

Tiger Spirit Cheer Club
Causey Middle School
2022-2023

Dear Parents,

Your child has indicated an interest in being a Causey Middle School Tiger Spirit cheer club member for the 2022-2023 season. Before club selections, I want each student to know what will be expected if she is selected for the cheerleading club. I especially want to inform the parents about general policies and requirements that have been set for all the Causey Middle School cheer club members. This information packet should answer most of your questions. You will find a schedule of clinic/selection date below.

Selection clinic:

MAY 16TH

CMS GYM

4:45-6:45 PM

THE SELECTION CLINIC WILL BE CLOSED.

NO PARENTS, GUARDIANS, FRIENDS, ETC ARE ALLOWED IN THE GYM OR IN HALL.

The packet– with non-refundable fee should be turned in by Friday, May 13, 2022.

No Exceptions!

Sincerely,

Katelyn Busby

Cheerleading Coach

(251) 221-2060

kbbusby@mcpss.com

IMPORTANT DATES

Selection Date: Monday, May 16, 2022 MANDATORY

4:45– 6:45 PM

CMS GYM

CLINIC IS CLOSED

Selection

Announcement: Athletes chosen for Tiger Spirit will be posted to the CMS Tigers Cheerleading Facebook page as soon as possible after clinic

If selected,

UNIFORM

FITTING: May 24th @ 4:00 PM MANDATORY

Coach Busby's Room

Park in rock parking lot by the baseball field to enter that wing of the school. Someone will direct you.

Clinic Fee: \$20.00 (non-refundable)

Cash or Check made to CMS cheer

Selections based

on the following:

Toe-Touch

Show of Spirit

Smile/ Personality

Attitude

Sharpness/ Placement of Motions

Dress:

Navy shorts and white t-shirt tucked in with tennis shoes/cheer shoes

NO TIGHT ATHLETIC SHORTS (such as Nike Pro)

No Jewelry

Hair out of face

No cell phones during clinic

CAUSEY MIDDLE SCHOOL CHEER CLUB

RULES AND REGULATIONS

PURPOSE:

1. Members promote and uphold school spirit.
2. Members are role models for the entire Causey student body and always conduct themselves in an exemplary manner- both on and off the school campus.
3. Members show good sportsmanship at all sporting events.
4. Members promote the crowd involvement at all games and functions.
5. Members must maintain a respectful attitude.

MEMBERSHIP:

1. There will be one Causey Middle School Cheer Club
2. All students- regardless of race, gender, culture, ethnic background, and/or religious beliefs- are eligible for membership in the club.
4. If a student is under a doctor's care, he/she must have a doctor's note stating that she is able to participate in ALL cheerleader activities; otherwise, she will not be allowed to participate.

REQUIREMENTS:

1. Members MUST maintain a "C" average in all classes.
2. Members must maintain and display good attendance and behavior/attitude.

PRACTICES:

1. **ALL practices are required.**
2. All practices are scheduled by the coach.

UNIFORMS AND APPEARANCE

1. Cheer club items (uniform, poms, bloomers, shoes, socks, etc.) are to be purchased by the individual members by the deadline set by the sponsor.
2. Each cheerleader is responsible for the care of their own uniform. The uniform should be pressed and clean for every event.
3. Uniforms are to be worn to school on game day.
4. Uniforms are to be worn **ONLY** in conjunction with school activities. (ex. Cannot wear as a Halloween costume)
5. Hair should be kept clean, out of the face, and not brushed in public.
6. **NO JEWELRY** should be worn at any time with the uniform. This includes practice, game, functions, performances, etc... This includes newly pierced ears.
7. Sweat pants will not be worn with the uniform at any time.
8. No part of the cheerleading uniform, practice clothes, camp gear, or outer wear, from any year, will be worn by anyone besides CMS cheerleader.
9. If you ARE NOT participating in the game/event scheduled, you WILL NOT be allowed to wear uniform to school.

GAMES

1. A member should NOT miss any games.
2. Each member must arrive 45-60 minutes prior to the start of each game. The coach will give the arrival time.
3. Each cheerleader **must be present** at school the day of a game, function, or performance to participate in the game or event.
4. Members **must check with the coach** before leaving school with an early dismissal (except in case of an emergency) on practice or game day.

PROBATION

1. A merit/demerit system is put in place for disciplinary purpose. This system awards positive points for exemplary behavior and negative points for rule infractions.
2. If a member is on probation because of grades or demerits, she will still be responsible for any required duties for the period of time.
3. If a member is on probation for a game, he/she is **not allowed** to wear the uniform to school.
4. If a member drops below a "C" average **in any class** she will be placed on probation.
5. Suspension from school will result in immediate dismissal from the squad.
6. The coach or principal has the right to suspend a member from any game, function, or performance for reasons at her discretion.

SOCIAL MEDIA GUIDELINES FOR ATHLETES AND PARENTS:

Should any actions, videos, photos, social media posts, etc. that show athletes in questionable situations arise will be grounds for immediate suspension and/or removal from the program/squad. Per coaching staff and administrations discretion. No videos of practices, performances, etc. will be posted to social media sites such as Facebook, Instagram, Pinterest, Snapchat, Tik Tok, Youtube, etc. unless given permission by the coaching staff. If you are in your Causey Uniform no pictures posted to social media unless approved by the coaching staff.

Parents:

Each parent is expected to maintain a positive attitude about individual athletes, the team, coaches, program, and competitors. The CMS Cheer Coaching staff are expecting parents to have words of encouragement and help coaches teach/demonstrate good sportsmanship. Parents are expected to follow rules and regulations just as athletes are and not second guess decisions made by the coaching staff. Any parents that make drama, bring negativity, and create a difficult or hostile environment will have their child/ren dismissed from the program. Parents are not permitted into practices unless the coaches give permission. Otherwise, all practices are **CLOSED**.

Each member/parent will be responsible for the payment of choreography, tumbling practice, stunt trainings, competition fees, and/or any other expenses that shall arise.

**CAUSEY MIDDLE SCHOOL CHEER CLUB TRYOUTS:
INFORMATION SHEET**

Please complete the following information. Please print legibly.

Student Name: 	Current School: 	Home Address:
Birthday: <hr/> Cell Phone: <hr/> Email Address: <hr/>	Parent/Guardian Name: <hr/> Home Address (if different from above) <hr/> Home Phone: <hr/>	Mother's Work Phone: <hr/> Mother's Cell Phone: <hr/>
Father's Name: <hr/> Work Phone: <hr/> Email Address: <hr/>	Emergency Contact: <hr/> Relationship: <hr/> Emergency Phone Number: <hr/> Emergency Cell Phone: <hr/>	Allergies/Health Conditions/ Medications: (List i

PAYMENT:

The estimated cost to be a cheer club member is \$400.

- **This payment is due at the uniform fitting. Cash or Check (made out to CMS cheer)**

I _____ acknowledge that I am the parent/guardian and agree to pay the amount listed above for my athlete's fees on the cheer club. I understand that this fee is non-refundable.

Signature: _____ Date: _____

I am the parent/guardian of _____, a student coming to Causey Middle School for 2022-2023 school year. My child desires to be part of Causey Middle School's cheer club— Tiger Spirit. I also desire for my child to be a member of the cheer club.

I have read the by-laws, rules, and regulations applicable to the cheerleading squad. I acknowledge that participation in the cheerleading squad carries with it potential hazards. My child could fall, be knocked over, run into, or bumped; He/she could possibly receive bruises, broken bones, concussion, and/or serious injury as a result of some of the gymnastics/acrobatics and/or building stunts/ pyramids practiced or performed as a part of the cheerleading club.

I hereby attest and verify that my child has seen a physician and obtained a physical, deeming my child physically fit and able to participate in the strenuous exercise that is necessary and part of the cheerleading program.

In CONSIDERATION for my child having the opportunity to participate in the school's cheerleading squad, I hereby release the Board of Education, the school, the principle, the sponsor, the faculty, and parent volunteers, or any one or more of their executors, administrators, heirs, next of kin, successors, or assigns of and from any liability- whether or not caused by negligence, resulting from injury or death as a result of my child's participation in cheerleading activities and related events.

IN FURTHER CONSIDERATION of the acceptance of my child in the cheerleading club at the school:

- a. I hereby agree to comply with all the rules and regulations applicable to the cheerleading club, to encourage my child to so comply, and to assist the cheerleading sponsor and the faculty and parent volunteers in encouraging all participants in the cheerleading club to so comply.
- b. For myself, my executors, administrators, heirs, next of kin, and assigns:

1. I WAIVE AND RELEASE any and all claims that I may have against the Board of Education, the school, the principal, the sponsor and the faculty and parent volunteers, or any one or more of their executors, administrators, heirs, next of kin, successors, or assigns of and from any liability, including any and all claims for damages caused by the negligence of any of them, resulting from or arising out of my child's participation in cheerleading activities and related events.

2. I AGREE TO INDEMNIFY AND HOLD HARMLESS the Board of Education, the school, the principal, the sponsor and the faculty and parent volunteers, or any one or more of them or their executors, administrators, heirs, next of kin, successors, or assigns of them against any such claim for injury, damages or costs, including attorney's fees, arising from, related to, or otherwise occurring as a result of the negligence of any of them, in connection with my child's participation in cheerleading activities and related events

3. I CONSENT to allowing my child to receive medical treatment which may be deemed advisable in the event of injury, accident and/or illness resulting from or arising out of my child's participation in cheerleading activities and related events.

Signature of Parent/Guardian

Date

PARENTAL PERMISSION TO BE A CHEER CLUB MEMBER

I, _____, have read and fully understand the rules and demerit system which my child must follow if chosen for Causey Middle School's cheerleading club. I understand that this is an extra-curricular activity and that attendance at all practices, games, special functions, and summer camp is a **requirement** for all the elected Cheer members.

I hereby give my child, _____, my permission to try out for cheer club at Causey Middle School and recognize the responsibilities and requirements as a leader of the school. I understand that if selected, the child's parent/guardian must pay for uniforms, etc.

Parent/ Guardian Signature

Date

PARENT/GUARDIAN PERMISSION AND MEDICAL RELEASE FORM

I hereby give my consent for the below-named student to represent his/her school in extra- curricular activities. I also give my consent for my child to accompany the squad to other schools and activities. I also give consent and authorize the school or its representative to obtain, through a physician of its choice, such medical attention as is reasonably necessary for the welfare of the student, if she is injured or ill while in the course of school activities. I understand that the school is not financially responsible for any injury which may occur.

Parent/ Guardian Signature Date

Address

_____ Insurance Company _____ Policy Number

Permission and Agreement

Be advised that if you make the cheerleading club, you are making a commitment to Causey Middle School, your coach, your teammates, and yourself for the entire season. The decision to try out should be taken very seriously. You will be expected to consider cheerleading as one of your top priorities. As a representative of the cheerleading club and Causey Middle School, you must maintain proper behavior at all times. You must follow the cheerleading guidelines set forth in the Rules and Regulations. Students who break the rules will be subject to the penalties presented in the code of conduct. By making this commitment to Causey's cheerleading club, you will receive many valuable and rewarding experiences.

Student Agreement

I, _____, have read and understood the 2022-2023 Rules and Regulations for cheerleaders. I agree to abide by the policies presented, should I be chosen as a member of the 2022-2023 squad. I am agreeing to the information in the packet and understand that failure to adhere to these rules and policies could result in dismissal from the squad.

Student Signature

Date

Parent/Guardian Agreement

I, _____, the parent/guardian of _____ have read and understand the 2022-2023 Rules and Regulations for cheer club members. I agree to abide by these polices described if my child is chosen as a member of the 2022-2023 club. I also agree to the financial obligations presented in the information packet provided. **I understand that failure on behalf of the parent or the child to adhere to these polices could result in dismissal from the squad.**

Parent/Guardian Signature

Date

CMS Cheer Club Candidate

Candidate's Name: _____

Dear Teachers,

Causey cheer club needs motivated, dedicated members! We are counting on you to ensure that our new members are leaders in the classroom. Please rank this candidate according to the following criteria:

PLEASE DO NOT GIVE BACK TO THE STUDENT. THIS CAN BE DROPPED IN THE MAIL BAG TO CAUSEY MIDDLE SCHOOL ATTN: KATELYN BUSBY

5 = Outstanding 4 = Excellent 3 = Good 2 = Fair 1 = Poor

Printed Name: _____

Teacher Signature: _____

Leadership

1. Models good attitude and behavior 5 4 3 2 1
2. On Time with supplies and work 5 4 3 2 1
3. Respectful to the teacher and peers 5 4 3 2 1
4. Polite; follows directions 5 4 3 2 1
5. Peer Interactions 5 4 3 2 1
6. Works well with different types of students 5 4 3 2 1
7. Self-motivated; on task; hard worker 5 4 3 2 1

Please provide any additional comments:

ALABAMA HIGH SCHOOL ATHLETIC ASSOCIATION

Preparticipation Physical Evaluation Form
Revised 2018

Revised 2018

History

Name _____ Sex _____ Age _____ Date _____
 Address _____ Date of birth _____
 School _____ Grade _____ Phone _____
 Sport _____

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

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

Signature of athlete _____ Date _____

Signature of parent/guardian _____

DUPLICATE AS NEEDED

Preparticipation Physical Evaluation

Rule 1, Sec. 14 — In order for a student to be eligible for interscholastic athletics, there must be on file in the Superintendent's or Principal's office a current physician's statement certifying that the student has passed a physical exam, and that in the opinion of the examining physician (M.D. or D.O.) the student is fully able to participate in interscholastic athletics (Grades 7-12). The AHSAA Physicians Certificate (Form 5 Rev. 2018) must be used. **A physical exam will satisfy the requirement for one calendar year through the end of the month from the date of the exam. For example, a physical given on May 5, 2021, will satisfy the requirement through May 31, 2022.**

Student's name _____

Physical Examination

Revised 2018

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

Clearance:

A. Cleared

B. Cleared after completing evaluation/rehabilitation for: _____

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

Due to: _____

Recommendation: _____

Name of physician _____ Date _____

Address _____ Phone _____

Signature of physician _____, M.D. or D.O.

(Form must be signed and dated by the attending physician.)