

2018-2019

PACETTI BAY MIDDLE SCHOOL CHEER GUIDELINES

ELIGIBILITY

1. The cheer squad will be open to all current students or a 5th grade student attending PBMS for the 2018-2019 school year.
2. Maintain a grade of a "C" or higher in all classes.
3. A candidate/cheerleader with current injuries must provide a doctor's release in order to tryout/practice/perform.
4. Candidates are expected to attend the tryout clinics in order to learn the tryout material. Failure to participate in the clinic could hamper the candidate's ability to learn the material used for judging at the tryouts, and therefore, could impact their ability to be selected to a squad.
5. All candidates must have provide a copy of a sports physical completed before the first clinic.

RULES AND REGULATIONS

1. GAMES/PEP RALLIES
 - a. Parents are responsible for transportation to all home games and events. Parents must pick up their cheerleader promptly at the end of an event or game.
2. PRACTICES
 - a. Practices will be held regularly as planned by the sponsor and must be attended by the cheerleader unless excused by the sponsor.
 - b. Absence from the last practice preceding a pep rally, game, or performance may forfeit that cheerleader's performance. (Unless excused by the sponsor and proficiency in current cheers are demonstrated).
 - c. Practice time will be used wisely.
 - d. All cheerleaders must have and show respect for any person in charge of practice.
3. CONDUCT DURING GAMES, SCHOOL FUNCTIONS OR WHILE IN UNIFORM
 - a. All school and district rules are in effect.
 - b. Proper conduct and good sportsmanship are expected at all times.
 - c. Conducting yourself in such a manner that will bring discredit to the school will result in disciplinary action, suspension and/or removal from the team.
 - d. There will be no electronic devices used at games, pep rallies, or practices unless approved by the sponsor.
 - e. Students must adhere to the guidelines of the SJCSJ Student Code of Conduct at all times. These documents apply at all times.

4. ATTENDANCE

- a. All absences from practices or games need to come to the coach at least 24 hours prior to the event, if possible. Excused absences include: illness that is contagious, death in the family, mandatory academic events, and religious events. Unexcused absences include: social activities, transportation issues, being grounded.
- b. Cheerleaders will conform to the PBMS requirements with regard to attendance. If a member is not in school the day of an event, the member will not be allowed to perform.
- c. A cheerleader must contact the coach prior to missing if he/she is going to be absent from a cheer team activity including practice. Excessive absences, tardies or check-outs will also result in consequences and possible suspension or dismissal from the team.

SQUAD GUIDELINES

1. All members will be required to follow all middle school cheerleading guidelines.
2. If a cheerleader earns ten demerits she/he will be suspended and/or removed from the squad.
3. Conducting yourself in such a manner that will bring discredit to the school will result in disciplinary action (suspension and/or removal).
4. Students must adhere to the guidelines of the SJCS Student Code of Conduct at all times.
5. All cheer events must be attended unless prior permission is granted by the coach.
 - a. All absences will require a parent/guardian to email the coach in advance.
 - b. More than one absence can cause the squad undetermined hardship, so absences need not to exceed one.
 - c. If there is an extenuating situation that arises, the coach must be notified and a decision will be made.
6. A spirit of cooperation, flexibility, and teamwork is mandated for this program to work. If this is not upheld, consequences may occur. Options: sitting out for a time, missing the next performance, and/or removal from the squad.
7. Being on time to each of the practices, competitions, or performances is required. If frequent tardiness occurs, performances could be withheld from the cheerleader and/or demerits given.
8. Uniform must be clean and presentable at all events. The uniform consists of designated poms, bow, shell, skirt, socks, briefs, and sports bra.

UNIFORMS

1. All uniforms will be chosen and approved by the principal and sponsors.
2. Uniforms, shell and skirt, will be provided to the cheerleader by the PBMS. If a uniform is damaged or lost a new uniform must be purchased by the parent.
3. It is the cheerleader's responsibility to care for his/her own uniform. It must be clean and crisp for all performances.
4. Uniforms will be worn at games and pep rally days and/or as determined by sponsor.
5. No additions or changes to the uniform may be made without the approval of the sponsors.
6. Any student who is not a designated cheerleader seen wearing any cheerleader's apparel will result in that cheerleader receiving demerits.

7. Personal items are the responsibility of the cheerleader. Do not bring anything valuable to practice or games. The sponsor and staff at PBMS are not responsible for lost or stolen items.
8. Jewelry of any kind is prohibited.
9. All cheerleading pictures from games or other cheer events can be publicized on our school website or in the school article or yearbook.

COST

1. All items will be purchased by the individual cheerleader. These items will include, but are not limited to: shoes, bloomers, bodysuit, socks, poms, t-shirt, practice clothes and other accessories.
2. While every effort will be made to keep cost to a minimum, there are still costs associated with being a member of the Wildcat Cheerleading Team.

CAMP

1. Summer camp sessions will be offered during the summer.
2. Summer camp will be available which may extend up to three days of training.
3. Cheerleaders are required to attend a camp, unless absence is approved by the coach in advance.
4. All cheerleaders will be expected to demonstrate their knowledge of the material in order to perform in front of the group.
5. Cheerleaders will be expected to learn cheers, chants, arm and pom-pom movements, dances, and related material.
6. Additional summer practices may be scheduled.

GAMES/PEP RALLIES

1. Cheerleaders will cheer and perform at all basketball and volleyball home games.
2. Parents are responsible for transportation to home games and events, at the discretion of the coach. Parents must pick up their cheerleader within 10 minutes of the end of an event or game.
3. If the game is not at PBMS, then cheerleaders will not participate.
4. Cheerleaders will cheer and perform at Pep Rallies.
5. Cheerleaders will wear their uniforms at the games and at the pep rally.
6. There will be no electronic devices used at games, pep rallies or practices unless approved by the sponsor

SKILLS

- A. Tumbling
 1. Tumbling skills will not be taught by PBMS coach.
 2. Coaches must be present for all tumbling.
 3. All tumbling skills and surfaces must individually approved by cheer coaches prior to performance.
 4. Twisting tumbling skills and beyond are not permitted at any time.

TRYOUTS

1. All eligible candidates may tryout.
2. Tryouts are closed to the public. Candidates selected to the squad will be posted on the PBMS website under the cheer tab.
3. A panel of outside judges will be assembled to score each candidate during the tryouts.
4. Each candidate is eligible to receive points from each of the judges.
5. The judges' scores will be totaled to determine each candidate's *total score*.

7. The judges' decisions are final.
10. The head cheerleader(s) and/or captain(s) will be determined by a process developed by the sponsor.
11. The results may not be appealed beyond the campus level.

CONDITIONING REQUIREMENTS

All cheerleading team members will be expected to complete conditioning requirements, set forth by the coach. Conditioning will consist of running, sit ups, push ups stretching as well as other forms of strength and flexibility training.

Cheerleading Standards

Following any infraction of the guideline rules, demerits may be given by the sponsor/coach. Five accumulated demerits will automatically suspend a cheerleader for the next event. While suspended, the cheerleader will wear their uniform, sit with the sponsor/coach, and cheer along with fellow cheerleaders only in the stands. Ten accumulated demerits will suspend a cheerleader for the next two events. Fifteen demerits will permanently remove a cheerleader from the squad. Merits can be earned during the year to cancel out demerits. Merits and demerits will be given by the sponsor/coach. The limit of merits is five, which will cancel out five demerits. Demerits may be given for summer activities as well as during the school year.

Demerits can be given for the following:

1. Excused absence from practice (i.e. illness, Dr.'s appointment) with proper documentation and notification.	0
2. Tardy to any cheerleading activity (less than 5 min.,)	1
3. Tardy to any cheerleading activity (more than 5 min.,)	2
4. Unexcused absence from a scheduled event	5
5. Failure to properly notify sponsor of absence from school/practice	2
6. Failure to wear proper attire for practice or game	2
7. Wearing jewelry while in uniform	1
8. Untidy uniform	3
9. Gum chewing while in uniform (including practice)	1
10. Unnecessary conversation with crowd, team, etc.	2
11. Uniform worn outside of cheerleading	2
12. Insufficient knowledge of cheers/chants at a game or pep rally	2
13. Arguing/uncooperative behavior with members of squad/sponsor	5
14. Improper display of affection while in uniform	3
15. Failure to assume a responsibility (bring permission slips, pompoms, signs, money, etc.)	3
16. Leaving during a game (without being excused)	5
17. Cutting classes or improper conduct in classroom (per incident)	3
18. Failure to be picked up within 10 minutes from a scheduled event	3
19. Assignment of Saturday school due to an office assignment	5
20. Assignment of ISS due to office referral	10
21. Any other office referral with less severe consequences (Warning, detention, etc.)	2
21. Unsportsmanlike conduct	5
22. Fingernail polish other than clear	2
23. Non-participation during theme days	2

Dismissal may result should the following behavior occur:

- Student receives in-school or out of school suspension.
- Any violation of the PBMS Code of Conduct.
- Commits another offense while on probation.
- After dismissal from the squad, there will be no refund for uniform, camp, or any other related expenses.

**PACETTI BAY MIDDLE SCHOOL CHEERLEADER
PARENTAL/CHEERLEADER CONTRACT**

This PBMS Cheerleader Contract signifies the following:

I/We allow _____ to participate at all required events. (Athletic events, school functions, etc.)

I/We understand that my/our daughter/son will be punctual to all cheerleading events, and he/she will be picked up no later than 10 minutes after the scheduled release time.

I/We understand that behavior unbecoming of a cheerleader such as immoral acts, fighting, skipping class(es), being disrespectful or any days ISD/OSS will forfeit my/our daughter's/son's position on the squad.

I/We understand that before a cheerleader is allowed to perform and/or represent his/her school at any given school or function, he/she must attend the required practices and be knowledgeable of his/her performance material.

I/We understand that a doctor's release note may be required for a cheerleader with an injury to dress out and practice or perform.

I/We understand and accept that when equipment belonging to the cheerleader organization is issued to my/our son/daughter, we assume the responsibility for its return in useable condition.

I certify that my child is in good health and has my permission to participate in all activities with PBMS cheer. I hereby consent for my child to receive medical treatment; which may be advisable in the event of injury, accident, and/or illness during this activity or event. I hereby release and hold harmless PBMS, coaches, and/or employees, other participants, sponsoring agencies with respect to any and all injury, disability, and death. I knowingly and freely assume all such risks, both known and unknown, even if arising from negligence of the releasees or others, and assume full responsibility for my participation. This is to certify that I, as parent, guardian, temporary guardian with legal responsibility for this participant, do consent and agree not only to his/her release of all Releasees, but also to release and indemnify the Releasees from any and all liabilities incident to his/her involvement in these programs for myself, my heirs, assigns, and next of kin.

We have read this information and the PBMS Cheerleader Guidelines, and I/We give _____ permission to participate in this organization.

Parent Signature

Date

Student Signature

Date

PACETTI BAY MIDDLE SCHOOL CHEERLEADING
INFORMATION SHEET

Name: _____

Address: _____

Grade Level 18/19 school year: _____ Date of Birth: _____

Phone Number: _____

Email Address: _____

Mother: _____

Email Address: _____

Phone Number: _____

Father: _____

Email Address: _____

Phone Number: _____

Emergency Contact: _____

Phone Number: _____

Doctor: _____

Phone Number: _____

Current medication or supplements: _____

Allergies to medicines: _____



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 FHSA 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*
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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.