHEER KIDDIE CAMP

- This year, we are looking to host our first kiddie camp for children.
- The details are still being worked out by coaches and administration, and will be shared with you after we finalize it.
- As an incentive to get participants, for every person who puts your cheerleader's name as their referral person, your child will receive a \$5 credit toward their fees.
- ALL cheerleaders and mascots must participate.

● NOTHING BUNDT CAKES

- We will be selling Nothing Bundt Cakes from August 14, 2023 to August 29, 2023.
- Cheerleaders and mascots will be given a paper copy of the order form at the start of the school year to begin the fundraiser.
- The bundlets will be sold for \$6 and we will profit \$2 per every cake sold. You will be asked to tally your total orders and submit the order form and full payment by August 30. The coaches will submit the orders to the store.
- All funds raised from this fundraiser will profit the team, not the individual.
- Minimum order requirement will be determined at the beginning of the school year.
- Order pick up will be Friday, September 8, 2023 and cakes should be delivered to those who ordered within 24 hours. Cakes will come refrigerated.
- There will be a flier and all flavors will be sold except for seasonal and gluten free options.

PLEASE **DO NOT** ALLOW THE COSTS OUTLINED BELOW TO DETER YOU FROM ALLOWING YOUR CHILD TO TRY OUT TO BECOME A CHEERLEADER OR MASCOT. AS COACHES, WE WOULD NEVER WANT ANY INTERESTED CHILD TO MISS OUT ON THE OPPORTUNITY TO BE A PART OF SUCH AN EXCITING, REWARDING, AND FULFILLING TEAM THAT SPREADS SCHOOL SPIRIT YEAR-ROUND. IF YOU HAVE FINANCIAL NEED OR DIFFICULTIES, PLEASE REACH OUT TO A COACH, AND WE WILL MAKE EVERY EFFORT POSSIBLE TO ACCOMMODATE YOUR NEEDS.

APPROXIMATE CHEERLEADER & MASCOT COSTS

Please note that the following costs are **approximate and subject to change** due to possible nationwide manufacturing shortages, increased shipping rates, unforeseen circumstances, inflation, etc.

Coaches will communicate any and all increases or decreases in prices in a timely manner.

NEW CHEERLEADER - MANDATORY - \$1460.00

DESCRIPTION	APPROXIMATE COST
4 Day UCA Summer Camp @ LSU	\$450
Uniform (shell, skirt, sleeves, nike pro brief, socks, shoes)	\$344
Warmup (jacket, pants, personalization)	\$173
Camp/Practice/Spirit Outfits (polo, skirt, tank shorts, crop)	\$209
Accessories (rain jacket, headwarmer, duffel bag, poms, bows, personalization)	\$204
Football Season Fee (food, drink, glitter, etc.)	\$30
Shipping	\$50

RETURNING CHEERLEADER - MANDATORY - \$983.00

DESCRIPTION	APPROXIMATE COST
4 Day UCA Summer Camp @ LSU	\$450
Uniform (nike pro brief, socks)	\$38
Warmup (jacket, pants, personalization)	\$173
Camp/Practice/Spirit Outfits (polo, skirt, tank, shorts, crop)	\$209
Accessories (headwarmer, bows, personalization)	\$33
Football Season Fee (food, drink, glitter, etc.)	\$30
Shipping	\$50

MASCOT - MANDATORY - \$683.00

DESCRIPTION	APPROXIMATE COST
4 Day UCA Summer Camp @ LSU	\$450
Warmup (jacket, pants, personalization)	\$173
Football Season Fee (food, drink, glitter, etc.)	\$30
Shipping	\$30

***Camp/practice/spirit outfits and all accessories are optional purchases for the mascot.**

Optional and additional items, such as a belt bag, sports bra, sweatshirt will be available for purchase through Varsity at the time of the uniform fitting.

PAYMENTS

All cheerleaders and mascots will be automatically enrolled in the payment plan outlined below. Full balances and/or larger payments may be paid at any time.

DUE DATES

Payment	Date	Amount Due
DEPOSIT	Monday, March 27	MANDATORY \$250 deposit for both returning and new members
MEGADOUGH	Monday, April 10	50% of individual MegaDough Sales will be subtracted from your total balance and counted as a payment
#1	Friday, April 21	1/5 of remaining balance
#2	Friday, May 19	1/5 of remaining balance
#3	Friday, August 18	1/5 of remaining balance
#4	Friday, September 15	1/5 of remaining balance
#5	Friday, October 20	FINAL PAYMENT

If you are unable to meet a payment deadline, it is the responsibility of the parent(s) or guardian(s) to contact a coach before the payment due date.

Payments must be paid in check or cash ON OR BEFORE the due date, no later than 3:05 PM.

- Please make checks out to Albert Cammon Middle School and write your child's name and cheer in the memo.
- Cash should be sent to school in a sealed envelope with the cheerleader/mascot's name.

ACM CHEER & MASCOT GUIDELINES

The purpose of this packet is to ensure that the newly appointed cheerleaders and mascots have a successful year both in school and as part of the squad. As we strive for excellence, the following guidelines will ensure that we are in-line with the school's climate for success, as the purpose of a cheer team is to promote school spirit and a strong work ethic.

Following the guidelines is a list of our demerit system. The purpose of the demerit system is to ensure that the members abide by the guidelines set forth by the coaches, St. Charles Parish, and LHSAA to promote a positive image and character as we continue to strive for excellence in everything that we do. Please read through the guidelines and demerit system and feel free to share any questions or concerns you may have.

ACM CHEER & MASCOT HANDBOOK

DISCIPLINE AND ATTENDANCE

MEMBERS MUST COOPERATE WITH ALL FACULTY MEMBERS, TEAM MEMBERS, GAME OFFICIALS, COACHES, AND ANY ADULT(S) ASSISTING THE TEAM.

- Members must display proper behavior in class, including (but not limited to):
 - Being respectful, punctual, and on-task
 - not skipping, cheating, or disrupting the classroom environment
- Members must not use profanity, or misbehave in any team apparel (uniform, t-shirts, jackets, warm-ups, etc.) or while representing St. Charles Parish Public Schools at any event.
- Each case of discipline will be judged individually. The coaches, with the assistance of the administration if deemed necessary, have the final decision in any disciplinary situation.
- Every attempt will be made to discipline fairly and transparently, and to make consequences of actions known ahead of time.
- Parents will be kept informed of all offenses and disciplinary actions. Severity of, or repeated offenses may dictate additional consequences.
- **DISCIPLINARY ACTIONS MAY INCLUDE, BUT ARE NOT LIMITED TO:**
 - Issuance of demerits
 - Physical conditioning
 - Removal from a stunt group
 - Benching from a performance, or performances
 - Probation
 - Dismissal from the team

MEMBERS MUST MAKE EVERY EFFORT TO CONSISTENTLY ATTEND AND ACTIVELY PARTICIPATE AT ALL PRACTICES, GAMES, AND PERFORMANCES.

- One person being absent affects the entire team. It is important not to compromise the practice time of the entire team by being absent, and should always be avoided when possible.
- Absences must be excused prior to practice/game or it will result in consequences.
 - This does not include emergency situations that may arise. In the event of an emergency, a parent/guardian should communicate with a coach as soon as possible.
- If a cheerleader is absent from a practice leading up to any type of performance (pep-rally, game, Varsity/UCA spirit event, etc.), the coaches reserve the right to pull that person from the entire performance or stunt group.
- If an absence from a practice, game, or event is due to a SCPPS school-related function with another activity (band, choir, tutoring, another sport, etc.), you must still notify a coach that you will be absent. This **INCLUDES** splitting time.
- If you have an injury or medical condition that prevents you from participating in practices, games, or events, you **MUST** provide documentation from a doctor stating the condition, restrictions, and timeline. This must also go through the school nurse.
- Failure to notify the coaches of an absence in advance will result in an automatic demerit, unless it is an emergency.
- Attendance at a game or practice without proper shoes, clothes or uniform will be treated as an absence.

PRACTICES

- Members should make their best effort to notify coaches of an absence before it occurs.
- If this is not possible, a note (see specifics below) must be submitted to a coach upon the day of return to school or practice (if during summer).
 - **HABITUAL EARLY DEPARTURE/LATE ARRIVAL**
 - A phone call from a parent/guardian is required.
 - Must be approved by the coaches.
 - **ONE ABSENCE**
 - A note or phone call from a parent/guardian is required.
 - **TWO CONSECUTIVE ABSENCES**
 - A note from a parent/guardian **or** doctor is required.
 - **THREE OR MORE CONSECUTIVE ABSENCES**
 - A note is required from a doctor that contains: the nature of the injury, restriction(s), duration of restriction(s), and any special instructions.
 - **EXCESSIVE ABSENCES**
 - Three or more absences occurring within a school quarter or nine-week period.
 - A parent and member conference with the coaches will be required to revisit attendance expectations and commitment to the team.

GAMES AND EVENTS

- If you are absent from a game or event, a written note is required from a parent/guardian and/or your doctor. If the absence is not due to a medical condition, demerits may be given upon the discretion of the coaches.
- Excessive mistakes while cheering at games or events may result in disciplinary action being taken.

UNIFORMS AND APPEARANCE

- All cheerleaders and mascots must conduct themselves with pride and integrity when wearing any affiliated apparel, both at school and in the community.
- All mandatory cheer apparel must be kept in an excellent, clean condition. Coaches reserve the right to require members to repurchase any items they deem to not meet the standards of cleanliness or uniformity.
 - This includes: shell, skirt, body liner, practice uniforms, warmup jacket and pants, shoes, poms, rain jacket, headwarmer, and all hair accessories.
- No jewelry is allowed during practices, events, performances, or games, unless otherwise stated by a coach.
- Members may not wear team uniforms on off-campus, to any event, parades, competitions, etc. without the permission of the coach.
- Do not wear any colored bras under uniform or practice uniforms, except for the required nude/skin colored sports bra.
- Fingernails must be trimmed in a sport cut. Nail polish, if worn, must be clear or natural color.
- No gum chewing during practices, performances, or games.
- All phones must be turned off during practices, performances, or games.
- Hair must be secured in the style determined by the coaches per event. Bangs must be out of the eyes.
- Cheer team members will not loan out any piece of their uniform to anyone. Warm-ups and sweatshirts are considered part of your uniform and should not be worn by anyone other than you or at any other time other than team activities.
- Team members must wear their required uniform to school on game days. Failure to do this will result in not participating at the game.

PERFORMANCES AND CHEER LINES

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

TRANSPORTATION

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

ACM CHEER DEMERIT/DISCIPLINE SYSTEM

- Cheerleaders may receive demerits for the following:
 - Unexcused and Excused absences from cheer events
 - Tardiness
 - More than (5) minutes late being picked up from practice/game/event
 - Improper game day uniform or dress for practice
 - Hair and/or Nails not appropriate

- Wearing jewelry during practice/game/event
- Food and/or gum during practice/game
- Inappropriate PDA or Primping during games or in uniform
- Inappropriate behavior or excessive talking during cheer events
- Cell phone use during practice/game/event
- Disrespect
- Negative report from a classroom teacher or faculty member
- Not returning signed demerit within 1 week
- Receiving a non-negotiable or teacher lunch detention
- In School Suspension
- Different reasons for demerits carry different weights. Demerits can add up quickly and discipline follows.
- Cheerleaders MAY earn merits to cancel out demerits.
- The coach, the cheerleader, and the parent will all be required to sign the demerit. Demerits must be returned to the coaches within 1 week of receiving it.

CONSEQUENCES

- 5 demerits: Must sit out of ONE performing event selected by the coaches AND a conference with the coaches.
- 10 demerits: Must sit out of ONE performing event selected by the coaches AND a conference with the cheerleader/mascot, parent/guardian, and coaches.
- 15 demerits: Must sit out of ONE performing event selected by the coaches AND a conference with cheerleader/mascot, parent/guardian, coaches and administration with possible dismissal from the squad.
- Any behavior deemed inappropriate by the coach and/or administration may be grounds for dismissal without warning and/or demerits with administrative approval
- Any time a team member must sit out of an event, they must attend, fully dressed in uniform and accompany the coaches.
- Consequences for receiving ADAPT are left to the discretion of the coaches and administration.

Instructions and Definitions/Criteria

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

Instructions for the Parent/Legal Guardian:

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

Instructions for the Medical Provider:

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

Immunization Documentation:

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

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

Definitions & Criteria for the Medical Provider

Anemia Screen (if indicated)

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

Urine Screen (if Indicated)

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

Vision Screening (if indicated)

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

Hearing Screen (if indicated)

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

Blood Lead Test (if indicated)

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

You and I ...
We are



ST. CHARLES PARISH PUBLIC SCHOOLS

EXCESS INSURANCE AND CONSENT POLICY

13855 River Road
Luling, LA 70070
985.785.6289
www.stcharles.k12.la.us

School Board Members

Ellis A. Alexander
DISTRICT 1

Melinda H. Bernard
DISTRICT 2

Dennis J. Naquin
DISTRICT 3

Clarence H. Savoie
DISTRICT 4

John L. Smith
DISTRICT 5

John W. Robichaux
DISTRICT 6

Arthur A. Aucoin
DISTRICT 7

Alex L. Suffrin
DISTRICT 8

Superintendent

Ken Oertling, Ed.D.

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

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

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

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

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

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



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ST. CHARLES PARISH PUBLIC SCHOOLS

MIDDLE SCHOOL COMPREHENSIVE SPORTS INJURY MANAGEMENT PROGRAM

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

If your child gets hurt during athletic participation, he/she should approach the coach.

The coach will be responsible for making sure that all Incident/Accident Reports are reported and contact you (the parent) to provide any further information necessary. An ambulance service is on site during football games.

How do we define injuries in St. Charles Parish?

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

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

If you need additional information, please feel free to contact the coaches or the District Athletic Director, Kade Rogers, at any time.





Parent/Athlete Concussion Information Sheet

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports **one or more** symptoms of concussion listed below after a bump, blow, or jolt to

Did You Know?

- Most concussions occur *without* loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

the head or body, s/he should be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETES
Appears dazed or stunned	Headache or “pressure” in head
Is confused about assignment or position	Nausea or vomiting
Forgets an instruction	Balance problems or dizziness
Is unsure of game, score, or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness (<i>even briefly</i>)	Feeling sluggish, hazy, foggy, or groggy
Shows mood, behavior, or personality changes	Concentration or memory problems
Can't recall events <i>prior</i> to hit or fall	Confusion
Can't recall events <i>after</i> hit or fall	Just not “feeling right” or “feeling down”

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (*even a brief loss of consciousness should be taken seriously*)

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. *They can even be fatal.*

Remember

Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

CHEERLEADING TRYOUT SCORE SHEET

TRYOUT # _____

Date: _____

CATEGORY SCORE _____

APPEARANCE (3 points total)

Appropriate Attire (1 point)

Poise/Posture (2 points)

CHEER TECHNIQUE (30 points total)

Execution (angles, strength, wrists) (15 points)

Voice Projection (loud, strong, clear) (5 points)

Sharpness (10 points)

JUMP TECHNIQUE (10 points total)

Arm Placement/Hands (5 points)

Jumps (height, timing, pointed toes) (5 points)

SHOWMANSHIP (10 points total)

Smile/Spirit/Enthusiasm (4 points)

Confidence/Recoveries (3 points)

Eye Contact/Facial Projection (3 points)

DANCE (20 points total)

Rhythm/Confidence (10 points)

Motion placement (5 points)

Motion sharpness (5 points)

EVALUATIONS (27 points total)

Teacher Recommendation #1 Score _____

Teacher Recommendation #2 Score _____

Teacher Recommendation #3 Score _____

Average score _____

Comments: _____

JUDGE: _____

TOTAL SCORE: _____

(A TOTAL OF 100 POINTS POSSIBLE)

ST. CHARLES PARISH PUBLIC SCHOOLS



MIDDLE SCHOOL CHEERLEADER & MASCOT HANDBOOK



ST. CHARLES PARISH PUBLIC SCHOOLS

MIDDLE SCHOOL CHEER & MASCOT PROGRAM

PURPOSE

- To encourage school spirit and pride in your school.
- To promote physical and mental development .
- To develop lifelong values and skills.

VISION

- To provide opportunities for participation in a wide variety of activities during every sport and competition season.
- To be an integral, well-coordinated part of the middle school curriculum .
- To assist participants in the development of athletic and leadership skills.
- To develop effective time management strategies .
- To develop socially through cooperation, competition, and appropriate standards of behavior.

MISSION

- Promote and uphold school spirit, unity, and pride.
- Represent the school to the highest degree.
- Set an example of good behavior and sportsmanship at all times (whether in uniform or not).
- Promote friendship with each other and with schools with whom we compete, perform, and go to camp with.
- Promote the development of lifelong values and skills.

EDUCATIONAL VALUE TO ST. CHARLES PARISH PUBLIC SCHOOLS

Membership on a team offers a unique opportunity for personal growth, leadership, and involvement in diverse activities. The attitude, dedication, and enthusiasm of the team members are just as important as the skills involved in spirit leading. Members of the cheer team are committed to the highest level of athleticism, performance, self-discipline, respect for the school and others, personal exemplary conduct and the performance of all responsibilities related to the pursuit of school spirit and pride. Furthermore, cheer team members demonstrate a proven ability to balance academic requirements and demands with extracurricular and personal activities.

GOALS

- Cheer and perform at all football and basketball games (girls and boys).
- Support and perform at school pride and recognition assemblies .
- Be ambassadors for the school at open house, after school assemblies, and any other opportunities that may come up at individual schools.

CHEER PROGRAM CODE OF ETHICS

- Ensure equal opportunity to all students without regard to gender, race, religious, color, national origin, ancestry, or economic capability.
- Emphasize the ideals of sportsmanship, ethical conduct, integrity, accountability, and fair play.
- Abide by all school, district, and league rules.
- Show courtesy to all visiting teams, competitors, hosts, and officials .
- Respect the integrity and judgment of all sports and competition officials.

CHEER PROGRAM STANDARDS

- Cheer team members understand that teamwork and the maintenance of discipline is key to the success of the program. Cheer team members are dedicated to promoting spirit, enthusiasm, and a positive winning attitude through example. Adherence to the cheer program standards is vital to achieving these goals. All members realize that the manner in which they conduct themselves, in or out of uniform, directly reflects

on the individual, entire team, and school.

- It is recognized that these standards are necessary to maintain team morale, team and individual discipline, and effective learning. Consistent enforcement of rules and regulations is also necessary to ensure the safety and general wellbeing of each individual student.
- **Participation in the cheer team is voluntary, not mandatory. It is a privilege, not a right, and may be revoked by the school personnel when a team member violates the rules and regulations.**

ELIGIBILITY

- For each grading period, members must maintain a 2.0 GPA (grades will be checked via progress reports and report cards).
- Members must maintain a good disciplinary/ conduct record, attendance, class performance, and teacher recommendations during the time on the team and for try-outs.
- All members must have all current paperwork on file:
 - Cheer team application
 - Acknowledgment of Duty and Responsibilities Form
 - Student/Athletic Insurance Information Form
 - LHSAA Physical Form
 - A copy of your last report card
 - A copy of your Up-To-Date Insurance Card
- **All practices, camp, and games are mandatory .**
- **All members are expected to take part in fundraisers**
- **If you were a member of the team during the previous season and you chose to quit or were dismissed, you will be ineligible to participate during the next season.**

CONDUCT

- Promoting good sportsmanship by way of example is required at all times. Members must not use foul language at practices, in school, at games, camp or competitions, etc.
- All team members must be responsible digital citizens (including but not limited to Facebook, Twitter, text messages, etc.).
- Excessive public displays of affection are not allowed in uniform, at games or in school settings.
- Proper appearance is required at all times, with clothing appropriate to the occasion.
- All team members are to participate in ALL areas: making up cheers and posters, creating dance routines, participating in fundraisers and pep assemblies, etc. Everyone must share the workload as a cohesive cheer squad or team.
- Everyone must have a solid working knowledge of all cheers, chants, and dance routines in order to be able to perform at a game or event.
- Do not bring personal problems which could affect the team with you to practices and games. Coaches are available if you need someone to talk to.
- Display correct and acceptable leadership skills.
- By being part of the cheer team; you are accepting the fact that your actions are more prominent than those not associated with such an activity. Because of this, exemplary behavior is mandatory at all times, anywhere in the community and at all school functions where you are a representative of St. Charles Parish Public Schools.
- **Members must cooperate with (and remain respectful to) all faculty members, team members, game officials, coaches, and sponsors.**
- Cheer team members must display proper behavior in class, including being on time, not skipping, and not cheating.
- Each case of discipline will be judged individually. The sponsor/coach, with the assistance of the administration if deemed necessary, has the final decision in any disciplinary situation.
- Every attempt will be made to discipline fairly/equally, and to make consequences of actions known

ahead of time. Parents will be kept informed of problem situations. Severity of or repeated offenses may dictate immediate action or additional consequences.

ABSENCES

- One person being absent affects the entire team. It is important not to compromise the practice time of the entire team by being absent.
- Absences should always be avoided when possible. Absences must be excused prior to practice/game .
- Practices:
 - If you will miss 1 practice, a written note or phone call from a parent/ guardian is required.
 - If you miss 2 practices, a note is required from a parent/ guardian or doctor.
 - If you miss 3 or more consecutive practices, a note is required from a doctor that contains: the nature of the injury, restriction(s), duration of restriction(s), and any special instructions.
- Games/ Events:
 - If a member misses any games/ events, a written note is required from a parent/ guardian or doctor.
 - If the absence is not due to a medical condition, demerits may be given upon the discretion of the coaches.
- Failures to notify your coach will result in an automatic demerit.
- Missing a scheduled practice the day before a game may result in the individual not performing/cheering at the game.

Attendance at a game or practice without proper shoes, clothes or uniform will be treated as an absence. You will also not be able to cheer at the game.

PRACTICES

- Practices are mandatory.
- Team members must arrive to practice on time, wearing proper shoes and clothing.
- Hair needs to be out of the eyes and in a secured ponytail if shoulder length or below.
- Chewing gum or eating during practices is prohibited.
- Cell phone usage during practices is prohibited.
- No jewelry (i.e. earrings, bracelets, straight bobby pins, rings)
- Side conversation during practice, especially during stunts, will result in team demerits.
- If a member has to miss practice for any reason, he/she is required to call the cheer coach at least 30 minutes prior to the start of practice. Failures to notify the coach will result in an automatic demerit.
- If a member does not attend at least 3 classes the day of practice, he/she cannot attend practice. Coach needs to be notified by either you or your parent(s). Call must be received at least 30 minutes prior to start time or the absence will be considered unexcused. Failures to notify the coach will result in an automatic demerit.
- Missing practices that have valid excuses can still lead to being removed from a routine, a position or stunt, due to not physically being available to practice.
- For any reason if a member is not able to practice, he/she will not be allowed to sit on the side. He/she must actively help where needed as instructed by the coach.
- Missing the last practice before a game, performance, competition may result in ineligibility to participate.
- Safety is our first priority. No excessive horse-playing. Never stunt without the coach present.

GAMES

- All games are mandatory.
- All cheer team members must know all the cheers, dances, and/or routines for the game. Sitting out is unacceptable.
- Members are required to dress in full uniform.

- Hair must be secured in the style determined by the coaches per event. Bangs must be out of the eyes. Hair must be natural in color.
- Make-up should be worn in moderation.
- Absolutely NO jewelry .
- Only natural nail color (nudes, tans, opaque pinks). Nails need to be sport cut/trimmed.
- No chewing gum or eating during games.
- Socializing with friends while the game is in progress is not allowed .
- If a member does not attend at least 3 classes the day of the game/competition/performance, he/she cannot attend the event. The coach needs to be notified by the member and a parent/guardian. Call must be received at least 30 minutes prior to start time or the absence will be considered unexcused. Failure to notify a coach will result in an automatic demerit.
- During game suspensions, the team member will sit in uniform with the coach/advisor for the entire game and help where needed.

UNIFORMS/APPEARANCE

- Uniforms and team athletic shoes must be clean.
- All team members must have the same uniform look.
- Do not use profanity, or misbehave in any team apparel (uniform, T-shirts, jackets, warm-ups) or while representing St. Charles Parish Public Schools at any event.
- No jewelry is allowed during practices, performances, or games.
- Members may not wear team uniforms on off-campus, to any event, parades, competitions, etc. without the permission of the coach.
- Do not wear any colored bras under uniform or practice uniforms, except for the required nude/skin color sports bra.
- Fingernails must be trimmed. Nail polish, if worn, must be clear or natural color.
- No gum chewing during practices, performances, or games.
- All phones must be turned off during practices, performances, or games.
- Hair must be secured in the style determined by the coaches per event. Bangs must be out of the eyes.
- Cheer team members will not loan out any piece of their uniform to anyone. Warm-ups and sweatshirts are considered part of your uniform and should not be worn by anyone other than you or at any other time other than team activities.
- Team members must wear their warm up uniform to school on game days. Failure to do this will result in not participating at the game.

PERFORMANCES AND CHEER LINES

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

TRANSPORTATION

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

DISCIPLINE POLICY

This discipline policy has been developed as a tool to promote teamwork, equity, self-discipline, and responsibility. The coach, along with a school administrator, reserves the right to make any decisions in the best interest of an individual and/or the team.

The following violations will be grounds for **immediate dismissal** from the cheer team.

- Alcohol consumption, drug use, use of tobacco products, steroids, or any other controlled substances.
- Breaking the law.
- Any egregious behavior deemed inappropriate by the coach or administration or any serious violation of the St. Charles Parish Schools Code of Conduct.

The following may be grounds for disciplinary action ranging from issuance of demerits to dismissal:

- Tardiness
- Wearing jewelry (ALL JEWELRY IS INCLUDED NO EXCEPTIONS!!!!!!)
- Using profanity in uniform
- Untidy uniform
- Talking to fans or other team members excessively during games
- Not being on-line before game or after half-time
- Display of unsportsmanlike conduct
- Uncooperative attitude
- Eating or drinking on floor/field (during games or practices)
- Absent from games, practices or other cheer/ dance team functions
- Cell phones turned on at any sponsored event (practice, games, etc.)
- Disrespectful conduct via Facebook, Twitter, text messaging, or any other social media platform.
- In- School Suspensions and ADAPT (out of school suspensions)