

Junior Patriots Tryout Packet 2024

Tryout Dates:

Monday, Tuesday and Wednesday April 15th - April 17th

Tryout Time:

6pm-7:30pm

Tryout Location:

Paulding County High School NEW Gymnasium

What to wear to tryouts:

Please wear a t-shirt and shorts to tryouts with a pair of athletic shoes. Hair needs to be pulled up and out of your face.

Attendance is MANDATORY for all THREE days of tryouts.

All paperwork is due on or before April 8th.

You cannot attend tryouts without submitting this paperwork so it is very important to get this filled out and turned in as soon as possible. Paperwork can be filled out/scanned and emailed back to juniorpatriotscheer@gmail.com. Please save the file as a PDF document before emailing it back or you can contact Tara to drop off the paperwork.

What do I need to tryout?

- A current PHYSICAL (all four pages of physical)
 - Parent Permission/Consent Form
 - Fill Out Junior Patriots Informational Sheet
 - Inherit Risk Form (signed by guardian and student)
 - Standard Photo Release Form
 - Teacher Evaluations (2 of these are required)
 - Concussion Awareness Form
 - Cardiac Arrest Form
 - Copy of Students Grades
 - Copy of Insurance Card
-

If you have any questions regarding tryouts feel free to contact us!

Email: juniorpatriotscheer@gmail.com

Phone: Tara Ruff 404-310-3784

■ PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of birth: _____

Date of examination: _____ Sport(s): _____

Sex assigned at birth (F, M, or intersex): _____ How do you identify your gender? (F, M, or other): _____

List past and current medical conditions. _____

Have you ever had surgery? If yes, list all past surgical procedures. _____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). _____

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects). _____

Patient Health Questionnaire Version 4 (PHQ-4)
 Over the last 2 weeks, how often have you been bothered by any of the following problems? (check box next to appropriate number)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Not being able to stop or control worrying	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Little interest or pleasure in doing things	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Feeling down, depressed, or hopeless	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

(A sum of ≥ 3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS		Yes	No
(Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)			
1. Do you have any concerns that you would like to discuss with your provider?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Has a provider ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any ongoing medical issues or recent illness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEART HEALTH QUESTIONS ABOUT YOU		Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has a doctor ever told you that you have any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)		Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BONE AND JOINT QUESTIONS		Yes	No
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEDICAL QUESTIONS		Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Have you ever become ill while exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Do you or does someone in your family have sickle cell trait or disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Have you ever had or do you have any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEDICAL QUESTIONS (CONTINUED)		Yes	No
25. Do you worry about your weight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Are you trying to or has anyone recommended that you gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Are you on a special diet or do you avoid certain types of foods or food groups?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Have you ever had an eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FEMALES ONLY		Yes	No
29. Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. How old were you when you had your first menstrual period?			
31. When was your most recent menstrual period?			
32. How many periods have you had in the past 12 months?			

Explain "Yes" answers here.

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____

■ 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, e-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-enhancing 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 (Q4–Q13 of History Form).

EXAMINATION		
Height:	Weight:	
BP: / (/)	Pulse:	Vision: R 20/ L 20/ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)	<input type="checkbox"/>	
Eyes, ears, nose, and throat • Pupils equal • Hearing	<input type="checkbox"/>	
Lymph nodes	<input type="checkbox"/>	
Heart ^a • Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)	<input type="checkbox"/>	
Lungs	<input type="checkbox"/>	
Abdomen	<input type="checkbox"/>	
Skin • Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis	<input type="checkbox"/>	
Neurological	<input type="checkbox"/>	
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck	<input type="checkbox"/>	
Back	<input type="checkbox"/>	
Shoulder and arm	<input type="checkbox"/>	
Elbow and forearm	<input type="checkbox"/>	
Wrist, hand, and fingers	<input type="checkbox"/>	
Hip and thigh	<input type="checkbox"/>	
Knee	<input type="checkbox"/>	
Leg and ankle	<input type="checkbox"/>	
Foot and toes	<input type="checkbox"/>	
Functional • Double-leg squat test, single-leg squat test, and box drop or step drop test	<input type="checkbox"/>	

^a Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

■ PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name: _____ Date of birth: _____

Medically eligible for all sports without restriction

Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

 Medically eligible for certain sports

 Not medically eligible pending further evaluation

Not medically eligible for any sports

Recommendations: _____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are 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 medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

SHARED EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Other information: _____

Emergency contacts: _____

2024 Parent Permission/Consent Form

Cheerleader Candidate's Full Name (print): _____

I, as guardian of the above mentioned candidate have read and fully understand the rules/regulations, which will govern my child if chosen to represent the Junior Patriot cheerleading program. I also understand that it is an extra-curricular activity that attendance at ALL practices, games, camps, fundraisers and events are requirements of the elected cheerleaders. I understand that due to the nature of this activity, that there is a risk of physical injury. I also understand that if my child is chosen to be a part of the Junior Patriot cheerleading squad and is later dismissed from the squad for any reason, I will receive no financial restitution. I hereby give my consent to the above mentioned student to participate in cheerleading tryouts, and, if chosen, to participate as a member of the Junior Patriot cheerleading squad for the 2024-2025 cheerleading season.

Signature of Guardian: _____ *Date:* _____

2024 Junior Patriots Informational Sheet

Cheerleader's Name: _____

Cheerleader's Phone Number: _____

Middle School Name: _____

Grade Level Cheerleader will be in August 2024 (circle): 6th 7th 8th

Parent/Guardian's Name: _____

Parent/Guardian's Phone Number: _____

Parent/Guardian's Email: _____

T-Shirt Size: _____

Short Size: _____

2024 Inherent Risk Form

This school strives to protect each student from possible injury while engaging in school activities. The guidelines and information identified below have been established for this activity in order to protect the student and others from injury and/or illness. Participants and their parents should recognize that conditioning, nutrition, proper techniques, safety procedures, and well-fitting equipment are important aspects of this training program. Each participant is expected to follow the directions/standards of the coach and must understand that failure to follow such directions or adhere to standards may place the participant at risk. Most cheerleading practice areas are constructed with extremely hard surfaces. Athletes who fall during participation risk potentially dangerous injury -specifically to knees, elbows or head. Injury may include damage to joints, broken bones, or serious head and eye injury. Travel to and from off-campus facilities shall be in accordance with the directions of the activity coach. Guidelines are as follows:

- Make certain that you wear all equipment that is issued by the coach. Advise the coach of any poorly-fitted or defective equipment.
- Advise the coach if you are ill or have any prolonged symptoms of illness.
- Advise the coach if you have been injured.
- Engage in warm-up activities prior to strenuous participation.
- Be alert for any physical hazards or hazards in the locker room or in or around the participation area. Advise coach of any hazard or concern.
- Practice stunt prior to the event that you will perform in. Stunts can be very dangerous if not spotted correctly.
- Lead cheers at the appropriate time so you will be aware of ball and players' positioning to prevent possible injury.
- Be aware of supervisory staff of both teams and where they can be located so they may be contacted in case of an emergency or an undesirable crowd control situation.

The above information has been explained to me and I understand the list of rules and procedures. I also understand the necessity of using the proper techniques while participating in the cheerleading programs.

Because of the dangers of cheerleading, I recognize the importance of following coach's instructions regarding techniques, training and other team rules, etc., and agree to obey such instructions. I have read the above warning and release and understand its terms. I understand that cheerleading is a HIGH RISK SPORT involving MANY RISKS OF INJURY, including but not limited to those risks outlined above. In consideration of the Paulding County School District permitting my child/ward

(Inherit Risk Form continued)

to try out for the Junior Patriot cheerleading team and to engage in all activities related to the team, including, but not limited to, trying out, practicing, or competing in cheerleading, I hereby assume all the risks normally associated with cheerleading and agree to hold the school district, its employees, agents, representatives, coaches, and volunteers harmless from all actions, causes of action, debts, claims, or demands of every kind and nature whatsoever which may arise from such risks. The terms hereof shall serve as a release for my heirs, estate, executor, administrator, assignees, and for all members of my family. I am aware that cheerleading can be a HIGH-RISK SPORTS and that practicing or competing may be a dangerous and unpredictable activity involving MANY RISKS OF INJURY. I understand that the dangers and risks of practicing and competing includes, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, blindness, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of my body, general health and well-being. I understand that the dangers and risks of practicing or competing may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally, to enjoy life. I understand that due to the nature of cheerleading, the exact condition of a site designated for cheerleading may be unknown or contain unidentifiable hazards or circumstances.

We agree that neither the school district, nor the staff of the school district, nor the student organization of the school district shall in any way be held liable for any accident or injury in any way received on account of or while engaged in any athletic activity sponsored by the district. We further agree that neither the district nor any of their staff or student organizations shall be responsible for the payment of bills rendered for medical services because of such accidents or injuries. We also acknowledge that it is our responsibility to provide for any medical, disability or other insurance to mitigate any costs that may be unfortunately incurred as a result of participation in this activity. By signing below, I certify that I have read the above, understand its content, and agree to its terms.

Signature of Parent/Guardian(s): _____ *Date:* _____

Signature of Athlete: _____ *Date:* _____

2024 Photo Release Form

I hereby grant permission to Paulding County High School Cheer Club programs to publish the photographs taken of me and/or my family members for use in the PCHSCC's printed publications and online websites.

I release PCHSCC from any expectation of confidentiality for my minor children and myself and attest that I am the parent or legal guardian of this athlete and his/her siblings and that I have authorized the PCHSCC to use their photographs and their names.

I acknowledge that since participation in publications and websites is voluntary, neither my minor children nor myself will receive financial compensation.

I further agree that participation in any publication and website produced by PCHSCC confers no rights of ownership whatsoever. I release PCHSCC and its members from liability for any claims by me or any third party in connection with my participation or the participation of my athlete or minor children.

Signature of Parent/Guardian(s): _____ *Date:* _____

2024 Teacher Evaluation Form- Cheerleading

Name of Applicant: _____

Class: _____

Approximate G.P.A: _____

Did this student ever need to be disciplined by you? If so, what was the offense?

On a scale of 1-5, please rate the applicant in each of the areas listed below:

Not so great				Awesome	
1	2	3	4	5	Attitude
1	2	3	4	5	Cooperation
1	2	3	4	5	Attendance
1	2	3	4	5	Dependability
1	2	3	4	5	Working together

Signature of Teacher: _____ Date: _____

School Name: _____

2024 Teacher Evaluation Form- Cheerleading

Name of Applicant: _____

Class: _____

Approximate G.P.A: _____

Did this student ever need to be disciplined by you? If so, what was the offense?

On a scale of 1-5, please rate the applicant in each of the areas listed below:

Not so great				Awesome	
1	2	3	4	5	Attitude
1	2	3	4	5	Cooperation
1	2	3	4	5	Attendance
1	2	3	4	5	Dependability
1	2	3	4	5	Working together

Signature of Teacher: _____ Date: _____

School Name: _____

**Georgia High School Association
Student/Parent Concussion Awareness Form**

Concussions at all levels of sports have received a great deal of attention and a state law has been passed to address this issue. Adolescent athletes are particularly vulnerable to the effects of concussion. Once considered little more than a minor “ding” to the head, it is now understood that a concussion has the potential to result in death, or changes in brain function (either short-term or long-term). A concussion is a brain injury that results in a temporary disruption of normal brain function. A concussion occurs when the brain is violently rocked back and forth or twisted inside the skull because of a blow to the head or body. Continued participation in any sport following a concussion can lead to worsening concussion symptoms, as well as increased risk for further injury to the brain, and even death. Player and parental education in this area is crucial – that is the reason for this document. Refer to it regularly. This form must be signed by a parent or guardian of each student who wishes to participate in GHSA athletics. One copy needs to be returned to the school, and one retained at home.

COMMON SIGNS AND SYMPTOMS OF CONCUSSION

- Headache, dizziness, poor balance, moves clumsily, reduced energy level/tiredness.
- Nausea or vomiting
- Blurred vision, sensitivity to light and sounds
- Fogginess of memory, difficulty concentrating, slowed thought processes, confused about surroundings or game assignments.
- Unexplained changes in behavior and personality
- Loss of consciousness (NOTE: This does not occur in all concussion episodes.)

BY-LAW 2.68: GHSA CONCUSSION POLICY: In accordance with Georgia law and national playing rules published by the National Federation of State High School Associations, any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion shall be immediately removed from the practice or contest and shall not return to play until an appropriate health care professional has determined that no concussion has occurred. (NOTE: An appropriate health care professional may include licensed physician (MD/DO) or another licensed individual under the supervision of a licensed physician, such as a nurse practitioner, physician assistant, or certified athletic trainer who has received training in concussion evaluation and management. No athlete is allowed to return to a game or a practice on the same day that a concussion has been diagnosed or cannot be ruled out. Any athlete diagnosed with a concussion shall be cleared medically by an appropriate health care professional prior to resuming participation in any future practice or contest. The formulation of a gradual return to play protocol shall be a part of the medical clearance.

By signing this concussion form, I give Paulding County High School permission to transfer this concussion form to the other sports that my child may play. I am aware of the dangers of concussion and this signed concussion form will represent myself and my child during the 2024-2025 school year. This form will be stored with the athletic physical form and other accompanying forms required by the Paulding County School System.

I HAVE READ THIS FORM AND I UNDERSTAND THE FACTS PRESENTED IN IT.

STUDENT SIGN & PRINT: _____ **DATE:** _____

PARENT SIGN & PRINT: _____ **DATE:** _____

**Georgia High School Association
Student/Parent Sudden Cardiac Arrest Awareness Form**

1: Learn the Early Warning Signs

If you or your child has had one or more of these signs, see your primary care physician:

- Fainting suddenly and without warning, especially during exercise or in response to loud sounds like doorbells, alarm clocks or ringing phones
- Unusual chest pain or shortness of breath during exercise
- Family members who had sudden, unexplained and unexpected death before age 50
- Family members who have been diagnosed with a condition that can cause sudden cardiac death, such as hypertrophic cardiomyopathy (HCM) or Long QT syndrome
- A seizure suddenly and without warning, especially during exercise or in response to loud sounds like doorbells, alarm clocks or ringing phones

2: Learn to Recognize Sudden Cardiac Arrest

If you see someone collapse, assume he has experienced sudden cardiac arrest and respond quickly. This victim will be unresponsive, gasping or not breathing normally, and may have some jerking (Seizure like activity). Send for help and start CPR. You cannot hurt him.

3: Learn Hands-Only CPR

Effective CPR saves lives by circulating blood to the brain and other vital organs until rescue teams arrive. It is one of the most important life skills you can learn – and it's easier than ever.

- Call 911 (or ask bystanders to call 911 and get an AED)
- Push hard and fast in the center of the chest. Kneel at the victim's side, place your hands on the lower half of the breastbone, one on top of the other, elbows straight and locked. Push down 2 inches, then up 2 inches, at a rate of 100 times/minute, to the beat of the song "Stayin' Alive."
- If an Automated External Defibrillator (AED) is available, open it and follow the voice prompts. It will lead you step-by- step through the process, and will never shock a victim that does not need a shock.

By signing this sudden cardiac arrest form, I give Paulding County High School permission to transfer this sudden cardiac arrest form to the other sports that my child may play. I am aware of the dangers of sudden cardiac arrest and this signed sudden cardiac arrest form will represent myself and my child during the 2024-2025 school year. This form will be stored with the athletic physical form and other accompanying forms required by the Paulding County School System.

I HAVE READ THIS FORM AND I UNDERSTAND THE FACTS PRESENTED IN IT.

STUDENT SIGN & PRINT: _____ **DATE:** _____

PARENT SIGN & PRINT: _____ **DATE:** _____

Junior Patriot Tryouts- Frequently Asked Questions

When are tryouts?

Monday, Tuesday and Wednesday April 15th-17th from 6pm-7:30pm in the Paulding County High School Old Gymnasium.

Attendance is MANDATORY for ALL THREE days of tryouts.

What do the girls wear to tryouts?

Please wear a t-shirt and shorts to tryouts with a pair of athletic shoes. Hair needs to be pulled up and out of your face. NO acrylic nails are allowed at tryouts.

When will the girls practice if they make the team?

I do not currently have set days for practices, but we usually practice on a Monday/Wednesday schedule or a Tuesday/Thursday schedule. Practices are usually an hour and a half, and they will not start directly after school.

When/where are the games?

I do not have a set game schedule yet, but games usually start in Mid- August and depending on playoffs the season usually ends sometime in November. Games are always on Saturdays and about half the games are at home and half the games are away. We do cheer at away games, but I will never make you drive too far.

How much is the season going to cost?

We will not have any set prices until after tryouts and after we know how many girls are on each team and how many teams we have but for approximate numbers, prices will be approximately \$750. This will include all fees for the season for your cheerleader. Including uniform, warmups, pompoms, practice wear, camps, choreography, etc. We will have a breakdown of these fees at the meeting after tryouts.

Do we practice over the summer?

We will have a cheer camp and fittings in May. Other than that, cheerleaders have the Summer off except for choreography which will be held in late July. Choreography is mandatory and is usually the week before school starts back.