

## 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 [alexjibrin@hbsi.us](mailto:alexjibrin@hbsi.us) 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 [alexjibrin@hbsi.us](mailto:alexjibrin@hbsi.us)

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Parent Signature

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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
  - One must be completed by Core Teacher (English, Math, SS, Science)
  - 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 \_\_\_\_\_ Date of birth \_\_\_\_\_

## PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
  - Do you feel stressed out or under a lot of pressure?
  - Do you ever feel sad, hopeless, depressed, or anxious?
  - Do you feel safe at your home or residence?
  - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
  - During the past 30 days, did you use chewing tobacco, snuff, or dip?
  - Do you drink alcohol or use any other drugs?
  - Have you ever taken anabolic steroids or used any other performance supplement?
  - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
  - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5-14).

EXAMINATION		
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP	Pulse	Vison R 20/ <input type="checkbox"/> L 20/ <input type="checkbox"/> Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
<b>MEDICAL</b>	<b>NORMAL</b>	<b>ABNORMAL FINDINGS</b>
Appearance <ul style="list-style-type: none"> <li>Marten stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span &gt; height, hyperlaxity, myopia, MVP, aortic insufficiency)</li> </ul>		
Eyes/ears/nose/throat <ul style="list-style-type: none"> <li>Pupils equal</li> <li>Hearing</li> </ul>		
Lymph nodes		
Heart* <ul style="list-style-type: none"> <li>Murmurs (auscultation standing, supine, +/- Valsalva)</li> <li>Location of point of maximal impulse (PMI)</li> </ul>		
Pulses <ul style="list-style-type: none"> <li>Simultaneous femoral and radial pulses</li> </ul>		
Lungs		
Abdomen		
Genitourinary (males only)*		
Skin <ul style="list-style-type: none"> <li>HSV lesions suggestive of MRSA, tinea corporis</li> </ul>		
Neurologic*		
<b>MUSCULOSKELETAL</b>		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional <ul style="list-style-type: none"> <li>Duck-walk, single leg hop</li> </ul>		

\*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

\*Consider GU exam if in private setting. Having third party present is recommended.

\*Consider cognitive evaluation or baseline neuropsychiatric 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 treatment for \_\_\_\_\_

### ☐ Not cleared

☐ Pending further evaluation

☐ For any sports

☐ For certain sports \_\_\_\_\_

Reason \_\_\_\_\_

Recommendations \_\_\_\_\_

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/typo) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of physician \_\_\_\_\_, MD or DO

## HISTORY FORM

Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

Do you have any allergies? ☐ Yes ☐ No If yes, please identify specific allergy below.  
☐ Medicines ☐ Pollens ☐ Food ☐ Stinging insects

25. Do you have any history of juvenile delinquency or committing a crime?

**Explain "yes" answers here**

Signature of athlete \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_

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9-20

# ■ 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 \_\_\_\_\_  
Name \_\_\_\_\_ Date of birth \_\_\_\_\_  
Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

1. Type of disability		
2. Date of disability		
3. Classification (if available)		
4. Cause of disability (birth, disease, accident/trauma, other)		
5. List the sports you are interested in playing		
	Yes	No
6. Do you regularly use a brace, assistive device, or prosthetic?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or any other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

Explain "yes" answers here

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Please indicate if you have ever had any of the following.

	Yes	No
Atlantoaxial instability		
X-ray evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

Explain "yes" answers here

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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/guardian \_\_\_\_\_ Date \_\_\_\_\_

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## CONSENT FOR ATHLETIC PARTICIPATION & MEDICAL CARE

\*Entire Page Completed By Patient

### Athlete Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Sex: ☐ Male ☐ Female Grade \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Insurance \_\_\_\_\_ Policy Number \_\_\_\_\_

Group Number \_\_\_\_\_ Insurance Phone Number \_\_\_\_\_

### Emergency Contact Information

Home Address \_\_\_\_\_ (City) \_\_\_\_\_ (Zip) \_\_\_\_\_

Home Phone \_\_\_\_\_ Mother's Cell \_\_\_\_\_ Father's Cell \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Another Person to Contact \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

### Legal/Parent Consent

I/We hereby give consent for (athlete's name) \_\_\_\_\_ to represent (name of school) \_\_\_\_\_ in athletics realizing that such activity involves potential for injury. I/We acknowledge that even with the best coaching, the most advanced equipment, and strict observation of the rules, injuries are still possible. ***On rare occasions these injuries are severe and result in disability, paralysis, and even death. I/We further grant permission to the school and TSSAA, its physicians, athletic trainers, and/or EMT to render aid, treatment, medical, or surgical care deemed reasonably necessary to the health and well being of the student athlete named above during or resulting from participation in athletics.*** By the execution of this consent, the student athlete named above and his/her parent/guardian(s) do hereby consent to screening, examination, and testing of the student athlete during the course of the pre-participation examination by those performing the evaluation, and to the taking of medical history information and the recording of that history and the findings and comments pertaining to the student athlete on the forms attached hereto by those practitioners performing the examination. As parent or legal Guardian, ***I/We remain fully responsible for any legal responsibility which may result from any personal actions taken by the above named student athlete.***

\_\_\_\_\_  
Signature of Athlete

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



Participant/Parent BIO FORM



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 # \_\_\_\_\_

Grade (2023-2024)   Freshman   Sophomore   Junior   Senior

Is there anything else the Coach/Sponsor should know about the participant?

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

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

**Parent/Guardian**

I, the undersigned, have read and fully understand the rules and regulations that govern my daughter if she is chosen to represent Hixson High School as a cheerleader. I further understand that this is a sport, and that attendance at all practices, games and special functions is a requirement of the cheerleaders.

I hereby give my consent for my daughter \_\_\_\_\_ to tryout for cheerleading at Hixson High School and recognize her responsibilities and requirements as a leader of her school. I understand that if selected my daughter will be required to pay for certain items.

I understand by the very nature of the sport, cheerleading and gymnastics carry a risk of physical injury. No matter how careful the participant and coach(es) 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 Hixson High School or any of its personnel responsible in the case of accident or injury.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Parent/Guardian                      Date

**Student**

I understand that if selected as a cheerleader that I will be required to attend all practices, game and special functions. I understand that if selected as a cheerleader that I will be required to abide by all rules set forth by the administration and cheerleading coaching staff of Hixson High School.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Student                      Date

**Emergency Release**

In case of emergency please contact \_\_\_\_\_ at \_\_\_\_\_ (telephone numbers). In case of an emergency, if I cannot be reached, I hereby give my permission and authorization; to have my child provided treatment from the EMT, emergency room staff of the nearest hospital and/or medical staff, which a physician deems necessary for the well being of 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 [alexjibrin@hbsi.us](mailto:alexjibrin@hbsi.us)

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: \_\_\_\_\_

Please rate this student based on: High-----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	4	3	2	1

TOTAL \_\_\_\_\_

What is the student's current grade in your class? \_\_\_\_\_

Signature of Teacher: \_\_\_\_\_

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

Please share any thoughts or concerns about this student, good and bad. It is very important to me to know how cheerleading candidates conduct themselves when not under my supervision.

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TOTAL \_\_\_\_\_

What is the student's current grade in your class? \_\_\_\_\_

Signature of Teacher: \_\_\_\_\_

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

Please share any thoughts or concerns about this student, good and bad. It is very important to me to know how cheerleading candidates conduct themselves when not under my supervision.

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## 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 guardian of \_\_\_\_\_ (student's name), I have considered these risks and discussed them with my child. For myself and or my child, I consent to allow my child to participate in athletic practices and events during the 2023-2024 school year at \_\_\_\_\_ (school name).

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print name)

\_\_\_\_\_  
(Date)