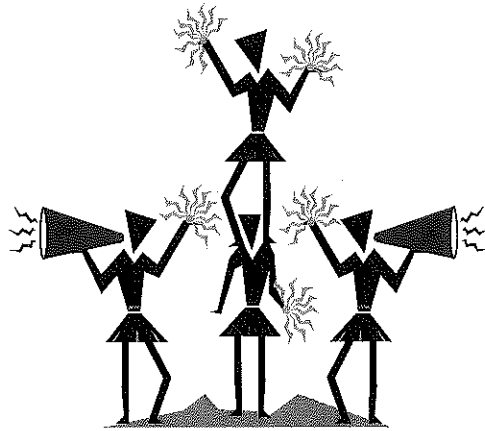


Spruce Creek High School

2010/2011 Cheerleading Tryouts

Parent Meeting at SCHS – 6 pm Monday April 19
4:30 pm April 19 Skills Clinic (for new cheerleaders)
4:30 April 20 – April 22 – Tryout Clinic
4:30 April 23 - Tryouts



Required Forms:

FHSAA Sports Physical/Liability Waiver

GPA 2.0 - Report Card

Parent Release Form

Tryout application

Keshia Rentz
Director of Cheerleading Operations, JV Cheer Coach
kmrentz@volusia.k12.fl.us
386-322-6272 X37780

Linda Truitt
Varsity Cheer Coach
truittbl@msn.com
386-299-4047

SPRUCE CREEK HIGH SCHOOL CHEERLEADING –INFORMATION PACKET

General Information:

Spruce Creek High School Cheerleading is open to all boys and girls in grades 9-12. Currently SCHS has both JV and Varsity cheer squad. All students are eligible to tryout for any squad.

Statement of Standards:

Members of the Spruce Creek High School Cheerleading Squad represent their school at all times, whether at school or in public. All members are expected to uphold the reputation and tradition of SCHS and adhere to the rules and regulations stipulated in this contract.

Team Responsibilities:

Practice will be a minimum of two days per week and will continue through both football and basketball season. During basketball season, there may be up to three games per week. We may also attend competitions during the school year. Practices will begin in May and continue through the Spring Classic Football Game in May. Camp will be held during the summer and fall practices will begin in August. Practice will continue through the end of February/first of March. Cheerleaders are encouraged to participate in other sports and school activities. Coaches will work together on scheduling.

Financial Responsibilities:

- All cheerleaders are responsible for paying a \$125.00 cheer fee. This fee is used for uniforms, gym fees and other equipment. Varsity Cheerleaders who compete will also be responsible for the Volusia County Pay to Play fee.
- Cheerleaders are responsible for paying for personal items as well as summer camp and competition.
- There will be fundraising opportunities for personal items such as shoes, camp, camp clothes...etc. Fundraising done in order to decrease each individual person's cost is optional. Participation in team fundraisers is mandatory. All Fundraising monies are being raised in the name of Spruce Creek High School Cheerleading, and are, as such, non refundable.
- All financial obligations from the previous year must be paid before participating in the tryout clinic.
- All fundraising or moneys paid for non-personal items are non-refundable.

Practice, Games, and Other Cheerleading Activities:

- Cheerleaders are **required to attend and be on time** to all activities.
- Unexcused absences may affect a cheerleaders' ability to perform at that particular game or pep-rally; even if the absence is due to other school-related activities.
- Cheerleaders are **required** to wear assigned attire to school on the day of a game (this includes shoes).
- Cheerleaders are required to attend school for at least five periods on the day of any scheduled activity.
- Dentists and doctor appointments should be arranged on scheduled non-practice days.
- During Homecoming, cheerleaders **must attend all practices** in order to perform at the game. If a cheerleader is on the senior homecoming court, he/she will be excused from cheering at the Homecoming game. All other court members will be required to be dressed in uniform and to cheer during the game.
- All other activities (this includes work), **must** be scheduled around regular activities.

SPRUCE CREEK HIGH SCHOOL CHEERLEADING –INFORMATION PACKET

Conduct:

Not all conduct situations can be addressed in this contract. There will be situations that arise, when the coach will have to make a judgment call. The coaches are doing their very best to be fair and handle matters as they come up.

Grades:

- Cheerleaders are required to maintain at least a 2.0 GPA (unweighted) during each nine week period and cannot fail any of their core classes. Cheerleaders that fall below this minimum will be placed on academic probation and will be expected to attend, but are unable to participate in any games, until the following academic quarter.
- Cheerleaders will be dismissed from the squad if he/she has not earned at least a 2.0 GPA (unweighted) by the next quarter and passed all core classes.

Transportation:

Although we try to provide transportation if at all possible, it is ultimately the participant's responsibility to have transportation to all practices, games, and other cheer activities. We do encourage parents to volunteer as drivers for carpools. Students are not allowed to transport other students.

Disciplinary Action:

Cheerleaders are expected to be responsible for themselves and their actions. Any member that violates the rules of this contract or instructions given by the coach will be dismissed from the squad.

The following actions could result in expulsion from the squad:

- Repeated tardiness to games, practices or unexcused absences
- Not being prepared for practice and/or games (This includes poms, shoes, briefs, bow ...etc.)
- Wearing any kind of jewelry while in uniform (**Note** – Stud post earrings are permitted at school but not practice or games.
- Exhibiting poor attitude or lack of respect for any coach or teammate.
- Failure to perform at your ability level during any game or practice. This includes not paying attention, carelessness, mouthing the words, sloppy motions, and poor stunting technique...etc.
- Failure to wear assigned attire to school on game days.
- Altering a uniform without permission from the coach.
- Showing public display of affection while in uniform.

***Please understand that not everything can be addressed in this contract. There will inevitably be unforeseen situations and circumstances that are not mentioned that could result in disciplinary action or expulsion from the squad. We ask for your cooperation and understanding in our efforts to be fair to all participants.

Parent Release Form

(Name) _____ (Current School) _____

(Current Grade Level) _____ (Alpha Code) _____

I, the under signed, have read and fully understand the rules and regulations which will govern my son/daughter if he/she is chosen to represent Spruce Creek High School as a cheerleader. I further understand that Cheerleading is considered a Sport and that attendance at all practices, games, special functions, and summer camp is a requirement of the elected cheerleader.

I understand that **all** forms attached must be completed before being allowed to participate in the clinic. I understand that my son/daughter must have a sports physical on file in order to tryout.

I understand by the very nature of the activity, cheerleading carries a risk of physical injury. No matter how careful the participant and coach 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 Spruce Creek High School or any of its personnel responsible in the case of accident or injury at any time.

I hereby give my consent to my daughter/son, _____ to tryout for cheerleading at Spruce Creek High School and recognize his/her responsibilities and requirements as a leader of his/her school. I understand that, if chosen, my son/daughter will be required to pay for cheerleading camp and other financial obligations.

Parent signature: _____ Email _____

Address: _____

Work Phone #: _____ Cell Phone # _____

If I am elected as a cheerleader at Spruce Creek High School, I shall fulfill all of the requirements to the best of my ability as set forth in the Cheerleading contract. I have read these policies and understand that if I fail to maintain these rules, I will be dismissed from the squad.

Candidate's signature: _____ Email _____

Address: _____

Candidate's phone # _____ Cell phone # _____

Tryout Application

Candidate for: _____ Junior Varsity/Varsity _____ Varsity Only

Stunting Position : _____ Back spot _____ Base _____ Flyer

Name (Please print clearly) Birthdate Alpha Code

Address City Zip code

Current School Attending Current Grade level

GPA (unweighted) Home phone

Parent/Legal Guardian

Employer Business phone

I, _____, have read all rules and regulations which govern the Spruce Creek High School Cheerleading Squad. As a representative of my school, I understand and agree to abide by them if selected as a cheerleading squad member for the 2008/2009 school year.

Personal Information:

1. Are you currently allergic to any medications? If so please list:

2. Are you currently taking any medications? If so please list:

3. Name of Doctor, Doctor's Phone # :

4. Are you currently a member of any club, organization, or team which requires practice time? _____
If yes, please list:

Candidate's Signature: _____ Date: _____

Parent/Guardian's signature: _____ Date: _____



Preparticipation Physical Evaluation (Page 1 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2.

Part 1. Student Information (to be completed by student or parent)

Student's Name: _____ Sex: ____ Age: ____ Date of Birth: ____/____/____
 School: _____ Grade in School: ____ Sport(s): _____
 Home Address: _____ Home Phone: (____) _____
 Name of Parent/Guardian: _____ E-mail: _____
 Person to Contact in Case of Emergency: _____
 Relationship to Student: _____ Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____
 Personal/Family Physician: _____ City/State: _____ Office Phone: (____) _____

Part 2. Medical History (to be completed by student or parent). Explain "yes" answers below. Circle questions you don't know answers to.

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or sports physical?	___	___	26. Have you ever become ill from exercising in the heat?	___	___
2. Do you have an ongoing chronic illness?	___	___	27. Do you cough, wheeze or have trouble breathing during or after activity?	___	___
3. Have you ever been hospitalized overnight?	___	___	28. Do you have asthma?	___	___
4. Have you ever had surgery?	___	___	29. Do you have seasonal allergies that require medical treatment?	___	___
5. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler?	___	___	30. Do you use any special protective or corrective equipment or medical devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, shunt, retainer on your teeth or hearing aid)?	___	___
6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?	___	___	31. Have you had any problems with your eyes or vision?	___	___
7. Do you have any allergies (for example, pollen, latex, medicine, food or stinging insects)?	___	___	32. Do you wear glasses, contacts or protective eyewear?	___	___
8. Have you ever had a rash or hives develop during or after exercise?	___	___	33. Have you ever had a sprain, strain or swelling after injury?	___	___
9. Have you ever passed out during or after exercise?	___	___	34. Have you broken or fractured any bones or dislocated any joints?	___	___
10. Have you ever been dizzy during or after exercise?	___	___	35. Have you had any other problems with pain or swelling in muscles, tendons, bones or joints?	___	___
11. Have you ever had chest pain during or after exercise?	___	___	<i>If yes, check appropriate blank and explain below:</i>		
12. Do you get tired more quickly than your friends do during exercise?	___	___	___ Head	___ Elbow	___ Hip
13. Have you ever had racing of your heart or skipped heartbeats?	___	___	___ Neck	___ Forearm	___ Thigh
14. Have you had high blood pressure or high cholesterol?	___	___	___ Back	___ Wrist	___ Knee
15. Have you ever been told you have a heart murmur?	___	___	___ Chest	___ Hand	___ Shin/Calf
16. Has any family member or relative died of heart problems or sudden death before age 50?	___	___	___ Shoulder	___ Finger	___ Ankle
17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	___	___	___ Upper Arm	___ Foot	
18. Has a physician ever denied or restricted your participation in sports for any heart problems?	___	___	36. Do you want to weigh more or less than you do now?	___	___
19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, blisters or pressure sores)?	___	___	37. Do you lose weight regularly to meet weight requirements for your sport?	___	___
20. Have you ever had a head injury or concussion?	___	___	38. Do you feel stressed out?	___	___
21. Have you ever been knocked out, become unconscious or lost your memory?	___	___	39. Have you ever been diagnosed with sickle cell anemia?	___	___
22. Have you ever had a seizure?	___	___	40. Have you ever been diagnosed with having the sickle cell trait?	___	___
23. Do you have frequent or severe headaches?	___	___	41. Record the dates of your most recent immunizations (shots) for:		
24. Have you ever had numbness or tingling in your arms, hands, legs or feet?	___	___	Tetanus: _____ Measles: _____		
25. Have you ever had a stinger, burner or pinched nerve?	___	___	Hepatitis B: _____ Chickenpox: _____		

FEMALES ONLY (optional)

42. When was your first menstrual period? _____
 43. When was your most recent menstrual period? _____
 44. How much time do you usually have from the start of one period to the start of another? _____
 45. How many periods have you had in the last year? _____
 46. What was the longest time between periods in the last year? _____

Explain "Yes" answers here: _____

We hereby state, to the best of our knowledge, that our answers to the above questions are complete and correct. In addition to the routine medical evaluation required by s.1006.20, Florida Statutes, and FHSAA Bylaw 9.7, we understand and acknowledge that we are hereby advised that the student should undergo a cardiovascular assessment, which may include such diagnostic tests as electrocardiogram (EKG), echocardiogram (ECG) and/or cardio stress test.

Signature of Student: _____ Date: ____/____/____ Signature of Parent/Guardian: _____ Date: ____/____/____



Preparticipation Physical Evaluation (Page 2 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2.

Part 3. Physical Examination (to be completed by licensed physician, licensed osteopathic physician, licensed chiropractic physician, licensed physician assistant or certified advanced registered nurse practitioner).

Student's Name: _____ Date of Birth: ___/___/___
Height: _____ Weight: _____ % Body Fat (optional): _____ Pulse: _____ Blood Pressure: ___/___ (___/___, ___/___)
Temperature: _____ Hearing: right: P ___ F ___ left: P ___ F ___
Visual Acuity: Right 20/____ Left 20/____ Corrected: Yes No Pupils: Equal _____ Unequal _____

FINDINGS NORMAL ABNORMAL FINDINGS INITIALS*

MEDICAL

- 1. Appearance
2. Eyes/Ears/Nose/Throat
3. Lymph Nodes
4. Heart
5. Pulses
6. Lungs
7. Abdomen
8. Genitalia (males only)
9. Skin

MUSCULOSKELETAL

- 10. Neck
11. Back
12. Shoulder/Arm
13. Elbow/Forearm
14. Wrist/Hand
15. Hip/Thigh
16. Knee
17. Leg/Ankle
18. Foot

* - station-based examination only

ASSESSMENT OF EXAMINING PHYSICIAN/PHYSICIAN ASSISTANT/NURSE PRACTITIONER

I hereby certify that each examination listed above was performed by myself or an individual under my direct supervision with the following conclusion(s):

___ Cleared without limitation
___ Disability: _____ Diagnosis: _____
___ Precautions: _____
___ Not cleared for: _____ Reason: _____
___ Cleared after completing evaluation/rehabilitation for: _____
___ Referred to _____ For: _____

Recommendations: _____

Name of Physician/Physician Assistant/Nurse Practitioner (print): _____ Date: ___/___/___
Address: _____

Signature of Physician/Physician Assistant/Nurse Practitioner: _____



Preparticipation Physical Evaluation (Page 3 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2.

ASSESSMENT OF PHYSICIAN TO WHOM REFERRED (if applicable)

I hereby certify that the examination(s) for which referred was/were performed by myself or an individual under my direct supervision with the following conclusion(s):

Cleared without limitation

Disability: _____ Diagnosis: _____

Precautions: _____

Not cleared for: _____ Reason: _____

Cleared after completing evaluation/rehabilitation for: _____

Recommendations: _____

Name of Physician (print): _____ Date: ____/____/____

Address: _____

Signature of Physician: _____

Based on recommendations developed by the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine and American Osteopathic Academy for Sports Medicine.



Consent and Release from Liability Certificate (Page 2 of 2)

This completed form must be kept on file by the school

Attention Student and Parent(s)/Guardian(s)

Your school is a member of the Florida High School Athletic Association (FHSAA) and follows established rules. To be eligible to represent your school in interscholastic athletics, in an FHSAA recognized sport (i.e. bowling, competitive cheerleading, girls flag football, lacrosse, boys volleyball, water polo and girls weightlifting or sanctioned sport (i.e. baseball, basketball, cross country, tackle football, golf, soccer, fast-pitch softball, swimming & diving, tennis, track & field, girls volleyball, boys weightlifting and wrestling), the student:

1. Must be regularly enrolled and in regular attendance at your school. If the student is a home education student or attends a charter school, the student must declare in writing his/her intention to participate in athletics to the school at which the student is permitted to participate. Home education students must be approved by the FHSAA office prior to any participation. (FHSAA Bylaw 9.2)
2. Must attend school within 10 days of the beginning of **each semester** to be eligible during **that semester**. (FHSAA Bylaw 9.2)
3. Must maintain at least a cumulative 2.0 grade point average on a 4.0 unweighted scale prior to the semester in which the student wishes to participate. This GPA must include all courses taken since the student entered high school. A sixth, seventh or eighth grade student must have earned at least a 2.0 grade point average on 4.0 unweighted scale the previous semester. (FHSAA Bylaw 9.4)
4. Must not have graduated from any high school or its equivalent. (FHSAA Bylaw 9.4)
5. Must participate at the school in which the student first enrolls (attends), or at which the student first takes part in an athletic practice, at the beginning of the school year. (FHSAA Bylaw 9.2)
6. Must not transfer schools after the first day of fall practice or the first day of school, or otherwise the student cannot participate at the new school for the remainder of the school year. (FHSAA Bylaw 9.3)
7. Must not participate on a non-school team (i.e., AAU, American Legion, club setting, etc.) which is affiliated with a school or coached by a representative of a school other than the one the student attends, or has attended, and then attend that school, otherwise the student will be ineligible there for one year. (FHSAA Bylaw 9.3)
8. Must not transfer to a school that the student's coach has relocated to within a year, otherwise the student will be ineligible there for one year. (FHSAA Bylaw 9.3)
9. Must not have **enrolled in the ninth grade for the first time** more than four school years ago. If the student is a sixth, seventh or eighth grade student, the student must not participate if repeating that grade. (FHSAA Bylaw 9.5)
10. Must have signed permission to participate from the student's parent(s)/guardian(s) on a form (EL3) provided the school. (Bylaw 9.8)
11. Must be less than 19 years 9 months old to participate in high school; 16 years 9 months old to participate in junior high school; and 15 years 9 months old to participate in middle school, otherwise the student becomes ineligible to participate at that level. (FHSAA Bylaw 9.6)
12. Must undergo a pre-participation physical evaluation and be certified as being physically fit for participation in interscholastic athletics (form EL2). The physical evaluation is valid for 365 calendar days from the date that it was administered after which time the student must successfully undergo another physical evaluation to continue his/her participation. (FHSAA Bylaw 9.7)
13. Must be an amateur. This means the student must not accept money, gift or donation for participating in a sport, or use a name other than his/her own when participating. (FHSAA Bylaw 9.9)
14. Must not participate in an all-star contest in a sport prior to completing his/her high school eligibility in that sport. (FHSAA Policy 26)
15. Must display good sportsmanship and follow the rules of competition **before, during and after** every contest in which the student participates. If not, the student may be suspended from participation for a period of time. (FHSAA Bylaw 7.1)
16. Must not provide false information to his/her school or to the FHSAA to gain eligibility. (FHSAA Bylaw 9.1)
17. Foreign exchange and international students must be approved by the FHSAA office prior to any participation. (FHSAA Policy 17)

If the student is declared or ruled ineligible due to one or more of the FHSAA rules and regulations, the student has the right to request that the school file an appeal on behalf of the student. See the principal or athletic director for information regarding this process.