



# **CHEER TRYOUTS PACKET**

**2021 - 2022**



# Stuart W. Cramer High School Varsity and Junior Varsity Cheerleading Expectations



**Practice Expectations:** We will practice 3 times a week over the summer and 2 times a week during the school year. We will also host a 3 day cheer camp at SCHS. Football games are held on Fridays for Varsity and Thursdays for JV. Basketball games are (typically) on Tuesdays and Fridays. Summer workouts/practices cannot be required, however are highly encouraged. After August 1st, cheerleaders will be required to attend ALL practices, games, and any other events in which we may be participating. Absenteeism of 5 or more unexcused absences may result in removal from the squad. Jobs, dance and outside cheerleading, and other outside commitments are **not** considered excused. If you must miss, your coach should be notified directly, not through another cheerleader.

**Grade Expectations:** Cheerleaders are expected to turn in grades once a week. If a cheerleader's grade in any class falls below a 60%, they will sit out ½ of the next game. Grade must be brought above a 60% within a time frame determined by the coach and the teacher.

**Behavior Expectations:** Cheerleaders are expected to be role models in our school. Low grades and behavior problems will not be tolerated and can result in termination from the squad. Cheerleaders should be respectful at all times. This includes whether they are in uniform or not. Squad members should strive to uphold moral behavior in all places at all times representing the squad, school and community. Disciplinary actions will be handled on a case by case basis, however suspension from school whether it be in-school or out-of-school is grounds for dismissal from the team.

**Camp Expectations:** There will be a camp held **August 2-4**, here at school. If placed on a team, each cheerleader is required to attend camp. They will get to know each other, learn new skills, and routines for upcoming performances.

**Financial Expectations:** Cheerleading requires funds for apparel (t-shirts, cheer shoes, warm-ups, etc.) and camp. The estimated total cost for the year for cheerleaders new to SCHS will be approximately \$650 and for returning cheerleaders the cost will be approximately \$350. We will conduct fundraisers to help offset the cost, however cheerleaders are ultimately responsible for paying for cheerleading attire, and for the cost of camp. Keep in mind that with fundraising participation, it is possible to pay for the majority of cheerleading expenses through fundraising.

**Parent Meeting & Fittings:** There will be a parent meeting on **Tuesday, May 11th @ 6pm** followed by a virtual fitting with our Varsity Spirit Representative **@ 6:30pm**. We will schedule a physical uniform fitting after this date but prior to the last day of school.

**First Performance:** Our first performance will be during the annual "Meet the Storm" day on **Saturday, August 7th** beginning at 10:00 am. This is a time for our community and school to come together prior to the start of the season.

**Additional Sport Participation:** Cheerleaders wishing to participate in any other fall or winter sport must have approval from both cheer coach and additional sport coach prior to tryouts due to scheduling conflicts with games and practices.

**Tryout Expectations:** Tryouts are held over a week-long period. During this time, cheerleaders will learn a cheer, two chants and a dance. The last day will be the final tryout. Girls will try out in groups of two or three. In the group, they will perform their cheer, chants, dance, and jumps for a panel of judges. Jumps will be performed individually. If a girl has tumbling, she will perform it individually, and earn additional points. If a girl does not have tumbling, she may perform an additional jump sequence (2-3 jumps without pause) for the additional points.

Cheerleaders are judged on motions, jumps, voice, crowd appeal, and how well they know the material. They will also be evaluated on scholastic achievement and eligibility, conduct and overall spirit, which include commitment, attitude, leadership, enthusiasm and coachability. As with any other sport, the coach has the final word in selection of the team.

**Eligibility Must Haves (prefer to have all items prior to Friday, April 30th):**

- Updated Physical Form
- COVID - Informed Consent
- COVID - Initial Screening
- Contact Information Sheet
- Most recent report card or current print out from PowerSchool including GPA
- Adhere to state attendance rules (85% the preceding semester)
- Have two teacher recommendations completed and turned in by April 30, 2021

Students ***will not*** be able to participate in tryouts without each of the requirements listed above.

Tryouts will be **May 3-7**. Monday, Tuesday and Thursday girls are expected to be in the gym for registration 3:45-4:00. They should dress in proper attire: t-shirt, cheer shorts and tennis shoes. Practice will start promptly at 4:00 and last until 6:00. On Friday, the tryout process will begin at 4:00; we will attempt to be finished by 7:00, but the process may take longer. Once a group is finished with their tryout, they must leave school.

Tryouts are a ***closed*** event. Only participants are allowed at practice or at the final tryout.

On the day of tryouts it is very important that participants look “neat.” They should wear a solid, black pair of cheer shorts, a plain, white t-shirt (no writing on either), and tennis shoes that have support (no converse or Sperry’s.) Hair should be pulled back neatly. All jewelry should be removed prior to tryouts.

Cheerleaders will be notified through our school website. Numbers will be posted after 9 PM on Friday, May 7 to the Stuart W. Cramer website.

If you have any questions concerning the tryout process or expectations of SCHS cheerleaders, please contact Mrs. McMillan at the school at (704) 866-5700, or by email at [msmcmillan@gaston.k12.nc.us](mailto:msmcmillan@gaston.k12.nc.us).

Meredith McMillan, Varsity Cheerleading Coach

Elizabeth Sparrow, JV Cheerleading Coach

# Stuart W. Cramer High School Cheerleading Tryouts 2021-2022

## Tentative Tryout Schedule

### Day 1 - Monday, May 3

- **3:45 - 4:00** Sign in and Registration- Physical check and turn in any forms at this time. Distribution of tryout numbers
- **4:00 - 4:10** Group welcome and cheerleading tryout rules and expectations briefly discussed
- **4:10 - 4:20** Warm-up run and group stretch
- **4:20 - 5:30** Girls will be divided into 2 groups to work on the dance in one location and the cheer/chant/jumps at the other location. The girls will be at each area for 45 minutes
- **5:30 - 6:00** Review of all material as a large group and dismissal.

### Day 2 – Tuesday, May 4

- **3:45 - 4:00** Sign in, warm-up run and group stretch
- **4:00 - 5:40** Girls will be divided into 2 groups to work on the dance in one location and the cheer/chant/jumps at the other location. The girls will be at each area for 1 hour.
- **5:40 - 6:00** Review dance, cheer and chant; dismissal

### Day 3 – Thursday, May 6

- **3:45 - 4:00** Sign in, warm-up run and group stretch
- **4:00 - 4:45** Run through of order of tryouts
- **4:45 - 5:45** Rotate to different stations to review material
- **5:45 - 6:00** Answer any final questions, review tryout apparel, rules & expectations; dismissal

### Day 4- Friday, May 7 **\*\*TRYOUT DAY\*\***

- **3:45** Participants arrive DRESSED AND READY. Girls will warm up, stretch, and wait to be called in to tryout
- **4:00** Tryouts begin

**\*\*IF YOU NEED SPECIAL TRYOUT ACCOMMODATIONS (i.e. you need to tryout first due to later planned activities) YOU MUST LET THE COACH KNOW THE FIRST DAY OF TRYOUTS!! We will be trying out by grade level starting with rising 9th graders. Each grade level will be in alphabetical order.**

**NORTH CAROLINA HIGH SCHOOL ATHLETIC ASSOCIATION SPORT**  
**PREPARTICIPATION EXAMINATION FORM /**  
**ASOCIACIÓN DE ATLETISMO DE LAS ESCUELAS DE SECUNDARIA SUPERIOR DE CAROLINA DEL NORTE**  
**FORMULARIO DE EXAMINACIÓN PARA LA PARTICIPACIÓN EN DEPORTES**

Student Athlete's Name / Nombre del estudiante atleta: \_\_\_\_\_

DOB / la fec. nac. : \_\_\_\_\_ Age / Edad: \_\_\_\_\_ Gender / Género: \_\_\_\_\_

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

Este es una evaluación para la participación en deportes. **No sustituye un examen detallado con el médico regular de su hijo(a), donde información de salud importante y preventiva puede ser cubierta.**

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

**Instrucciones para el deportista:** Por favor, revise todas las preguntas junto con su padre/madre/tutor legal y contéstelas lo mejor mejor posible de acuerdo a su conocimiento.

**Parent/Legal Custodian Directions:** Please make sure that all questions are answered to the best of your knowledge. If you do not understand or are unsure about the answer to a question please ask your doctor. Not disclosing accurate information may put your child at risk during sports activity.

**Instrucciones para los padres de familia:** Por favor, asegúrese que todas las preguntas son contestadas lo mejor posible de acuerdo a lo que sabe. Si no entiende o no sabe la respuesta a una pregunta, por favor, pregúntele a su médico. El no divulgar información precisa puede perjudicar la salud de su hijo(a) mientras hace deporte.

**Physician's Directions:** We recommend carefully reviewing these questions and clarifying any "Yes" or "Unsure" answers.

| Explain "Yes" or "Unsure" answers in the space provided below or on an attached separate sheet if needed /<br>En el espacio de abajo explique todas sus respuestas que contestó con "Sí" o "No sé"   | Yes / Sí                 | No                       | Unsure / No sé           |
|--|--------------------------|--------------------------|--------------------------|
| 1. Does the athlete have any chronic medical illnesses [diabetes, asthma (exercise asthma), kidney problems, migraine, etc.]? List:<br>¿El deportista tiene alguna enfermedad crónica [diabetes, asma (asma inducida por ejercicio), problemas con los riñones, etc.]? Enumere:  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the student-athlete presently taking any medications or pills?<br>¿El deportista está tomando actualmente algún medicamento o pastillas?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the student-athlete have any allergies (medicine, bees or other stinging insect, latex)?<br>¿El deportista tiene alguna alergia (a medicina, las abejas u otros insectos que pican, látex)?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does the student-athlete have the sickle cell trait?<br>¿El deportista tiene la enfermedad de células falciformes?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has the student-athlete ever had a head injury, been knocked out, or had a concussion?<br>¿Alguna vez el deportista se ha lastimado la cabeza, ha sido noqueado, o ha tenido una contusión?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Has the student-athlete ever had a heat injury (heat stroke) or severe muscle cramps with activities?<br>¿Alguna vez el deportista se ha lastimado la cabeza (insolación) o calambres musculares severos con actividades?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Has the student-athlete ever passed out or nearly passed out DURING exercise, emotion, or startle?<br>¿Alguna vez el deportista se ha desmayado o casi se ha desmayado MIENTRAS está haciendo ejercicio, o al emocionarse o espantarse?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Has the student-athlete ever fainted or passed out AFTER exercise?<br>¿Alguna vez el deportista ha desmayado o ha perdido el conocimiento DESPUÉS de hacer ejercicio?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Has the student-athlete had extreme fatigue (been really tired) with exercise (different from other children)?<br>¿Alguna vez el deportista ha tenido fatiga (cansancio extremo) con el ejercicio (diferente de otros niños)?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Has the student-athlete ever had trouble breathing during exercise, or a cough with exercise?<br>¿Alguna vez el deportista ha tenido dificultad para respirar mientras está haciendo ejercicio, o le ha dado tos con el ejercicio?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Has the student-athlete ever been diagnosed with exercise-induced asthma?<br>¿Alguna vez un médico le ha dicho al deportista que tiene asma inducida por el ejercicio?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Has a doctor ever told the student athlete that they have high blood pressure?<br>¿Alguna vez un médico le ha dicho al deportista que tiene presión alta?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Has a doctor ever told the student-athlete that they have a heart infection?<br>¿Alguna vez un médico le ha dicho al deportista que tiene una infección del corazón?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Has the doctor ever ordered an EKG or other test for the student-athlete's heart, or has the athlete ever been told they have a heart murmur?<br>¿Alguna vez un médico ordenó un electrocardiograma u otra prueba para el corazón del deportista, o le han dicho al deportista que tiene un soplo en el corazón?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Has the student-athlete ever had discomfort, pain, or pressure in their chest during or after exercise or complained of their heart "racing" or "skipping beats"?<br>¿Alguna vez el deportista ha tenido molestias, dolor o presión en el pecho durante o después de hacer ejercicio o se ha quejado de sentir el corazón acelerado (palpitaciones) o latidos irregulares del corazón? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| <b>16.</b> Has the student-athlete ever had a seizure or been diagnosed with an unexplained seizure problem?<br>¿Alguna vez el deportista ha tenido una convulsión o ha sido diagnosticado con un problema de convulsiones inexplicables?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>17.</b> Has the student-athlete ever had a stinger, burner, or pinched nerve?<br>¿Alguna vez el deportista ha tenido un nervio pinchado, quemado o lastimado?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>18.</b> Has the student-athlete ever had any problems with their eyes or vision?<br>¿Alguna vez el deportista ha tenido problemas con sus ojos o de visión?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>19.</b> Place a check beside each body part that the student-athlete has ever sprained/strained, dislocated, fractured, broken had repeated swelling in or had any other type of injury to any bones or joints?<br>¿Alguna vez el deportista ha tenido un esguince, dislocado, fracturado, roto o ha tenido inflamación repetida u otra herida en cualquier hueso o articulación?<br><input type="checkbox"/> Head/Cabeza <input type="checkbox"/> Shoulder/Hombro <input type="checkbox"/> Thigh/Muslo <input type="checkbox"/> Neck/Cuello <input type="checkbox"/> Elbow/codo <input type="checkbox"/> Knee/Rodilla<br><input type="checkbox"/> Forearm/Antebrazo <input type="checkbox"/> Shin/calf/Pantorrilla <input type="checkbox"/> Back/Espalda <input type="checkbox"/> Wrist/Muñeca <input type="checkbox"/> Ankle/Tobillo <input type="checkbox"/> Hand/Mano<br><input type="checkbox"/> Chest/Pecho <input type="checkbox"/> Foot/Pie <input type="checkbox"/> Hip/Cadera <input type="checkbox"/> Other/Otro: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>20.</b> Has the student-athlete ever had an eating disorder, or are there concerns about his/her eating habits or weight?<br>¿Alguna vez el deportista ha tenido un problema alimenticio o usted tiene alguna preocupación acerca de sus hábitos alimenticios o su peso?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>21.</b> Has the student-athlete ever been hospitalized or had surgery?<br>¿Alguna vez el deportista ha sido hospitalizado o ha tenido una cirugía?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>22.</b> Has the student-athlete had a medical problem or injury since their last evaluation?<br>¿El deportista ha tenido un problema de salud o se ha lastimado desde su última evaluación física?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>23.</b> (Place a check beside each statement that applies to the student-athlete, elaborate in the space provided below).<br>(Coloque una marca al lado de cada enunciado que corresponda al deportista, provea más detalles en el espacio provisto a continuación).   |                          |                          |                          |
| a. Has the student-athlete had little interest or pleasure in doing things?<br>¿El deportista ha tenido poco interés o placer en hacer las cosas?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Has the student-athlete been feeling down, depressed, or hopeless for more than 2 weeks in a row?<br>¿El deportista se ha sentido triste, deprimido o desesperado durante más de 2 semanas seguidas?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Has the student-athlete been feeling bad about himself/herself that they are a failure, or let their family down?<br>¿El deportista se ha sentido mal acerca de sí mismo(a), que es un fracasado(a) o está defraudando a su familia?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Has the student-athlete had thoughts that he/she would be better off dead or hurting themselves or others?<br>¿El deportista ha tenido pensamientos donde estaría mejor muerto o ha pensado hacerse daño a sí mismo(a)?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>FAMILY HISTORY/HISTORIA FAMILIAR</b>   | <b>Yes / Sí</b>          | <b>No</b>                | <b>Unsure / No sé</b>    |
| <b>24.</b> Has any family member had a sudden, unexpected, death before age 50 (including from sudden infant death syndrome [SIDS], car accident, or drowning)?<br>¿Algún miembro de la familia ha fallecido repentinamente o inesperadamente antes de los 50 años (incluyendo el síndrome de muerte infantil repentina (SIDS, por sus siglas en inglés), accidente de coche, ahogo)?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>25.</b> Has any family member had unexplained heart attacks, fainting, or seizures?<br>¿Algún miembro de la familia ha tenido ataques, desmayos o convulsiones repentinos?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>26.</b> Does the athlete have a father, mother, or brother with sickle cell disease?<br>¿El padre, madre o algún hermano(a) del deportista tienen la enfermedad de células falciformes?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Explain "yes" or "unsure" answers here / Escriba acerca de las respuestas a las cuales contestó "Sí" o "No sé":

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

*Al firmar en la parte de abajo usted está indicando que está de acuerdo con que ha revisado y contestado todas las preguntas anteriores/ Cada pregunta es respondida y es correcta según mi conocimiento. Además, como padre de familia o tutor legal, doy mi consentimiento para esta evaluación y doy permiso para que mi hijo(a) participe en deportes.*

Signature of parent/legal custodian / Firma del padre/tutor legal: \_\_\_\_\_

Date / Fecha: \_\_\_\_\_ Phone / Telefónico #: \_\_\_\_\_

Signature of athlete / Firma del deportista: \_\_\_\_\_ Date / Fecha: \_\_\_\_\_

Student-Athlete's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Vision: R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected: Y N Sports(s): \_\_\_\_\_

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

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

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

|                   |  |  |  |
|-------------------|--|--|--|
| HEENT             |  |  |  |
| ABDOMINAL         |  |  |  |
| GENITALIA (MALES) |  |  |  |
| HERNIA (MALES)    |  |  |  |

**Clearance:**

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

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

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

Name of Physician/Extender: \_\_\_\_\_ (Please print)

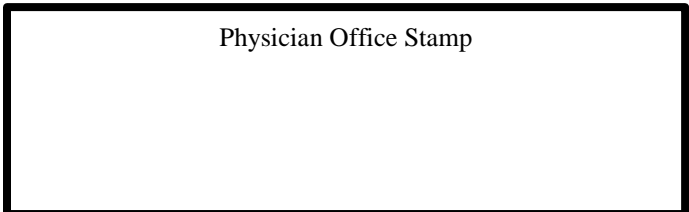
Signature of Physician/Extender: \_\_\_\_\_ MD DO PA NP (Please circle)

(Both signature and circle of designated degree required)

Date of Examination: \_\_\_\_\_

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

Phone: \_\_\_\_\_



Physician Office Stamp

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

# Gaston County Schools

## **Informed Consent Athletic and Extracurricular Activities / COVID-19**

Name of Student \_\_\_\_\_ (Please Print)

Dear Parents & Legal Guardians,

Thank you for your continued patience and trust as we work to make in-person educational and extracurricular activities available to your student. The health and safety of your student and our community is our top priority. With the evolving situation around COVID-19, we want to make sure you and your student know the best ways to protect yourselves and others when participating in voluntary, extracurricular activities, including athletic activities.

As with the transmission of any communicable disease like a cold or the flu, you may be exposed to COVID-19, also known as "coronavirus," at any time or in any place. Be assured that we will continue to follow state and federal recommendations to limit transmission of COVID-19. All protocols are being vetted with local health officials prior to in-person activities. The coach or sponsor of your student's extra-curricular activity will review with your student the appropriate requirements and protocols for maintaining a safe and healthy environment. [Optional: Please see attached requirements for your student's extra-curricular activity].

However, even with careful attention to recommended precautions, there is still a chance that you or your child could be exposed to an illness while participating in extracurricular activities, just as you might be at your place of work, grocery store, or favorite restaurant. Additionally, although measures are being taken to increase physical distancing, due to the nature of the activities provided, it may not always be possible to maintain physical distancing between students, staff, and parents. In short, there are no guarantees that your student will not be exposed during in-person activities sponsored by Gaston County Schools.

Again, participation is voluntary. Therefore, through your student's participation in the District's extracurricular activities, you understand and agree to the following:

1. Participation in voluntary extracurricular activities includes possible exposure to and illness from communicable diseases, including but not limited to a common cold, influenza, and COVID-19. While physical distancing may reduce this risk, there are unique health risks due to COVID-19, including serious illness and death, especially to those with underlying health conditions;
2. The District may take the temperature and ask basic health screening questions to students; and



3. Any District safety requirements or protocols for your student's participation in extracurricular activities must be followed by your student.

\*\*\*\*\*

Parent / Guardian Agreement:

I have read the contents of this Informed Consent to my student, including the risks of COVID-19 and participating in extracurricular activities and my student's personal responsibilities for adhering to any requirements for participation.

By signing below, I agree that I have read and understood this Informed Consent. By my signature below, I also agree that I am accepting the inherent risk of my student voluntarily engaging in the District's extracurricular activities. If the student resides in two or more households, my signature also confirms that a minimum of one responsible parent or guardian has signed from each household.

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian #1

\_\_\_\_\_  
Parent/Legal Guardian #1 Signature (if student is under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian #2

\_\_\_\_\_  
Parent/Legal Guardian #2 Signature (if student is under 18)

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

## NCHSAA Initial Screening Questions for Students to Participate in Athletic Activity During COVID-19

The NCHSAA believes it is essential to the physical, emotional, and mental well-being of students to return to athletic activity as soon as deemed safe. However, the health and safety of these student-athletes is vital. Therefore, we are requiring that all students wishing to be involved in athletics complete this form before being allowed to participate in ANY organized activity.

Answering these questions truthfully will allow all participants to receive the needed evaluation to safely return to athletics, while helping prevent other team members and coaches from being put at risk for contracting the COVID-19 virus or causing the quarantine of some individuals or possibly an entire team.

|   |    |  |
|---|----|--|
| <b>Name</b>   |    |  |
| <b>Sport</b>  |    |  |
| <b>For the questions below, please circle yes or no</b>                         |    |  |
| YES   | NO | Since January 1, 2020 have you been told that you have had a positive test for COVID-19, <b>OR</b> have you been told by a Doctor, Physician Assistant or Nurse Practitioner that you had to quarantine (stay home) due to concern that you had COVID-19 symptoms? |
| <b>Today or in the past 2 weeks have you had any of the following symptoms:</b> |    |  |
| YES   | NO | A fever (temperature more than 100.4° Fahrenheit or 38° Celsius)?  |
| YES   | NO | Shaking chills?  |
| YES   | NO | A new or worsening cough, shortness of breath or difficulty breathing?   |
| YES   | NO | Racing heart, heart skipping beats or fluttering of the heart?   |
| YES   | NO | Unusual dizziness, particularly with exercise?   |
| YES   | NO | Fatigue or difficulty with exercise?   |
| YES   | NO | A sore throat different than associated with seasonal allergies?   |
| YES   | NO | New loss of taste or smell?  |
| YES   | NO | Nausea, vomiting or diarrhea?  |
| YES   | NO | Do you have anyone in your household who has been diagnosed with COVID-19 in the past 14 days?   |
| YES   | NO | Have you been in contact with anyone infected with COVID-19 in the past 14 days?   |

**By signing this document, 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/legal custodian: \_\_\_\_\_

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

# Cheerleader Contact Sheet

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

Middle School (if rising freshman): \_\_\_\_\_

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

Cheerleader's email: \_\_\_\_\_

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

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

Parent's email: \_\_\_\_\_

Parent phone number: \_\_\_\_\_

Stuart Cramer High School Cheerleading  
Teacher Recommendation Form

**Teachers:** Please complete the following form and return it to Meredith McMillan by Friday, April 30th. For rising 9<sup>th</sup> graders teachers should send this via the courier. I need them by the same date.

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

Class: \_\_\_\_\_

**Please evaluate the student in the following areas.**

|                                  | <b>Poor</b> |   |   |   | <b>Excellent</b> |
|----------------------------------|-------------|---|---|---|------------------|
| <b>Conduct/Cooperation</b>       | 1           | 2 | 3 | 4 | 5                |
| <b>Working with Others</b>       | 1           | 2 | 3 | 4 | 5                |
| <b>Respectful (staff, peers)</b> | 1           | 2 | 3 | 4 | 5                |
| <b>Attitude</b>                  | 1           | 2 | 3 | 4 | 5                |
| <b>Creativity</b>                | 1           | 2 | 3 | 4 | 5                |
| <b>Academic Standing</b>         | 1           | 2 | 3 | 4 | 5                |
| <b>Attendance</b>                | 1           | 2 | 3 | 4 | 5                |
| <b>Leader/Role Model</b>         | 1           | 2 | 3 | 4 | 5                |

Comments: \_\_\_\_\_

\_\_\_\_\_

**Would you recommend this student to represent Stuart Cramer as a cheerleader?**

\_\_\_\_\_

**Would you recommend this student to be a captain of the Stuart Cramer cheerleading squad?**

\_\_\_\_\_

Teacher Name (Please Print): \_\_\_\_\_

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Stuart Cramer High School Cheerleading  
Teacher Recommendation Form

**Teachers:** Please complete the following form and return it to Meredith McMillan by Friday, April 30th. For rising 9<sup>th</sup> graders teachers should send this via the courier. I need them by the same date.

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

Class: \_\_\_\_\_

**Please evaluate the student in the following areas.**

|                                  | <b>Poor</b> |   |   |   | <b>Excellent</b> |
|----------------------------------|-------------|---|---|---|------------------|
| <b>Conduct/Cooperation</b>       | 1           | 2 | 3 | 4 | 5                |
| <b>Working with Others</b>       | 1           | 2 | 3 | 4 | 5                |
| <b>Respectful (staff, peers)</b> | 1           | 2 | 3 | 4 | 5                |
| <b>Attitude</b>                  | 1           | 2 | 3 | 4 | 5                |
| <b>Creativity</b>                | 1           | 2 | 3 | 4 | 5                |
| <b>Academic Standing</b>         | 1           | 2 | 3 | 4 | 5                |
| <b>Attendance</b>                | 1           | 2 | 3 | 4 | 5                |
| <b>Leader/Role Model</b>         | 1           | 2 | 3 | 4 | 5                |

Comments: \_\_\_\_\_

\_\_\_\_\_

**Would you recommend this student to represent Stuart Cramer as a cheerleader?**

\_\_\_\_\_

**Would you recommend this student to be a captain of the Stuart Cramer cheerleading squad?**

\_\_\_\_\_

Teacher Name (Please Print): \_\_\_\_\_

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_