

NEASE HIGH SCHOOL

CHEERLEADING

TRYOUT PACKET & HANDBOOK

2015-2016

REQUIREMENTS FOR TRYOUTS:

- Copy of 3rd quarter report card with GPA information (**2.0 Grade Point Average Required**)
- Copy of medical insurance card
- Parent/Member Agreement – *page 13*
- Application Form - *page 14*
- Parental Approval Medical Treatment Form (**must be notarized**) – *page 15*
- Clearance for Participation form (GA7) – *page 16*
- Liability Certificate (EL3) – *page 17*
- Concussion and Heat-Related Illness form (EL3CH) – *page 19*
- Participant Release and Waiver form – *page 21*
- Current Physical (EL2) – *page 22*
- 6 Teacher evaluations (**all core subjects needed**) – *pages 28 & 29*

MANDATORY PRACTICES & MEETINGS:

Cheer Tryout Clinic: June 1 from 3:00 to 4:30
June 2 from 3:00 to 4:30
June 3 from 3:00 to 4:30
Located in the Nease Gym

Try-Outs: June 4 at 3 pm
Located in the Nease Gym

MANDATORY SUMMER PRACTICES & CAMP:

Cheerleader Meeting & Fitting: Friday, June 5th at 3:00 pm
Located at Nease – Portable 25

Parent Meeting: Friday, June 5th at 5:30 pm
Located in the PAC

Mandatory UCA Cheer Camp: July 22nd-24th
University of Central Florida

Panther Cubs Camp: June 22nd-26th from 8:00 am-12:00 pm

Summer Practices: JV: Wednesday 3-5 & Friday 4-6 @ ZONE
Beginning June 8th Varsity: Monday & Thursday 4-6 @ ZONE

Calendar is available at our website: www.NeaseCheer.org
Email Coach Fraum at: Melissa.Fraum@stjohns.k12.fl.us

Dear Parents and NHS Cheerleader Candidate,

Cheers! We welcome all parents and potential candidates who are trying out for the 2014-2015 Nease High School Junior Varsity and Varsity Cheerleading Squads! We look forward to working with outstanding, spirited students who wish to assume a leadership position and become role models for our school. However, before you proceed to try-out for Cheerleading, please reflect on this question: ***Is my heart totally and fully into being a Cheerleader and am I willing to sacrifice my time and personal interests for the benefit of my prospective team?***

With this in mind, as an ambassador of our school, cheerleaders are expected to follow ALL school rules and behave appropriately, maturely, and responsibly at ALL times. Yes, you are held to a higher standard. As a cheerleading representative for Nease High School, there are responsibilities and obligations that must be assumed in order to qualify and remain a member of the Nease Cheerleading squad.

Academics are a priority for all NHS cheerleaders. A successful cheerleader should be able to balance schoolwork and a busy cheer schedule, as well as personal responsibilities. **Squad members must maintain a 2.0 GPA.** However, many of our current cheerleaders exceed this minimum. Being a scholar-athlete is rewarding in itself.

Leadership and positive character are also important qualities that each candidate must possess. The administration and faculty expect cheerleaders to set a positive example for behavior and character not only in school but also in the community. **Whether in uniform or not, an NHS cheerleader must exhibit the 6 pillars of character at all times.** In school, respect includes arriving to class on time and being prepared with materials and assignments. As a result, teacher recommendations will be used as indicators in the tryout procedure and will impact the tryout score.

Commitment will be key to a candidate's success as an NHS cheerleader. Cheerleaders will be expected to attend ALL scheduled games, practices, competitions, and activities. During the summer and the school year, practices **will be mandatory, whether held at NHS or Zone All-Stars.** Please take this into consideration prior to try outs.

As we are preparing to participate in competitions this season, we will be ramping up our program and focusing on the technical aspect of cheerleading during tryouts, practices, and games. NHS Cheer candidates will be judged on spirit, jumps, motion, dance technique and tumbling. In addition, stunting capabilities will be taken into consideration.

Mission Statement:

It is our mission to promote a Cheerleading program that will instill and foster in each student a high level of academic achievement, self-esteem, leadership, enthusiasm, respect, positive attitude, teamwork, interpersonal relationships, and responsibility as well as promoting positive publicity for our school by means of community service involvement and good citizenship.

Thank you for your interest in the NHS Cheer Program. I look forward to seeing you at tryouts. If you have questions prior to tryouts please feel free to email me at Melissa.Fraum@stjohns.k12.fl.us.

Cheerfully yours,

Melissa Fraum
NHS Varsity Cheer Coach

Approximate Costs

Item	Description	Due	Cost
Pay to Play	Annual one time fee for all athletes per Golden Panther Boosters.	June 5 th	\$75.00
UCA Summer Camp	4 Day, 3 Night Camp at UCF	June 5 th	Approx. \$375
Camp/Spirit Wear	This includes 3 days of camp wear, which will also be used as practice wear throughout the year. Cost includes game day polo.	Pay through Varsity.com by June 6 th	\$160.92
JV Uniform	You will purchase one uniform to be worn at games and competitions. <i>If you purchased a uniform in the past, you will not incur this cost.</i> You can also purchase from previous members.	Pay through Varsity.com by June 19 th	\$131.82
Varsity Uniform	You will purchase one uniform to be worn at games and competitions.	Pay through Varsity.com by June 19 th	Approx. \$178
Bloomers	<i>Not required for returners</i>	Pay through Varsity.com by June 19 th	\$20.32
Body Suit	White turtleneck body liner. <i>Not required for returners</i>	Pay through Varsity.com by June 19 th	\$21.95
Shoes	<i>Not required for returners</i>	Pay through Varsity.com by June 19 th	\$69.84
Poms	<i>Not required for returners</i>	Pay through Varsity.com by June 19 th	\$38.32
Jacket	<i>Not required for returners</i>	Pay through Varsity.com by June 19 th	\$132.11
Bows	Includes 3 bows used for game days and competitions.	Pay through Varsity.com by June 19 th	Approx. \$50
Bag	Duffle bag for transporting cheerleading gear. <i>Not required for returners</i>	Pay through Varsity.com by June 19 th	\$36.32
Transportation Fees	This includes all bus fees for away football games.	June 5 th	\$50.00
ZONE Yearly Registration fee	One time fee for the 2015-2016 team	First ZONE practice	\$35.00
Monthly Gym Fees	Summer fees: June & July, One practice a week	June 5 th – June payment June 15 th – July payment	\$30
Monthly Gym Fees	School year: August-February, Two practices per week	15 th of each month	\$55
Teacher Breakfast	Cost will cover the food and materials for the annual Welcome Teacher Breakfast. Cheerleaders will serve.	August 1 st	\$15
Competition Choreography	Payment for choreographers and music – Will be due in September (<i>If you participate in Kid Camp, your choreo fee will be reduced</i>)	Two weeks prior	Approx. \$250
Competition Fees	Costs will depend on entry fees as well as transportation and hotel expenses. After the squad is chosen, a parent meeting will be held to discuss competitions.	Once finalized	\$150-\$500 <i>We will fundraise.</i>
Team dinner before football game	Each parent is required to bring one meal for the team before a football game.	Varies	Approx. \$75
Banquet	Will be held in February or March. Payment will vary on venue. Fee is for guests, cheerleaders are paid for.	Two weeks prior	Approx. \$30/guest

Cheerleading is expensive, but we will work together to help alleviate costs through fundraising and sponsorships.

If there are hardships, please let me know. We do not want anyone NOT to try out because of cost. We can work out a separate payment plan.

Check List:

Your application packet must include the following items. Please gather these items and have them turned into Coach Fraum by June 1st. You will not be able to participate in the clinics or the tryouts unless all of the paper work is completed and returned. If you do not have the appropriate paperwork completed and turned in at the time of clinic, you will not be able to participate until it is complete and turned in.

1. _____ Minimum of 2.0 GPA at the time of try-outs and maintain a 2.0 (or better) GPA throughout the school year. Report cards must be shown to the respective Coach on the day they are issued. Bring a copy of the 3rd quarter report card.
2. _____ Medical insurance coverage is MANDATORY - Proof must be provided prior to Try-outs. Please provide a copy of the insurance card in your packet.
3. _____ Parent/Member Agreement Page - must be signed and dated by parents and prospective cheerleader.
4. _____ Cheerleader Application Form – must be completed and returned prior to tryout clinic.
5. _____ Parental Approval Medical Treatment Form – must be completed, signed, **notarized**, and returned prior to the tryout clinic.
6. _____ Clearance for Participation Form (GA7) – must be signed and dated by prospective cheerleader.
7. _____ Consent and Release Liability Certificate (EL3) – must be completed and returned with insurance information prior to tryout clinic.
8. _____ Consent and Release from Concussion and Heat-Related Illness (EL3CH) – must be signed and dated by parents and prospective cheerleader.
9. _____ Participant Release and Waiver Form – must be signed and dated by parents and prospective cheerleader.
10. _____ Physical (EL2) – All athletes must have a **current** physical. It will be the candidates' responsibility to provide a current physical to the coach before clinic.
11. _____ 6 Teacher Evaluation Forms - should be handed out to 6 current teachers by the candidate. It is the candidates' responsibility to remind their teachers to complete and return the forms to Coach Fraum. These scores are confidential and will be tallied in the final results.

Return all information together to

ATTN: Melissa Fraum

Nease High School

10550 Ray Rd

Ponte Vedra, Fl 32081

What to Expect About Try-Outs

- **Try-Outs are CLOSED. No one will be allowed to watch.**
- There are 3 highly qualified judges with former Cheerleading/Dancing/Coaching backgrounds.
- **We will update the cheerleading website (www.NeaseCheer.org) following tryouts with the final roster.** Not everyone will make Cheerleading. Please keep in mind that there are many other Sports and Clubs/Activities that you can become involved with if you are not chosen to be a Cheerleader.
- For information on tryout criteria, see attached sample score sheet.
- The Coaches reserve the right to make the final determination on who will be selected for the squads. **These decisions will be supported by the Nease Administration, and under NO circumstances, will any decision be reversed. *The coach's decisions are final!***
- All candidates will be observed by the Coaches at the Cheer Clinic and evaluated on the following personal attributes:
 - necessary paperwork returned in a timely manner
 - desire to learn and practice new material
 - exhibits a positive attitude
 - does not give up or quit if material is challenging to learn
 - seeks help in a positive way to learn difficult material
 - refrains from complaining
 - interacts in a positive manner with other candidates and Senior Cheerleaders
 - interacts in a positive manner with Coaches
 - exhibits enthusiasm, smiles, motivation
 - complies with simple rules:
 - on time
 - dressed in workout-clothing and sneakers
 - hair pulled back
 - no gum
 - no jewelry
 - no colored nail polish for tryouts

Tryout Schedule: June 1st-4th in the Nease Gym

Monday, June 1st from 3:00-4:30:

- teach dance
- practice jumps, tumbling, and some stunting

*** Tryout material video tapes will be sold for \$5**

Tuesday, June 2nd from 3:00-4:30:

- teach cheer
- review dance
- practice jumps, tumbling, and stunting

Wednesday, June 3rd from 3:00-4:30:

- review cheer
- review dance
- Evaluation of stunting ability (this will not be added into tryout score, this is for stunt group position placement of the candidates)

Thursday, June 4th at 3:00: *TRYOUT DAY*

- Wear green shorts & white shirt
 - **Your clothes may NOT have any logos** (especially cheerleading)
- You will perform cheer, chant, dance, and jumps, and tumbling in front of a panel of professional judges.

Sample Score Card

Score (5 = excellent)

		Tryout #					Tryout #					Tryout #				
<i>Appearance</i>	Wearing correct uniform, hair off face, no jewelry	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
<i>Attitude</i>	Spirited and excited upon entrance	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5

<i>Jumps</i>	Correct technique, good height, smooth prep and landing															
Toe Touch		1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Herkie (Right)		1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Herkie (Left)		1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Hurdler (Right)		1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Hurdler (Left)		1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Pike		1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
* <i>Tumbling (optional)</i>	Correct technique, clean landing, confident. Must be a back-handspring or better for points.	0	1	2			0	1	2			0	1	2		
			3	4	5			3	4	5			3	4	5	

<i>Chant</i>	Sharp, loud voice, synchronized, enthusiastic, correct motions															
Smile/Facial Expressions		1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Voice Projection		1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Motions		1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Coordination		1	2	3	4	5	1	2	3	4	5	1	2	3	4	5

<i>Cheer</i>	Sharp, loud voice, synchronized, enthusiastic, correct motions															
Smile/Facial Expressions		1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Voice Projection		1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Motions		1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Coordination		1	2	3	4	5	1	2	3	4	5	1	2	3	4	5

<i>Dance</i>	Synchronized, energetic, tight movements, doesn't look for help, few mistakes															
Coordination		1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Motions		1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Energy		1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Knowledge of dance		1	2	3	4	5	1	2	3	4	5	1	2	3	4	5

TOTAL SCORE			
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Calendar of Events and Practices

May 2015

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1	2
2	4	5	6 Tryout Conditioning class @ Zone All-Stars Gym 3:30-4:30	7	8	9
10	11	12	13 Tryout Conditioning class @ Zone All-Stars Gym 3:30-4:30	14	15	16
17	18	19	20 Tryout Conditioning class @ Zone All-Stars Gym 3:30-4:30	21	22	23
24	25	26	27 <u>PACKET DUE</u> Tryout Conditioning class @ Zone All-Stars Gym 3:30-4:30	28	29	30

June 2015

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
May 31	1 Tryout Clinic in Gym 3:00-4:30 Pick up \$5 tryout DVD today.	2 Tryout Clinic in Gym 3:00-4:30 Pick up \$5 tryout DVD today.	3 Tryout Clinic in Gym 3:00-4:30	4 Tryouts 3:00 Final roster posted on www.NeaseCheer.org by 6:00 pm	5 Uniform fitting @ 3:00 in P25 NHS Cheerleader meeting in P25 @ 4:00 Parent meeting in the PAC @ 5:30	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22 <i>Panther Cubs Kid Camp 8-12 @ NHS Cafeteria</i>	23 <i>Panther Cubs Kid Camp 8-12 @ NHS Cafeteria</i>	24 <i>Panther Cubs Kid Camp 8-12 @ NHS Cafeteria</i>	25 <i>Panther Cubs Kid Camp 8-12 @ NHS Cafeteria</i>	26 <i>Panther Cubs Kid Camp 8-12 @ NHS Cafeteria</i>	27
28	29	29	30			

Please note: Zone All-Star Nease Tryout Conditioning classes will be \$45.00 a month. Tryout conditioning at Zone All-Stars is NOT mandatory; however, it is strongly advised that you condition correctly before tryouts for best results. Please visit www.zonecheerallstars.com and click on Nease Cheerleading on the left to sign up.

Before trying out please be aware of the Summer Camp Dates:

- July 22nd-26th – Panther Cubs Kid’s Camp
- June 22nd-25th – UCA Camp @ UCF (MANDATORY)

Nease High School Cheerleading Requirements and Expectations

Purpose

The purpose of this organization is to promote and uphold school spirit, to develop good sportsmanship among students, to support athletic programs and to develop positive relationships in the community and between schools during athletic events. The organization's goal is to work in harmony with the administration, faculty, band, athletic teams, and other school organizations.

Membership Requirements:

- 1) Members will be expected to demonstrate and uphold the six pillars of character at all times whether in uniform or not. This will be stressed, emphasized and not compromised throughout the entire year.
- 2) Members must meet all requirements as dictated by the Nease Athletic Department and the FHSAA.
- 3) Cheerleaders must follow all rules and regulations set forth by the St. Johns County School Board, Nease High School, the St. Johns County Student Athlete Code of Conduct, and the cheerleading coach. Inappropriate behavior on or off campus could be grounds for dismissal.
- 4) Being a cheerleader one year **in no way guarantees placement on the squad for the following year.**
- 5) The squad will be chosen by a select panel of judges, with additional consideration being team/stunt group needs, teacher recommendations, grade point averages, and tryout clinic attendance.
- 6) Members will be required to pay for specific cheer/camp wear, camp fees, and cheer events.
- 7) All members will be required to attend every scheduled event – camp, practice, fundraiser, and other events as scheduled by the coach. **The coach will have the right to determine if a member will participate in an event according to her/his participation and effort during the week of performance.**
- 8) **All team members will maintain a 2.0 GPA.** Grades will be checked at each report card period.
- 9) Should there be a failing overall grade in any subject at any time, or if GPA is below 2.0, parents will be notified by the coach and the cheerleader will be placed on Academic Probation.
 - a. Academic Probation will include a suspension from practices, games, and extra-curricular activities until that grade is brought above passing.
 - b. When the student raises his/her grade to meet eligibility, he or she may resume participation.
 - c. Being on Academic Probation more than two times will result in dismissal from the team.
- 10) Student athletes' responsibilities include regular school attendance, conscientious effort in classroom work, and conformance to school rules and regulations.

Responsibilities:

- 1) Members will be expected to demonstrate and uphold the six pillars of character at all times whether in uniform or not. This will be stressed, emphasized and not compromised throughout the entire year.
- 2) Cheerleaders must consistently perform at or above the level that was shown during the tryout procedure and all skills that were exhibited at tryouts are expected to be displayed at practices, games, and competitions. For example, if a cheerleader receives points for a standing back tuck at tryouts, she is expected to demonstrate that skill upon demand throughout the season whether indoors or outdoors. **Refusal to do so may result in removal from the squad and is considered defiance if not performed.**
- 3) Cheerleaders will be provided with three (3) school owned uniforms. This must be returned within two weeks of the end of the season. If a cheerleader quits or is removed from the squad, the uniforms must be returned immediately. The loss or damage of this uniform is the sole responsibility of the cheerleader. *Uniforms MAY NOT be cut or altered. Seams may be taken in, but material may not be removed.* Prior to returning uniforms, the cheerleaders must launder them. All uniforms (school or personal) must be properly maintained and if the expected standard is not met in appearance (kept up to par) prior to an event, the cheerleader will not perform.
- 4) *A member may not wear any part of her uniform at any time other than scheduled cheerleading activities.* No one other than the cheerleader may wear cheer attire of any kind.
- 5) Uniforms/specified cheer attire will be worn to school on the day of a scheduled athletic event. Cheerleading shoes are the ONLY shoes permitted to be worn with uniforms unless the coach says otherwise. **Failure to wear requested attire (hair, etc.) will result in suspension from that days scheduled event(s).**
- 6) Both squads will practice at least twice a week. Days and times will be provided with plenty of notice calendar and are subject to change as needed at the coaches' discretion. Practices will be held at NHS and a local cheer gym. More practices may be called during the season as deemed necessary by the coach.

- 7) **Homecoming week is hectic. Cheerleaders are expected to continue to exude spirit and FULLY participate in all daily and evening activities that week. Please plan ahead. Failure to do so will result in demerits.**

Attendance:

- 1) **FHSAA mandates that a student must attend school a minimum of half of a day to be eligible for participation in a performance.**
 - a. **Cheerleaders must be present at school to participate in any events scheduled that day. (If you are late, you must arrive by 10:55 (3rd period) to participate. If you leave early, it can be no earlier than 1:10 (the end of 4th period). Leaving early is only excused if it is for a medical appointment (not just sick). Medical excuse will need to be provided upon arrival to event scheduled.)**
- 2) **Cheerleaders will arrive to events ready to participate (in practice clothes and shoes/uniforms, etc.) PROMPTLY scheduled warm up start time. The time posted is the time you are to be READY, not walking through the door or changing.**
- 3) **All cheerleaders are required to attend practice unless she has a doctor's note excusing the absence. Alert the coach of the illness, and provide the doctor's note upon return. If a cheerleader is injured or "not feeling well" she MUST attend the scheduled events and watch.**
 - a. **If a physician has restricted the cheerleader's participation, she must provide a note of clearance before being allowed to resume cheering at practices, competitions, or games.**
- 4) **Excessive absences will result in removal from the squad. If a cheerleader is removed due to lack of effort the fees are non-refundable.**
- 5) **If a member is absent from an activity, it is her responsibility to contact the coach to find out what is required of her at the next scheduled event.**
- 6) **To have an excused absence from a game/practice/activity, a **one week notice** must be submitted in **writing (email is fine)** to the coach explaining the reason for the absence. *Verbal notice will not be taken.* The coach has the right to judge if the absence is excused or un-excused and to assign demerits if warranted.**
 - a. **Because cheerleading is sport under our athletics department, **studying for a test or exam is not an excuse for missing any scheduled event. Student athletes are given a fair amount of notice for scheduled activities and testing dates and should plan accordingly.****
 - i. **UNEXCUSED ABSENCES:** family vacations, job, tutoring, medical or dental appointments, and common illnesses (sore throat, stuffy nose, etc.).
 - ii. **EXCUSED ABSENCES:** illnesses confirmed by parent/doctor, hospitalization, death in the family, religious obligations, and serious illnesses, senior year college visits.
- 7) **There will be no overlapping in sports or other extra-curricular activities. If these cannot be worked around cheerleading responsibilities then the cheerleader will be required to make a choice. Please discuss all extenuating circumstances with the coach.**
- 8) **In the event of a suspension or injury, the cheerleader will still be required to attend all games, practices and functions.**
 - a. **A suspended cheerleader is expected to sit with the coach, in uniform, in the stands; not with friends.**
 - b. **An injured cheerleader is expected to sit on the track in uniform with the team.**
 - c. **If placed on academic probation, the cheerleader will not attend functions.**

Performances/Games/Practices:

- 1) **NO VISITORS** of any kind will be permitted at practice.
- 2) **T-shirt, tank, shorts and cheer shoes are required for every practice. Midriffs must be covered.**
- 3) **Squad members who appear to be improperly dressed or unprepared for a particular game or performance may be required to sit out during the event; sitting out will require the member to sit next to the coach and wear her full uniform.**
- 4) **Cheerleaders will be required to ride the bus to and from all athletic events unless otherwise notified. Members must follow the schedule and arrive at the designated time. If riding the bus to an event, cheerleaders must ride the bus back unless written consent is given from their parent.**
 - a. **No friends or visitors will be allowed on the bus.**
- 5) **Cheerleaders may not leave the sidelines of any event without permission from the coach.**

- 6) Cell phones are **PROHIBITED** during any cheerleading activity. They cannot be out at practice or games at any time.
- 7) **Cheerleaders will not be allowed to leave before the end of any game.**
- 8) Cheerleaders will be provided a performance schedule by the coach to include all mandatory athletic events, academic functions, community events, spirit activities, fundraisers, and other functions. The schedule will be continuously updated throughout the year. Cheerleaders **MUST** participate in each scheduled event
- 9) Cheerleaders will be responsible for informing parents of schedule changes, extra practices, and rule changes.
- 10) Cheerleaders will be responsible for all information given on the cheer website and through email.

Competition:

- 1) Competition is one of the main priorities of the Nease Cheerleading squad. The competition squad will be selected by the coaches based on talent, age, skill, dedication, attitude, and reliability of each individual.
- 2) All competition practices are **MANDATORY**.
- 3) Monthly Zone payments are due on the 1st of each month.
 - a. Any payment attempts resulting in insufficient funds will incur a \$25.00 service charge.
- 4) **If a competitive cheerleader is injured, they will still need to attend practices at Zone and fees will still accrue monthly.**
 - a. If injury is severe enough for dismissal, payments will not accrue.
- 5) All choreography, including cheers, dances, stunts, transitions, tumbling, music selections, ect., should be highly protected and shall not be shown or discussed with others.
 - a. **NO VIDEOS SHOULD BE UPLOADED TO ANY SOCIAL MEDIA OUTLET.**

Appearance:

- 1) A cheerleader is required to be clean and neat at all times. The uniforms and shoes will be clean. If your appearance does not meet the expectation of the coach, you will not perform at that event.
- 2) The bow or ribbon chosen to complement the uniform should be worn to games and competitions or any other time that the uniform is required. At **NO TIME** is any type of hard hair accessory permitted (i.e. clips, beads).
- 3) **NO JEWELRY** may be worn at any event or practice. This is a safety issue. This includes rings, **piercings (of any kind- anywhere)**, necklaces/chokers, bracelets, anklets, watches, and **belly button rings**. Also includes cloth or rubber bracelets, anklets.
- 4) If finger nail polish is worn to a game or performance, it **MUST** be nude, pink, or clear in color.
- 5) Chewing gum will not be tolerated at any scheduled event (including practice).
- 6) Horseplay, excessive laughing, and excessive talking will not be tolerated while cheering at any event. Talking during a stunt/pyramid sequence could result in serious injury. Excessive talking or laughing during stunting is grounds for removal from practice and possible **dismissal from the squad**.
- 7) Public displays of affection are never considered appropriate, especially in uniform, at games, or in school (whether in uniform or not).
- 8) Any visible tattoos must be covered while in uniform.
- 9) Cheerleaders are required to wear game day outfit on scheduled day s and game days.

Uniform/Equipment:

- 1) Cheerleaders will be responsible for securing, storing, and maintaining all equipment before, during and after all performances and practices.
- 2) No part of any cheerleading uniform may be given to or worn by another student or person who is not a member of the squad **AT ANY TIME**.
- 3) Uniforms will not be bought, made, or remodeled in any way without the permission of the coach. The cheerleader is responsible for the upkeep of the uniform and all materials handed out to the cheerleader. The cheerleader will replace the part or whole depending upon the damage or loss.
- 4) Equipment assigned to cheer program members is their full responsibility. If lost, stolen, or damaged in anyway, the cheerleader must pay the cost of the repair or replacement. This includes, but is not limited to: signs, flags, mascot costumes, permanent breakthrough, coolers, megaphones, poms, etc.

Parental Commitment:

- 1) **Parent commitment and participation to the team is CRITICAL.**
 - a. Parents should support the program by becoming an active member of the Golden Panther Booster Club.

- b. Parents should schedule all appointments, family activities, and vacations around the practice schedule.
 - c. Parents are periodically asked to assist in volunteering for activities or events and are expected to be supportive.
 - d. Parents are responsible for providing transportation to all camps, practices, fundraising events, and other activities.
- 2) Parents are responsible for purchasing uniform accessories and camp wear, as well as paying for camps, and other cheer events.
 - 3) Parents are required to sign a release form when taking a cheerleader home from an athletic event where transportation has been provided by the school. This is a St. Johns County School Board policy.
 - 4) Parents are required to provide appropriate fees and paperwork by the announced deadline.
 - 5) If, for any reason, a parent requests that a cheerleader be removed from the squad, re-admittance will not be allowed.
 - 6) Parents will be responsible for all information given on the cheer website and through email.
 - 7) **Parents should let the coaches' coach. Unlike other sports, in cheerleading all squad members participate; however, by the nature of the sport, some cheerleaders will be more visible than others, especially in dances and routine. As a result, parents have the responsibility to support the coach on decisions of tumbling sequences, stunt groups, and formation placements.**
 - a. If you are not in agreement with decisions made by the coaches, please schedule a private meeting with them to discuss any issues or concerns.
 - 8) If parents have any questions or concerns, please follow the appropriate chain of command: **Coach – Athletic Director – Principal.**

Attitude/Behavior:

- 1) Cheerleaders will set a positive example for and be respectful to all peers, students, and parents, as well as competitors and all other affiliates.
- 2) Cheerleaders will be dedicated, accept responsibility, and maintain good public relations with every faculty member and staff, the student body, and community to ensure success and respect of the squad.
- 3) Cheerleaders will respect their squad's captains, the varsity captains, and my coaches. I will not argue with them, gossip about them, or disobey them. **I will listen and pay attention when one of them is speaking.**
- 4) Cheerleaders will be honest with the coaches about issues that bother them.
 - a. Only discuss these matters with Coaches in a calm, respectful, mature, and private way. Cheerleaders **will not throw out disagreements/opinions/concerns before or during practice or another event.**
- 5) Cheerleaders will get along with everyone that has any part in the NHS Cheer Program and not intentionally exclude, be mean to, or gossip about **any** cheer team member.

Discipline System – Demerit and Dismissal Policy

Discipline will be fully decided on and enforced by the coaches, at the coaches' discretion. Disobeying any cheer program rule will be punishable solely at the coaches' discretion. Punishment may consist of, but is not limited to: physical workouts, benching (non-performance), and dismissal from the team.

Loss of Membership:

This is defined as a non-performing status;

- 1) When a formal offense and consequence has been assigned. This includes: any legal home suspension assignment; participating in hazing; and/or violating the controlled substances guidelines.
- 2) If the coach deems this action necessary due to behavior, attitude, performance, or other cheerleader activity.

Controlled Substances:

The use or possession of tobacco, alcohol, steroids, or illegal drugs at any time while holding membership on a Nease Cheerleading Squad is prohibited. This includes weekends, evenings, holidays, and summers.

- Demerits will be issued for the following:

Offense	Consequence
Unexcused absence from practice/meeting	3 demerits
Excessive tardiness(3 or more) to practice/game	1 demerit and 2 demerits for each offense thereafter
Unexcused absence from game or performance	5 demerits
Foul language; arguing among squad members; laziness during practice, games	2 demerits & after practice conditioning
Detention, excessive tardiness, ISS, or disruption in academic class	2 demerits & after practice conditioning
Not meeting all expectations listed in packet (including responsibilities, attendance, performance and appearance)	(unless otherwise noted) 1 st offense – warning 2 nd offense and thereafter – 1 demerit for each offense
Suspension from School	Will result in suspension from games or activities; <i>consequences will differ on situation and will be determined by AD and coach.</i>
Defiance/disrespect to the coach	5 demerits (<i>If defiance is repetitive and the cheerleader refuses to obey the by-laws, she will be immediately removed from the squad.</i>)
Lower than a 2.0 on report card	Academic Probation for one semester – THEN Immediate Dismissal from the Squad (<i>all paid items are non-refundable</i>)
8 Demerits Received	Immediate Dismissal from the Squad (all paid items are non-refundable)

- Merits may be offered at the coaches’ discretion for activities that go above and beyond to help the team.
- **Automatic reasons for suspension or dismissal from the team include:**
 - Conduct, including fighting, making threats, stalking, or intimidating, including bullying, that endangers the well-being of the other student athletes or coaching staff.
 - Use or possession of drugs, tobacco, or alcohol.
 - Weapons violations or conviction of a crime.
 - Conduct unbecoming of a cheerleader which reflects upon the reputation of the school and squad.
- If a cheerleader is dismissed or resigns from the team before their obligations are fulfilled, he/she may not be eligible to try out the following year.

Please read the following carefully:

If a cheerleader is removed or suspended from the squad prior to a competition, or if she quits prior to a competition, any paid competition and travel expenses will be **NON-REFUNDABLE**.

Please retain this copy of the NHS Cheerleading Requirements and Expectations for your records. On the following page is the NHS Cheerleading Parent/Member Agreement, which must be signed and returned with the other forms prior to the tryout clinic. Your signature confirms that you have carefully read and accept these by-laws, and also confirms your understanding and acceptance of the offense and consequence system, as well as costs associated with this sport.

Nease High School Cheerleading Parent/Member Agreement

Squad Member's Name: (Please Print) _____

I, the parent/guardian of the above named candidate, have read the NHS Cheerleading Requirements and Expectations and understand all of the requirements, objectives, and consequences. I especially acknowledge the time and financial commitment involved in this sport. I understand the coach has final say in my daughter making and remaining on the squad. I also understand the competitive nature of the sport; therefore, I realize that my perception of my daughter's skills may be different from the coach's perception of my daughter's skills. As a result, I understand that my cheerleader may not be highlighted in the routine in a manner that would make me happy. I also realize that this is a team effort and that I may be called upon to help (within my ability and capacity to help) in some way throughout the year. I will make every effort to do my share in assisting on behalf of my cheerleader. I also understand and will follow the appropriate chain of command (Coach-AD-Principal) if I have a concern or question. I agree to let the coaches coach and that their decisions are final.

Parent Signature: _____

Date: _____

Parent Signature: _____

Date: _____

As a potential member of a NHS Cheerleading Squad, I have fully read the Requirements and Expectations and understand what is expected of me to remain a squad member in good standing. I understand that my role as a cheerleader goes beyond the athleticism and time commitment of the sport, and that it includes the expectation that I will be a school leader with outstanding character. I will keep myself knowledgeable and informed of all the rules, and I realize that the consequences of defiant behavior could result in suspension or removal from the squad. I also accept the responsibility of keeping up my tumbling and stunting skills to give my squad a more competitive edge. Finally, I promise to respect my cheerleading coach(es), my teammates, my school, and all persons associated with Nease High School at all times.

Cheerleading Candidates Signature: _____

Date: _____

Nease High School Cheerleader Application

Please print the following information clearly.

Name:	Home phone:	Cell phone:
Current school:		
Address:	City, St.	Zip
Overall GPA:	Date of Birth:	
Parent/Legal Guardian:		Cell phone:
Employer:	Business phone:	
Parent email:	Candidate email:	

Medical Information:

Doctor:	Doctor's Phone Number:
Insurance Company:	Policy Number(s):

1. Are you currently being treated for any injuries? _____
 - a. If so, please list: : _____

Varsity or Junior Varsity:

Please note: Seniors are not eligible for JV.

1. **I am trying out for**
 - a. _____ **Varsity**
 - b. _____ **Junior Varsity**
 - c. _____ **Both**

If you are a going to be a junior please answer the following:

1. If your score does not qualify you for Varsity would you consider a spot on JV?
 - o *Please be aware that if your answer is "NO" you will not have a spot on either team.*

Other information:

1. Have you cheered before?
 - a. Where?
 - b. How many years?
 - c. Stunting experience?
 - i. Stunting preference? (bask spot, base, flyer)
2. Please list any other obligations that may interfere with any of the scheduled summer practices:

**ALLEN D. NEASE STUDENT PARTICIPATION/PARENTAL APPROVAL
MEDICAL TREATMENT AUTHORIZATION AND LIABILITY RELEASE FORM**

STUDENT'S NAME: _____ **GRADE** _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

This application to compete in interscholastic athletics for the above high school is voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations of the State Association.

I, the undersigned parent/guardian, do hereby grant permission for my child to participate in the activity of Cheerleading at Allen D. Nease High School. In order that my child may receive the necessary medical treatment in the event she may sustain an injury or become ill during participation in this activity, I hereby, authorize the Cheerleading Coach, Coordinator, Athletic Trainer, or any school staff member to obtain medical treatment for my child for such injury or illness during the activity, and I, hereby, hold Allen D. Nease and its representatives harmless in the exercise of this authority. I understand that there are inherent risks of physical injury in the activity of Cheerleading, Tumbling, and Stunting. I further acknowledge and understand that due to the nature of this activity, which involves inversion and rotation of the body, there is a possibility that my child may sustain physical illness or injury (minimal, serious, or catastrophic), no matter how careful the participant and sponsors are, how many spotters are used, or what landing surface is used. I further acknowledge and understand that my child is assuming the risk of such physical illness or injury by her participation, and I further release St. Johns County School District, Allen D. Nease High School, its personnel, Cheerleading Sponsors, Cheerleading Squad Members, from any personal illness/injury claims that my child may sustain during participation in this activity.

(To the parents):

I HAVE READ THE LETTER TO PARENTS /GUARDIANS CONCERNING THE REQUIREMENTS FOR BEING A CHEERLEADER. I UNDERSTAND THE COSTS, RISKS, AND TIME INVOLVED. I UNDERSTAND THAT THE FINAL SELECTION OF THE SQUAD IS DETERMINED BY THE COACHES AND THESE DECISIONS WILL NOT BE REVERSED. I, HEREBY, GIVE PERMISSION FOR MY DAUGHTER TO TRY OUT FOR NEASE CHEERLEADING.

(To candidate):

IF I AM CHOSEN TO BE ON THE SQUAD, I PROMISE TO ABIDE BY THE RULES AND REGULATIONS SET FORTH BY THE COACHES AND NHS ADMINISTRATION. I PROMISE TO COOPERATE AND FOLLOW THEIR INSTRUCTIONS. I UNDERSTAND THAT ANY VIOLATION OR WILLFUL DEFIANCE OF THESE RULES MAY RESULT IN IMMEDIATE DISMISSAL FROM THE SQUAD.

STUDENT'S SIGNATURE: _____

Thank you in advance for your support and willingness to work with us in order to make this a rewarding and positive experience for all your daughters!!! Cheers and Good Luck Everyone!!!

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

ADDRESS: _____ **CITY/STATE/ZIP CODE:** _____

STATE OF FLORIDA

County of _____

Sworn to and subscribed before me this _____ day of _____, in the year _____

NOTARY PUBLIC/State of Florida at Large

My Commission Expires



Florida High School Athletic Association Clearance for Participation Form

GA7

Revised 06/12

The following information **MUST** be completed before the student will be allowed to participate in athletics at an FHSAA member school.

The student **MUST** have each of the categories below completed before equipment will be issued and/or the student is allowed to participate in tryouts, practices or contests.

To be completed by the student: Please **PRINT** all information clearly.

Student's OFFICIAL Full Name	Date of Birth (mm/dd/yy)
School Attended the Previous School Year	Current Grade Level
Sport (a separate form MUST be used for each sport)	

To be completed by school official only:

ELIGIBLE: [] YES [] NO	
	Athletic Office Staff
REASON NOT ELIGIBLE: [] GPA [] LIMIT EXPIRED [] PROOF OF AGE NEEDED MISSING FORM (if applicable): [] EL4 [] EL7 [] EL12 [] EL14	
	Athletic Office Staff
PHYSICAL ON FILE (EL2 Form)	
Date of Exam _____	Athletic Office Staff
CONSENT/RELEASE ON FILE (EL3 Form)	
	Athletic Office Staff
CONCUSSION/HYDRATION RELEASE ON FILE (EL3CH Form)	
	Athletic Office Staff
[] GA4 [] GA6 FORM ON FILE (if applicable)	
	Athletic Office Staff
[] STUDENT HAS BEEN ADDED TO THE C2CSchools DATABASE	
	Athletic Office Staff



Consent and Release from Liability Certificate (Page 1 of 2)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the most recent signature. This form is non-transferable; a change of schools during the validity period of this form will require this form to be re-submitted.

School: _____ School District (if applicable): _____

Part 1. Student Acknowledgement and Release (to be signed by student at the bottom)

I have read the (condensed) FHSAA Eligibility Rules printed on the reverse side of this "Consent and Release Certificate" and know of no reason why I am not eligible to represent my school in interscholastic athletic competition. If accepted as a representative, I agree to follow the rules of my school and FHSAA and to abide by their decisions. I know that athletic participation is a privilege. I know of the risks involved in athletic participation, understand that serious injury, including the potential for a concussion, and even death, is possible in such participation, and choose to accept such risks. I voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics, with full understanding of the risks involved. Should I be 18 years of age or older, or should I be emancipated from my parent(s)/guardian(s), I hereby release and hold harmless my school, the schools against which it competes, the school district, the contest officials and FHSAA of any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against FHSAA because of any accident or mishap involving my athletic participation. I hereby authorize the use or disclosure of my individually identifiable health information should treatment for illness or injury become necessary. I hereby grant to FHSAA the right to review all records relevant to my athletic eligibility including, but not limited to, my records relating to enrollment and attendance, academic standing, age, discipline, finances, residence and physical fitness. I hereby grant the released parties the right to photograph and/or videotape me and further to use my name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein. I understand that the authorizations and rights granted herein are voluntary and that I may revoke any or all of them at any time by submitting said revocation in writing to my school. By doing so, however, I understand that I will no longer be eligible for participation in interscholastic athletics.

Part 2. Parental/Guardian Consent, Acknowledgement and Release (to be completed and signed by a parent(s)/guardian(s) at the bottom; where divorced or separated, parent/guardian with legal custody must sign.)

A. I hereby give consent for my child/ward to participate in any FHSAA recognized or sanctioned sport EXCEPT for the following sport(s):

List sport(s) exceptions here

B. I understand that participation may necessitate an early dismissal from classes.

C. I know of, and acknowledge that my child/ward knows of, the risks involved in interscholastic athletic participation, understand that serious injury, and even death, is possible in such participation and choose to accept any and all responsibility for his/her safety and welfare while participating in athletics. With full understanding of the risks involved, I release and hold harmless my child's/ward's school, the schools against which it competes, the school district, the contest officials and FHSAA of any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against the FHSAA because of any accident or mishap involving the athletic participation of my child/ward. I authorize emergency medical treatment for my child/ward should the need arise for such treatment while my child/ward is under the supervision of the school. I further hereby authorize the use or disclosure of my child's/ward's individually identifiable health information should treatment for illness or injury become necessary. I consent to the disclosure to the FHSAA, upon its request, of all records relevant to my child/ward's athletic eligibility including, but not limited to, records relating to enrollment and attendance, academic standing, age, discipline, finances, residence and physical fitness. I grant the released parties the right to photograph and/or videotape my child/ward and further to use said child's/ward's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein.

D. I am aware of the potential danger of concussions and/or head and neck injuries in interscholastic athletics. I also have knowledge about the risk of continuing to participate once such an injury is sustained without proper medical clearance.

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF MY CHILD'S/WARD'S SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL DISTRICT, THE CONTEST OFFICIALS AND FHSAA USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAYBE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM MY CHILD'S/WARD'S SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL DISTRICT, THE CONTEST OFFICIALS AND FHSAA IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND MY CHILD'S/WARD'S SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL DISTRICT, THE CONTEST OFFICIALS AND FHSAA HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

E. I agree that in the event we/I pursue litigation seeking injunctive relief or other legal action impacting my child (individually) or my child's team participation in FHSAA state series contests, such action shall be filed in the Alachua County, Florida, Circuit Court.

F. I understand that the authorizations and rights granted herein are voluntary and that I may revoke any or all of them at any time by submitting said revocation in writing to my school. By doing so, however, I understand that my child/ward will no longer be eligible for participation in interscholastic athletics.

G. Please check the appropriate box(es):

My child/ward is covered under our family health insurance plan, which has limits of not less than \$25,000.

Company: _____ Policy Number: _____

My child/ward is covered by his/her school's activities medical base insurance plan.

I have purchased supplemental football insurance through my child's/ward's school.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE (Only one parent/guardian signature is required)

Name of Parent/Guardian (printed) _____ Signature of Parent/Guardian _____ Date _____

Name of Parent/Guardian (printed) _____ Signature of Parent/Guardian _____ Date _____

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE (student must sign)

Name of Student (printed) _____ Signature of Student _____ Date _____

St. Johns County Forms (Found at www.Neaseathletics.org): I have read and understand the Student-Athlete Code of Conduct and the Victory with Honor Student-Athlete and Victory with Honor Parent/Guardian Forms:

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



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

This completed form must be kept on file by the school.

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

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

1. Must be regularly enrolled and in regular attendance at your school. **If the student is a home education student or attends a charter school or Florida Virtual School - Full time Program or a special/alternative school or certain small non-member private schools, the student must declare in writing his/her intention to participate in athletics to the school at which the student is permitted to participate.** Home education students and students attending small non-member private schools must be approved through the use of a separate form prior to any participation. (FHSAA Bylaw 9.2, Policy 16 and Administrative Procedure 1.8)
2. Must attend school within 10 days of the beginning of **each semester** to be eligible during **that semester**. (FHSAA Bylaw 9.2)
3. Must maintain at least a cumulative 2.0 grade point average on a 4.0 unweighted scale prior to the semester in which the student wishes to participate. This GPA must include all courses taken since the student entered high school. A sixth, seventh or eighth grade student must have earned at least a 2.0 grade point average on 4.0 unweighted scale the previous semester. (FHSAA Bylaw 9.4)
4. **Must not have graduated** from any high school or its equivalent. (FHSAA Bylaw 9.4)
5. Must participate at the school in which the student first enrolls (attends), or at which the student first takes part in an athletic practice, at the beginning of the school year. (FHSAA Bylaw 9.2)
6. Must not transfer schools after the first day of practice of a sport, otherwise the student cannot participate at the new school for the remainder of that sport season. Exceptions may apply. See your school's principal/athletic director after first attending the new school. (FHSAA Bylaw 9.3)
7. Must not participate on a non-school team (i.e., AAU, American Legion, club setting, etc.) which is affiliated with a school or coached by a representative of a school other than the one the student attends, or has attended, and then attend that school, otherwise the student's eligibility may be impacted. (FHSAA Bylaw 9.2) Exceptions may apply. See your school's principal/athletic director after first attending the new school.
8. Must not transfer to a school that the student's coach has relocated to within a year, otherwise the student's eligibility may be impacted. (FHSAA Bylaw 9.3)
9. Must not have **enrolled in the ninth grade for the first time** more than four school years ago. If the student is a sixth, seventh or eighth grade student, the student must not participate if repeating that grade. (FHSAA Bylaw 9.5)
10. Must have signed permission to participate from the student's parent(s)/legal guardian(s) on a form (EL3) provided the school. (Bylaw 9.8)
11. Must be less than 19 years 9 months old to participate in high school; 16 years 9 months old to participate in junior high school; and 15 years 9 months old to participate in middle school, otherwise the student becomes ineligible to participate at that level. Students entering 9th grade in 2014-15 and thereafter must not turn 19 before September 1st, otherwise the student becomes ineligible to participate. (FHSAA Bylaw 9.6)
12. Must undergo a pre-participation physical evaluation and be certified as being physically fit for participation in interscholastic athletics (form EL2). The physical evaluation is valid for 365 calendar days from the date that it was administered. Parents and students must also submit a completed EL3CH which serves to address heat illness and concussion dangers. (FHSAA Bylaw 9.7)
13. Must be an amateur. This means the student must not accept money, gift or donation for participating in a sport, or use a name other than his/her own when participating. (FHSAA Bylaw 9.9)
14. Must not participate in an all-star contest in a sport prior to completing his/her high school eligibility in that sport. (FHSAA Policy 26)
15. Must display good sportsmanship and follow the rules of competition **before, during and after** every contest in which the student participates. If not, the student may be suspended from participation for a period of time. (FHSAA Bylaw 7.1)
16. Must not provide false information to his/her school or to the FHSAA to gain eligibility. (FHSAA Bylaw 9.1)
17. Youth exchange, other international and immigrant students must be approved by the FHSAA office prior to any participation. Exceptions may apply. See your school's principal/athletic director. (FHSAA Policy 17)
18. Must refrain from hazing/bullying while a member of an athletic team or while participating in any athletic activities sponsored by or affiliated with a member school.
19. **This form is non-transferable;** a separate form must be completed for each different school at which a student participates.

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



Florida High School Athletic Association

Consent and Release from Liability Certificate for Concussion and Heat-Related Illness (Page 1 of 2)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the most recent signature.

Concussion Information

What is a concussion?

Concussion is a brain injury. Concussions, as well as all other head injuries, are serious. They can be caused by a bump, a twist of the head, sudden deceleration or acceleration, a blow or jolt to the head, or by a blow to another part of the body with force transmitted to the head. You can't see a concussion, and more than 90% of all concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. All concussions are potentially serious and, if not managed properly, may result in complications including brain damage and, in rare cases, even death. Even a "ding" or a bump on the head can be serious. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, your child should be immediately removed from play, evaluated by a medical professional and cleared by a medical doctor.

What are the signs and symptoms of concussion?

Concussion symptoms may appear immediately after the injury or can take several days to appear. Studies have shown that it takes on average 10-14 days or longer for symptoms to resolve and, in rare cases or if the athlete has sustained multiple concussions, the symptoms can be prolonged. Signs and symptoms of concussion can include: (not all-inclusive)

- Vacant stare or seeing stars
- Lack of awareness of surroundings
- Emotions out of proportion to circumstances (inappropriate crying or anger)
- Headache or persistent headache, nausea, vomiting
- Altered vision
- Sensitivity to light or noise
- Delayed verbal and motor responses
- Disorientation, slurred or incoherent speech
- Dizziness, including light-headedness, vertigo(spinning) or loss of equilibrium (being off balance or swimming sensation)
- Decreased coordination, reaction time
- Confusion and inability to focus attention
- Memory loss
- Sudden change in academic performance or drop in grades
- Irritability, depression, anxiety, sleep disturbances, easy fatigability
- In rare cases, loss of consciousness

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with signs and symptoms of concussion should be removed from activity (play or practice) immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to sustaining another concussion. Athletes who sustain a second concussion before the symptoms of the first concussion have resolved and the brain has had a chance to heal are at risk for prolonged concussion symptoms, permanent disability and even death (called "Second Impact Syndrome" where the brain swells uncontrollably). There is also evidence that multiple concussions can lead to long-term symptoms, including early dementia.

What do I do if I suspect my child has suffered a concussion?

Any athlete suspected of suffering a concussion should be removed from the activity immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without written medical clearance from an appropriate health-care professional (AHCP). In Florida, an appropriate health-care professional (AHCP) is defined as either a licensed physician (MD, as per Chapter 458, Florida Statutes), a licensed osteopathic physician (DO, as per Chapter 459, Florida Statutes). Close observation of the athlete should continue for several hours. You should also seek medical care and inform your child's coach if you think that your child may have a concussion. Remember, it's better to miss one game than to have your life changed forever. When in doubt, sit them out.

When can my child return to play or practice?

Following physician evaluation, the *return to activity process* requires the athlete to be completely symptom free, after which time they would complete a step-wise protocol under the supervision of a licensed athletic trainer, coach or medical professional and then, receive written medical clearance of an AHCP.

For current and up-to-date information on concussions, visit <http://www.cdc.gov/concussioninyouthsports/> or <http://www.seeingstarsfoundation.org>

Statement of Student Athlete Responsibility

I accept responsibility for reporting all injuries and illnesses to my parents, team doctor, athletic trainer, or coaches associated with my sport including any signs and symptoms of CONCUSSION. I have read and understand the above information on concussion. I will inform the supervising coach, athletic trainer or team physician immediately if I experience any of these symptoms or witness a teammate with these symptoms. Furthermore, I have been advised of the dangers of participation for myself and that of my child/ward.

Name of Student-Athlete (printed)

Signature of Student-Athlete

Date

Name of Parent/Guardian (printed)

Signature of Parent/Guardian

Date



Florida High School Athletic Association

Consent and Release from Liability Certificate for Concussion and Heat-Related Illness (Page 2 of 2)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the most recent signature.

FHSAA Heat-Related Illnesses Information

People suffer heat-related illness when their bodies cannot properly cool themselves by sweating. Sweating is the body's natural air conditioning, but when a person's body temperature rises rapidly, sweating just isn't enough. Heat-related illnesses can be serious and life threatening. Very high body temperatures may damage the brain or other vital organs, and can cause disability and even death. Heat-related illnesses and deaths are preventable.

Heat Stroke is the most serious heat-related illness. It happens when the body's temperature rises quickly and the body cannot cool down. Heat Stroke can cause permanent disability and death.

Heat Exhaustion is a milder type of heat-related illness. It usually develops after a number of days in high temperature weather and not drinking enough fluids.

Heat Cramps usually affect people who sweat a lot during demanding activity. Sweating reduces the body's salt and moisture and can cause painful cramps, usually in the abdomen, arms, or legs. Heat cramps may also be a symptom of heat exhaustion.

Who's at Risk?

Those at highest risk include the elderly, the very young, people with mental illness and people with chronic diseases. However, even young and healthy individuals can succumb to heat if they participate in demanding physical activities during hot weather. Other conditions that can increase your risk for heat-related illness include obesity, fever, dehydration, poor circulation, sunburn, and prescription drug or alcohol use.

By signing this agreement, the undersigned acknowledges that the information on page 1 and page 2 have been read and understood.

Name of Student-Athlete (printed)

Signature of Student-Athlete

Date

Name of Parent/Guardian (printed)

Signature of Parent/Guardian

Date

PARTICIPANT RELEASE AND WAIVER FORM

Every Participant must have a completed and signed release form to turn in at registration on the first day of camp in order to participate.

Squad Type:

- Cheer Dance
 Jr FR JV
 VA ALL-STAR

Minor's Name _____	Name of Parent/Legal Guardian () _____	Camp Dates _____
Address _____	Parent/Legal Guardian Cell Phone Number _____	Location where you will attend camp () _____
City, State & Zip () _____	School / Group _____	Phone Number _____
Phone Number _____	School / Group Address _____	
E-mail Address _____	City, State, Zip _____	

[] Yes, you have my permission to send me updates / newsletters from Varsity !

Liability Release. For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I _____, as a parent or legal guardian of _____, a minor (hereinafter "Minor"), hereby grant the permission necessary to allow Minor to participate in the above Camp to be conducted by Varsity Spirit Corporation ("Varsity Spirit") d/b/a Universal Cheerleaders Association ("UCA") and/or Universal Dance Association ("UDA"). I, in my own behalf and on behalf of Minor, further agree to release and to hold harmless Varsity Spirit, Varsity Spirit's Corporate Sponsors (hereinafter "Sponsors"), the Hosting Site, (university, hotel, convention center, high school) on whose premises the Camp will occur, (hereinafter the "Location") the affiliates of Varsity Spirit, the Location, and the respective directors, officers, representatives, members, agents, and employees of Varsity Spirit, Sponsors, the Location and their respective affiliates (hereinafter collectively "Releasees") from any and all liability, whether caused by the negligence of the Releasees or otherwise for any claim, judgement, loss, liability, cost and expenses (including, without limitations, attorney's fees and costs) arising out of or connected with the Camp, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic, and/or death) that Minor may incur or sustain during the Camp, all activities associated with the Camp and while traveling to and from the site for the Camp whether or not the Camp actually occurs. I further expressly agree to indemnify and hold harmless Releasees and Releasees' heirs, successors, assigns, executors and administrators against loss from any further claims, demands or actions that may subsequently be brought by Minor or by any other persons on the account of damages of any character resulting to Minor in any way from the foregoing activities. I further agree to reimburse and to make good to Releasees any loss of costs Releasees may have to pay as a result of any such action, claim, or demand.

I hereby warrant that I have read this Liability Release in its entirety and fully understand its contents. I am aware that this Liability Release releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of risk of injury or illness. I further acknowledge that nothing in this Liability Release constitutes a guarantee that the Camp will occur. I have signed this document voluntarily and of my own free will.

Signature of Parent or Legal Guardian: X _____ Date: _____

Medical Release. I, in my own behalf and on behalf of Minor, acknowledge and agree that such participation subjects Minor to possibility of physical illness or injury (minimal, serious, catastrophic and/or death) and that I, in my own behalf and on behalf of Minor, acknowledge that Minor is assuming the risk of such illness or injury by participating in the camp. In the event of such illness or injury, I authorize Varsity Spirit to obtain necessary medical treatment of Minor and hereby, in my own behalf and on behalf of Minor, release and hold harmless Releasees in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of Minor for any illness or injury that Minor may sustain during the Camp and while traveling to and from the site for the Camp whether or not the Camp actually occurs.

Appearance Agreement. I understand that Varsity Spirit d/b/a UCA and/or UDA from time to time produces promotional material relating to its programs. I understand that as a participant in and/or a spectator at the Camp, Minor may be included in videotapes, photographs, DVD's, Podcasts and videocasts taken during the camp. Therefore, without reservation or limitations, I, in my own behalf and on behalf of the Minor, hereby assign, transfer and grant to Varsity Spirit d/b/a UCA and/or UDA, its successors, assignees, licensees, sponsors, any television networks, and all other commercial exhibitors the exclusive right to photograph and/or videotape Minor and to utilize such videotapes and photographs and Minor's name, face, likeness, voice and appearance as part of the Camp, in advertising and promoting the Camp or in advertising and promoting similar future events. I further understand that neither Varsity Spirit nor any third party is under any obligation to exercise any of the foregoing rights, licenses and privileges. I, in my own behalf and on behalf of the Minor, waive any right to inspect or approve any materials related thereto.

Camp Rules. I further acknowledge and understand that Varsity Spirit has established rules and regulations pertaining to conduct, behavior and activities of all Camp participants by which Minor and I agree to abide during the Camp and that Minor and I will be responsible for her/his/my failure to abide by those rules and regulations. Minor and I have received, read, and understand the Camp rules. Minor and I understand that violation of the rules can result in dismissal from Camp with no refund. Minor and I understand that Sponsors may distribute samples of their products at camp.

Insurance and Payment. We offer an accident policy to all students for a \$5.00 premium. The policy has no deductible and pays up to \$1,000 of medical expenses, regardless of other insurance coverage. (Charges due to illness and preexisting injuries are not covered and will be billed directly to the parent). All students who do not have insurance must purchase the Camp accident policy. This policy or other proof of insurance, is usually required to obtain medical treatment as we strictly adhere to this insurance requirement. Please check one of the following:

- Yes, I want the camper's accident insurance policy and I will bring \$5.00 premium to registration at Camp. **(Not available at Home Camps)**
 No, I elect not to purchase the camper's accident policy and my insurance company, in the event of an accident, is listed below. If no is checked, complete the information below. **WE MUST HAVE THE POLICY NUMBER.**
Insurance Company: _____
Insurance Company Address: _____
Medical Insurance Policy Number: _____

I represent that any medication to which Minor is allergic or medications that Minor is currently taking are listed below. I agree that Minor shall bring medications which Minor is currently taking with him/her to the Camp and that he/she shall consume the prescribed dosage for such medications. **Varsity will not administer or supply any type of medication at camp.**

Medications (if any): _____

Allergic to (if any): _____

I acknowledge that Minor suffers from the following conditions: _____

Family Doctor: _____ Phone Number: () _____

Minor Birthdate: _____

Emergency Information: Name: _____ Address: _____
City, State, Zip: _____
Daytime Telephone: () _____ Evening Telephone: () _____

I, in my own behalf and on behalf of Minor, hereby warrant that I have read this Participant Release and Waiver Form in its entirety and fully understand its contents. I, in my own behalf and on behalf of Minor, am aware that this Participant Release and Waiver Form releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I, in my own behalf and on behalf of Minor, further acknowledge that nothing in this Participant Release and Waiver Form constitutes a guarantee that the Camp will occur. I, in my own behalf and on behalf of Minor, have signed this document voluntarily and of my own free will. Minor and I understand that Sponsors may distribute samples of their products at camp.

Signature of Parent or Legal Guardian: X _____ Date: _____

Relationship to Minor: _____

I, identified above as Minor, acknowledge that I have read this Release and Waiver form.

Signature of Minor: X _____ Date: _____

Witness Signature: X _____ Address: _____ Date: _____



Preparticipation Physical Evaluation (Page 1 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2. This form is non-transferable; a change of schools during the validity period of this form will require page 1 of this form to be re-submitted.

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

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

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

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

FEMALES ONLY (optional)

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

Explain "Yes" answers here: _____

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

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



Florida High School Athletic Association
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. This form is non-transferable; a change of schools during the validity period of this form will require page 1 of this form to be re-submitted.

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

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

FINDINGS **NORMAL** **ABNORMAL FINDINGS** **INITIALS***

MEDICAL

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

MUSCULOSKELETAL

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

* - station-based examination only

ASSESSMENT OF EXAMINING PHYSICIAN/PHYSICIAN ASSISTANT/NURSE PRACTITIONER

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

Cleared without limitation

Disability: _____ Diagnosis: _____

Precautions: _____

Not cleared for: _____ Reason: _____

Cleared after completing evaluation/rehabilitation for: _____

Referred to _____ For: _____

Recommendations: _____

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

Address: _____

Signature of Physician/Physician Assistant/Nurse Practitioner: _____



Florida High School Athletic Association

Preparticipation Physical Evaluation (Page 3 of 3)

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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.

NEASE HIGH CHEERLEADING
TEACHER EVALUATION FORM



NEASE HIGH CHEERLEADING
TEACHER EVALUATION FORM



NEASE HIGH CHEERLEADING
TEACHER EVALUATION FORM

Please complete and turn in this form to
Melissa Fraum by May 27th
10550 Ray Rd, Ponte Vedra, FL 32081

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This form is to evaluate students trying out for cheerleading. Teacher evaluations are very important and are part of the total points a student can accumulate for tryouts. Students will never see their evaluations.

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Student Name _____
Class Subject _____
Grade Level _____
Teacher Name _____

Student Name _____
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Grade Level _____
Teacher Name _____

Student Name _____
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Grade Level _____
Teacher Name _____

Evaluation Scores: *(Students will not see these evaluations - feel free to be honest! We are looking for outstanding representatives for our school, and it will really help in our selection process.)*

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5 = Outstanding 4 = Excellent
3 = Good 2 = Fair
1 = Poor 0 = Cannot evaluate

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- 1. _____ Class Conduct
- 2. _____ Punctuality
- 3. _____ Reliability
- 4. _____ Ability to Get Along With Others
- 5. _____ Honesty
- 6. _____ Response to Teacher/Adult Direction
- 7. _____ Maturity
- 8. _____ Self-Discipline
- 9. _____ Preparedness
- 10. _____ Ability to Represent the School in a Positive Manner

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- 10. _____ Ability to Represent the School in a Positive Manner

_____ = TOTAL

_____ = TOTAL

_____ = TOTAL

Third Quarter Grade _____

Third Quarter Grade _____

Third Quarter Grade _____

Additional Comments:

Additional Comments:

Additional Comments:

NEASE HIGH CHEERLEADING
TEACHER EVALUATION FORM



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TEACHER EVALUATION FORM



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_____ = TOTAL

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_____ = TOTAL

Third Quarter Grade _____

Third Quarter Grade _____

Third Quarter Grade _____

Additional Comments:

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