### Welcome to Cheer Tryouts 2023-2024!

Cheer is a commitment that requires work year round. After tryouts in the spring, the team typically practices at the school one day a week and Integrity one day a week (Integrity fee is \$45 per month- paid directly to Integrity). During the summer, the team usually practices two days per week which are all mandatory unless something has been worked out with Coach J well in advance. There is a mandatory camp in the summer as well. From August- October the team practices Monday at Integrity and Thursday at the school. If needed, Tuesday school practices will be added as well. You are expected to attend all games, practices, and fundraising activities. There are around 10 football games (August through October excluding potential playoff games) and 15-20 basketball games (November through February excluding district tournament and Christmas Break during which we do not cheer at games). You are responsible for your own transportation to practices, games, and other cheer activities.

Cheerleaders are leaders in the school, and as such, are held to a high standard in and out of the classroom. In order to be in good standing for tryouts, you must pass all your classes and maintain an overall C average. You may not have any suspensions or significant discipline issues. Grades and discipline will be checked prior to team selection and throughout the year to ensure expectations are met. If you are selected for the team, there will be a mandatory parent meeting within a couple weeks after tryouts. You will sign a behavioral and financial contract at that time.

There is a \$5 tryout fee. There is a \$100 uniform rental fee collected at the coach's discretion and will depend on fundraising opportunities available to the team. The cost of cheer is listed on the board approved fee schedule and is ESTIMATED as follows: \$1,000 (including camp, bows, briefs, poms, shoes, and camp wear) for returning athletes and an extra \$375 for new team members (including warm up, fleece jacket, and sleeves). Prices may vary but this estimate is made to be on the high side to allow for planning.

In order to participate in tryouts, you must have a current physical that is on TSSAA Forms and a HCS Student-Athlete consent form regarding COVID-19 on file. If you participated in sports during the 2022-2023 season, you will have this on file and do not need another one at this time. You must also sign and turn in all forms included in the tryout packet. There are 2 teacher recommendation forms. One MUST be completed by a core teacher (Math, ELA, Social Studies, Science) and both MUST be completed by teachers who have had you as a student in the 2022-2023 school year. The teacher can email these forms to <a href="mailto:alexiibrin@hbsi.us">alexiibrin@hbsi.us</a> OR pony them to Hixson High School to the attention of Alex Jibrin. Please give these forms to your teachers ASAP, as a missing recommendation can be the difference in making the squad.

If you have any questions, please e-mail	Coach J at alexiibrin@hbsi.us
Parent Signature	Student Signature

#### TRYOUT INFORMATION BREAKDOWN

### Requirements for tryouts:

- GPA of 2.0 minimum and no failing grades
- Discipline report- NO suspensions including ISS

### Forms/ Papers due:

- 8th Graders: Your Quarter 2 Report Card due Monday March 13th
- Completed Tryout Packet
- TSSAA Physical Packet (4 pages) due Monday March 13th
- \$5 Tryout Fee covers costs associated with tryouts due Friday March 17th
- 2 Teacher Recommendations due Monday March 13th
  - o One must be completed by Core Teacher (English, Math, SS, Science)
  - o The other can be a teacher of your choosing (Related Arts, etc)
  - Both teachers must have had you as a student this school year
  - Give to your teachers ASAP, teachers return these to Coach J

### Tryouts Schedule

## Monday March 13th, HHS Gym 2:45-4:30 \*MUST HAVE A RIDE TO THE SCHOOL AS THIS IS A PD (NO STUDENTS) DAY\*

- Forms due
- Begin learning cheer/ chant/ dance

### Tuesday March 14th, HHS Gym 2:45-4:30

Continue learning cheer/ chant/ dance

### Wednesday March 15th, Integrity Elite 4809 Hixson Pike 3:00-4:00

- Judge tumbling
  - Please note that this is not the time to learn new skills and is only to showcase skills that students ALREADY HAVE. This will be judged on spring floor.
  - This tumbling score DOES factor into your overall tryout score. Running and standing tumbling skills will be scored.

### Thursday March 16th, HHS Gym 2:45-4:15

- Continue learning cheer/ chant/ dance
- Mock tryouts
- Last minute questions

### Friday March 17th, HHS Gym 2:45

- Wear black shorts, a white plain t shirt, hair pulled back in ponytail with a black ribbon/ bow, and cheer/ athletic shoes.
- You must leave the building after your tryout routine

All participants will be judged on the following criteria:

Jumps- Height, flexibility, pointed toes, motions, clean landing.

- Toe Touch
- Jump of choice

Cheer/ Chant- Proper motions, straight arms, leadership, volume, spirit, smile, crowd appeal, ability to work with others

Dance- Proper motions, timing, rhythm, smile, spirit, enthusiasm, ability to work with others

Personal Representation- Athletic condition, no jewelry, appropriate appearance

Interview Question

Tumbling- Standing and running skills, higher difficulty is rewarded with higher scores. Back-handspring is the minimum skill required to earn any tumbling points.

Grades/ Teacher Recommendations

### PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name

PHYSICIAN REMINDERS

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Do you ever feel ead, hopeless, depressed, or andous?     Do you feel safe at your home or residence?			
Have you ever tried cigarettes, chewing tobacco, snutt, or dip?		•	
<ul> <li>During the past 30 days, did you use chewing tobacco, snutt, or dip?</li> </ul>			
Do you drink alcohol or use any other drugs?			
<ul> <li>Have you ever taken anabolic steroids or used any other performance supplement?</li> <li>Have you ever taken any supplements to help you gain or lose weight or improve you</li> </ul>	tedomenco?		
<ul> <li>Do you wear a seat bell, use a helmel, and use condoms?</li> </ul>	i Sectionismical		
<ol> <li>Consider reviewing questions on cardiovascular symptoms (questions 5–14).</li> </ol>			
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Wrist/hand/lingers		<b>-</b>	
HipAhigh			
Knee			
Leg/ankle			
FootNoes			
Functional Country and the American			
Duck-walk, single leg hop		<u> </u>	
Consider ECS, extrocardingram, and retented to cardidayy for stonermal cardiac history or exam.  **Consider GS exam II in private acting Having Bird party present is recommended.  **Consider cognitive evaluation or baseline nouropsychiable testing if a history of significant concussion.    Cleared for all sports without restriction    Cleared for all sports without restriction with recommendations for further evaluation or testing the second party of the second	reatment for		
C) Hol deared			
Pending further evaluation			
☐ For any sports			
☐ For certain sports			
Reason			
Recommendations			
i have examined the above-named student and completed the preparticipation physics participate in the aport(s) as outlined above. A copy of the physical exam is on record is done arise after the athlete has been cleared for participation, the physician may resolutioned to the athlete (and parents/guardians).	in my office and can be mad	s available to the school s	t the request of the parents, if cond-
Name of physician (print/type)			Date
Address			
Signature of physician			, MD or DO

Oate of birth

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# PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

of Exam	<u> </u>		Date of birth			
Grado Schol	School Sport(s)					
Age didda			thing the are now to the description to a secure of taking			
edicines and Ailorgies: Please list all of the prescription and over-	he-cour	der n	ines and supplements (herbal and nutritional) that you are currently taking			
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you have any atlengies? O Yes O No If yes, please Ident	lhr enor	ilic a	v helow.			
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MELLERCS						
iain "Yes" answers below. Circle questions you don't know the ans		No	MEDICAL QUESTIONS YOS	No		
HERAL QUESTIONS	Yes	no	26. Do you cough, wheere, or have difficulty breathing during or			
. Has a doctor ever denied or restricted your participation in sports for	1		after exercise?			
any reason?  Do you have any ongoing medical conditions? 2 co, please identify			27. Have you ever used an inhalar or taken asthma medicine? 28. is there anyone in your family who has esthma?			
below:   Asthona   Anemia   Diabetes   Infections			28. Is there anyone in your larney who its comments as the same as a festicle 29. Were you born without or are you missing a kidney, an eye, a festicle			
Other:			finales) your solean or any other organic			
. Have you ever spent the night in the hospital?	-		20. Do you have grain pain or a painful budge or hemia in the grain area?			
i. Have you ever had surgery?	Yos	No	31 Have you had infectious monoaucleosis (mono) within the last month?			
EART HEALTH QUESTIONS ABOUT YOU			22 De mus have any raches, pressure sores, or other skin problems?			
5. Have you ever passed out or nearly passed out Disfung or AFTER exercise?			33. Have you had a herpes or MRSA skin infection?	_		
6. Have you ever had discomfort, pain, lightness, or pressure in your			34. House were freel a head injury of concussion?	_		
chost during systems ?		-	55. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?			
7. Does your heart ever race or skip beats (tregular beats) during exercise? B. Has a doctor ever told you that you have any heart problems? if so,			36. Do you have a history of seizure disorder?	_		
B. Has a doctor ever total you that you take only them pro- check all that apply:			27 The west traves transfer these with exercise?	-		
☐ High blood pressure ☐ A heart murmur			THE House were every hard mumbrooses, timpling, or presidences in your arms or			
U High cholesierol U A heart Infection U Kawasaki diseasa Cihen:			legs after being thit or talking?  39, Have you over been unable to move your arms or legs after being hit	1		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG,	ĺ		or falling?	╁		
achecardiogram)	<del> </del>	1	40. Have you over become in white exercising in the heat?	十		
in. Do you get lightheaded or feel more short of breath than expected during exercise?			41. Do you get frequent muscle cramps when exercising?			
formied beat an unevalue and seinue	<u> </u>	<u> </u>	42. Do you or someons to your family have sickle cell trail or disease?	$\top$		
1. Have you ever use an unoxposite  12. Do you get more tired or short of breath more quickly than your friends			43. Have you had any problems with your eyes or vision?			
disting exercise (	You	240	44. Have you had any eye injuries? 45. Do you wear glasses or contact lenses?	L		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		+=	45. Do you wear protective eyewear, such as goggles or a face shield?			
Has any family member or relative died of heart problems of had an unexpected or unexpixitized sudden death before age 50 (including unexpected or unexpixitized sudden death before age 50 (including unexpected or unexpixitized sudden death before age 50 (including unexpected or unexpixitized death syndroms)?	1		46. Do you wast protective of the second of			
unexpected or unexplained statuted to a sudden infant death syndrome)?			48. Are you trying to or has anyone recommended that you gain or			
the state of the s			has word 17	-		
<ol> <li>Does anyone in your lamity nave repetitories cardiomyopathy, long GT syndrome, arrhythmogenic right ventricular cardiomyopathy, long GT syndrome, arrhythmogenic right ventricular cardiomyopathy.</li> </ol>	.	1	49. Are you on a special dist or do you avoid certain types of foods?	-		
syndrome, arrhythmogenic right verificions contaction or catecholaminergic syndrome, short Of syndrome, Brugada syndrome, or catecholaminergic polymorphic verificular factly cardia?			the standard analise disorder?	+		
polymorphic venticular accupants.  15. Does anyons in your family have a heart problem, pacemaker, or			The the same have one concerns that you would also to discuss with a coctor?			
			FEMALES ONLY	╌		
to Han a mente in your family had unsupialized lainting, unexplained	1		ca they were ever trad a monstrual period?			
COLUMN OF LIGHT CHOMISTONS.	Yes	. 1	53. How old were you when you had your first menstrual period?	<del></del>		
BONE AND JOINT QUESTIONS	+	+	54. How many periods have you had in the last 12 months?			
17. Here you ever had an injury to a bone, muscle, figament, or tendon that caused you to miss a practice or a game?	1_		Explain "yes" answers here			
an Alexa war over had any broken or inscirred bones or desocuted justis:						
19. Have you ever fixed an injury that required x-rays, faffit CT scan, injections, therapy, a brace, a cast, or crutches?  Output  Descriptions  The control of the contr		$\bot$				
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A CARL SALES DAVE OF REVO WITH THE RELIEF TO THE	*					
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22. Do you regularly use a breca, criticalics, or other assistive device?		1				
23. Do you have a bons, muscle, or joint injury that isothers you?						
23. Do you have a con-     24. Bo any of your joints become painful, swellen, feel warm, or look red?     25. Do you have any history of juvenille untrails or connective lissue disease     I hereby state that, to the boat of my knowledge, my answers.		1				

Signature of attituta

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### ■ PREPARTICIPATION PHYSICAL EVALUATION THE ATHLETE WITH SPECIAL NEEDS:

SUPPLEMENTAL HISTORY FORM This document is only necessary when the individual has a documented special need.

Date of Exam							
Namo					Date of birth _		
Sex	Age	Grade	School	Sport(s	)		
1. Type of d							· · · · · · · · · · · · · · · · · · ·
2. Date of d							
1	tion (8 available)				****		
3		lisease, socident/traema, other			<del></del>		
5. List the s	ports you are inte	rested in playing				Yas	No
6. Do you re	gularly use a bra	ce, assistive device, or prosthet					
		co or assistive device for sport					
8. Do you h	ve any rathes, p	ressure scree, or any other side	problems?				
9. Do you h	rve a hearing loss	r? Do you use a hearing aid?					
10. Do you h	we a visual impa	imed?					<u> </u>
11. Do you u	e any special de	vices for bowel or bladder func	lon?	м			<u> </u>
12. Do you h	we burning or dis	condent when unloating?					
	had eutonomic d		,				
14. Have you	ever been diagno	osed with a heal-related (hyper	herrole) or cold-related (hypothermia) #	ness?			
	ve muscle spasti					-	
16. Do you ha	ve frequent seix	nes that cannot be controlled b	y medication?				L
Explain "yes"	answers here						
	····						
***************************************					****		
		or had any of the following.					
** ** ** **	4.7.7		A to Markey or the Nation	The thirty was the first		Yos 🦠	No
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Latex allergy	***************************************						
Espisin "yes":							
rahest las.	LLINUS SARV	·					
							*****
i hereby state	that, to the best	of my knowledge, my answe	rs to the above questions are complete	a and correct.			
Signature of affic	a e		Signature of pararidy continu			Dato	
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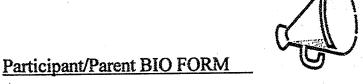
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### CONSENT FOR ATHLETIC PARTICIPATION & MEDICAL CARE

\*Entire Page Completed By Patient

thlete Information		
ast Name	First Name	MI
Sex: [ ] Male [ ] Female Grade	Age DOE	3 <u></u>
Medications		
nsurance	Policy Number	
Group Number	Insurance Phone Numb	per
Emergency Contact Information		
Home Address	(City)	
Home Phone Mother's Co	别 Father	's Cell
Mother's Name	Work Phone	
Mother's Name	Work Phone	
Another Person to Contact		
Phone Number	Relationship	
	· · · · · · · · · · · · · · · · · · ·	
Letter cathlotole name)	AUT UTVILLE	to represent
I/We hereby give consent for (athlete's name) (name of school)  potential for injury. I/We acknowledge that ever strict observation of the rules, injuries are still result in disability, paralysis, and even deal its physicians, athletic trainers, and/or EMT reasonably necessary to the health and resulting from participation in athletics. By and his/her parent/guardian(s) do hereby considering the course of the pre-participation examples.	possible. On rare occasions in. I/We further grant permiss to render aid, treatment, medwell being of the student at the execution of this consent, the execution of this consent, the execution by those performing the of that history and the findings	these injuries are severe and sion to the school and TSSAA, dical, or surgical care deemed the named above during on the student athlete named above and testing of the student athlete e evaluation, and to the taking of and comments pertaining to the state examination. As parent of
medical history information and the recording student athlete on the forms attached hereto	ible for any legal responsibil	lity which may result from an
medical history information and the recording student athlete on the forms attached hereto legal Guardian, I/We remain fully response personal actions taken by the above name	ible for any legal responsibil	lity which may result from an





## Cheerleader Name Date of Birth\_\_\_\_ Cheerleader Cell # Cheerleader Email Address Street Address\_\_\_\_\_ City, ST, Zip\_\_\_\_\_ Parent Name(s) Parent Email\_\_\_\_\_ Home # Parent Cell #\_\_\_\_\_ Parent Work #\_\_\_\_\_ Senior Grade (2023-2024) Freshman Sophomore Junior Is there anything else the Coach/Sponsor should know about the participant?

### Hixson High School Cheerleading 2023-2024 Season Parent/Student Agreement Form

To be eligible to tryout, all forms must be completed and returned on <u>Monday, March 13, 2022</u>. Those students who have not returned all completed forms before tryouts will be automatically dropped from the tryout list.

	Parent/Guardian	
t t	ully understand the rules and regulation School as a cheerleader. <u>I furtheres, games and special functions is a </u>	unucistanu unuc unis is is open
I hereby give my consent for my da High School and recognize her res that if selected my daughter will be	ponsibilities and requirements as a l	o tryout for cheerleading at Hixson eader of her school. I understand
No matter how careful the partici- surface is used, the risk cannot be pulls, dislocation and broken bon paralysis or even death from landir	the sport, cheerleading and gymnast pant and coach(es) are, how many eliminated. The risk of injury includes. The risk also includes catastrug or falls on the back, neck or head y of its personnel responsible in the catastructure.	des minor injuries such as muscle ophic injuries such as permanen I understand these risks and will use of accident or injury.
	Signature of Parent/Guardian	Date
	Signature of Parent Guardian	
.*	<u>Student</u>	
functions. I understand that if selections	cerleader that I will be required to at ted as a cheerleader that I will be red ling coaching staff of Hixson High Sc	quired to abide by all rules set foru
	Signature of Student	Date
•		
	Emergency Release	
In case of emergency please	contact(telephone	numbers). In case of ar
emergency, if I cannot be reache provided treatment from the EMT, a physician deems necessary for the	d, I hereby give my permission an emergency room staff of the nearest l	d authorization; to have my child

Signature of Parent/Guardian

Date

#### HIXSON HIGH TEACHER RECOMMENDATION FORM

Teachers: Please complete this form ASAP- return it to Alex Jibrin via e-mail, pony, or put it in the Cheer Mailbox. I need these by March 13th. Please email Alex Jibrin if you have any questions at <a href="mailto:alexipidrin@hbsi.us">alexipidrin@hbsi.us</a>

None of this information will be shared with the student or parents. An average score for each student will be tallied and will count approximately 20% of each cheerleader's final score at tryouts.

Students Name:

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### HIXSON HIGH TEACHER RECOMMENDATION FORM

Teachers: Please complete this form ASAP- return it to Alex Jibrin via e-mail, pony, or put it in the Cheer Mailbox. I need these by March 13th. Please email Alex Jibrin if you have any questions at <a href="mailto:alex;ibrin@hbsi.us">alex;ibrin@hbsi.us</a>

None of this information will be shared with the student or parents. An average score for each student will be tallied and will count approximately 20% of each cheerleader's final score at tryouts.

Please rate this student based on:		High		. 44 40-40 10 40 40 40 AL	Low
Dependability	4	3	2	1	
Punctuality and Attendance	4	3	2	1	***
Ability to Follow Instructions	4	3	2	1.	
Has Respect for Rules and Those in Authority	4	3	2	1	
Positive Attitude	4	3	2	1	
Controlled Behavior in Class	4	3	2	1	
Attentiveness in Class	4	3	2	. 1	
Ability to Respect and Represent Our School Well	4	3	2	1	
Would Perform Well in a Leadership Position	4	3	2	1	•
Could Handle the Additional Load of Cheerleading and Still Manage Academic Responsibilities		3	2	1	
		тот	ral_		
What is the student's current grade in your class	s?			er .	
Signature of Teacher:					
Class:					
Please share any thoughts or concerns about this students when the students are conduct thems	dent, elves	good and when no	d bad. t unde	It is very i	important to n



### Hamilton County Schools Student-Athlete Consent

I understand and acknowledge that there are many unknown and unknowable risks associated with COVID-19 including, but not limited to, how easily it may be spread, how dangerous it might be, and whether contracting it may lead to more serious long-term medical complications or conditions. I further understand and acknowledge that there are conflicting opinions regarding how a school system can best manage risks associated with COVID-19 while operating an athletic program. Finally, I understand and acknowledge that COVID-19 is still spreading in our community and that, even though school system officials are attempting to follow the most current guidelines, it is still possible that my child will nevertheless be exposed to COVID-19 and contract the disease.

Even so, as the parent and/or	(student's name), 1			
have considered these risks a	and discussed them with my child. F articipate in athletic practices and ev	or myself and or my child, I rents during the 2023-2024		
school year at	(school name).	; <sup>7</sup> ,		
(Signature)	(Print name)	(Date)		