

Macon East Academy
YOUTH CHEER PROGRAM
2022-2023

Dear Macon East Parents,

It is time to register for our youth cheerleading program. The following is a brief description of each cheer group and the duties of each group.

Wee Princesses – K3, K4, and K5

This squad cheers at the pep rallies and halftimes of each home varsity football game. They will also perform at some of the home basketball games.

Little Damsels - 1st, 2nd, and 3rd Grades

This squad cheers at the pep rallies and halftimes of each flag football game. They will also perform at some of the home basketball games.

Pee Wee Cheerleaders – 4th, 5th, and 6th Grades

This squad cheers at the pep rallies and halftimes of each Pee Wee football game. They will also perform at some of the home basketball games.

The cheer fee for 2022-2023 is \$200.00. This fee includes uniform, t-shirt, outerwear, hair bows, tattoos, cheer bag, and booster club dues. The Booster Club dues help pay for the upkeep of our athletic facilities. The elementary cheer program also receives an allotment from the booster club to use for equipment such as poms, music, etc.

Our uniform company is Varsity Spirit. We will have a fitting on Tuesday, June 21st in the lower school building from 3:30 to 5:30 PM for uniforms, t-shirts, and outerwear. Please bring your registration form and fee payment at that time. Make checks payable to Macon East Academy.

We are getting new uniforms this year for all three groups. It is important that you bring your cheerleader to the fitting on June 21st. Our Varsity rep will be here to take measurements of your cheerleader. Getting measured properly will help ensure that she gets the best fitting uniform.

We would love to have your child/children as a part of our youth cheerleading program to help cheer on our MIGHTY KNIGHTS! If you know of girls attending Macon East for the first time, please send me their contact information. Our order has to be placed by June 24th. I want to make sure that all MEA girls have the chance to participate in our program.

Looking forward to another great year with our elementary cheerleaders!

Kathy Loomis
kathyloomis@maconeast.net
334-799-3586

****Little Damsel and Pee Wee cheerleaders also have an attached physical form that has to be completed and returned before the cheer clinic which will take place when school begins in August.**

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Youth Cheerleader Registration Form

Wee Princesses – K3, K4, & K5
Little Damsels – 1st, 2nd, & 3rd Grades
Pee Wees – 4th, 5th, & 6th Grades

Student Name: _____

Cheer Group: _____

Parent's Name: _____

Address: _____

Cell Phone #: _____

E-mail Address: _____

Please list any health conditions that we should be aware of..... (allergies, asthma, etc.)

T-shirt and Outwear Sizes: Youth X-Small, Youth Small, Youth Medium,
Youth Large, Youth X-Large, Adult Small,
Adult Medium, Adult Large

Please write size in the blank.

T-Shirt: _____ **Outerwear:** _____

Cheer Fees for 2022-2023: \$200.00

ALABAMA INDEPENDENT SCHOOL ASSOCIATION

(Please Print)

DATE / /

FULL NAME OF STUDENT _____ BIRTHDATE ____/____/____
First Middle Last

AGE _____ SEX _____ RACE: BLACK _____ WHITE _____ OTHER _____

ADDRESS _____ PHONE () _____
 Street City State Zip

SCHOOL _____ GRADE _____ SPORT/ACTIVITY _____

HISTORY (COMPLETED AND SIGNED TO THE BEST OF THEIR KNOWLEDGE BY PARENT/GUARDIAN AND STUDENT PRIOR TO PHYSICAL EXAMINATION. WITHHOLDING OR FALSIFYING INFORMATION COULD LEAD TO SERIOUS MEDICAL COMPLICATIONS.)

- | HAS THE STUDENT EVER: | | CHECK ONE | IF YES, EXPLAIN |
|-----------------------|--|----------------|-----------------|
| 1. | a. been knocked out? | Yes () No () | |
| | b. had a concussion? | Yes () No () | |
| | c. stayed overnight in a hospital? | Yes () No () | |
| | d. had an operation? | Yes () No () | |
| | e. had heat exhaustion or heat stroke? | Yes () No () | |
| | f. had a head or neck injury? | Yes () No () | |
| | g. had a back or spinal injury? | Yes () No () | |
| | h. had a heart murmur? | Yes () No () | |
| | i. had high blood pressure? | Yes () No () | |
| | j. had a heart problem? | Yes () No () | |
| | k. fainted while doing exercise? | Yes () No () | |
| 2. | DOES THE STUDENT: | | |
| | a. take medicine every day? | Yes () No () | |
| | b. wear glasses or contact lenses? | Yes () No () | |
| | c. wear dental appliances? | Yes () No () | |
| | d. wear hearing aids? | Yes () No () | |
| | e. have any allergies? | Yes () No () | |
| | f. have any chronic illnesses (i.e. diabetes, asthma, seizures)? | Yes () No () | |
| | g. have any body parts missing (i.e. kidney, finger)? | Yes () No () | |
| 3. | HAS THE STUDENT'S MOTHER, FATHER, BROTHER OR SISTERS EVER HAD ANY HEART PROBLEMS BEFORE 50 YEARS OF AGE? | | |
| | | Yes () No () | |
| 4. | HAS ANY PHYSICIAN LIMITED THE STUDENT'S ATHLETIC PARTICIPATION? | | |
| | | Yes () No () | |
| 5. | HAS THE STUDENT EVER BROKEN A BONE OR HAD A CAST ON THE: | | |
| | a. hand? | Yes () No () | |
| | b. wrist? | Yes () No () | |
| | c. arm? | Yes () No () | |
| | d. foot? | Yes () No () | |
| | e. ankle? | Yes () No () | |
| | f. leg? | Yes () No () | |
| | g. other? | Yes () No () | |
| 6. | IN THE PAST YEAR HAS THE STUDENT BROKEN A BONE WHILE PLAYING SPORTS? | | |
| | | Yes () No () | |
| | Activity | | |

The examination performed for this participation is limited and designed to identify common conditions or infirmities that would limit or prevent a student from participating in athletic activities. This examination is NOT intended to be comprehensive and may not detect some types of latent or hidden medical conditions. All athletes should receive periodic comprehensive medical examinations and prompt treatment for illnesses/injuries.

This is to certify that I have read and understand the above information and hereby give permission and consent to emergency and/or medical treatment for my son (), daughter (), ward () and that the responses to the preceding questions are correct.

SIGNED: _____
PARENT () OR GUARDIAN ()

DATE _____

ALABAMA INDEPENDENT SCHOOL ASSOCIATION PHYSICAL EXAMINATION FORM

(Completed by Physician)

HEIGHT _____ WEIGHT _____ BLOOD PRESSURE _____ PULSE _____
(SYSTOLIC/DIASTOLIC) (BEATS/MIN)

VISION: RIGHT 20/ _____ LEFT 20/ _____ CORRECTED _____ UNCORRECTED _____

DATE OF LAST MENSTRUAL PERIOD _____

		CHECK ONE	IF ABNORMAL, EXPLAIN
1.	Skin	Normal () Abnormal ()	_____
2.	Head & Neck	Normal () Abnormal ()	_____
3.	Eyes	Normal () Abnormal ()	_____
4.	Ears, Nose, & Throat	Normal () Abnormal ()	_____
5.	Teeth & Mouth	Normal () Abnormal ()	_____
6.	Lungs & Chest	Normal () Abnormal ()	_____
7.	Cardiovascular	Normal () Abnormal ()	_____
8.	Abdomen & Lymphatics	Normal () Abnormal ()	_____
9.	Genitalia/Hernia	Normal () Abnormal ()	_____
10.	Orthopedic Screening:		
	a. upper extremities	Normal () Abnormal ()	_____
	b. lower extremities	Normal () Abnormal ()	_____
	c. spine & back	Normal () Abnormal ()	_____
11.	Neurological	Normal () Abnormal ()	_____

ADDITIONAL COMMENTS:

No pupil shall be eligible to represent their school in interscholastic athletics unless there is on file in the Headmaster's office a physician's statement for the current year certifying that the pupil has passed and adequate physical examination, and that in the opinion of the examining physician he/she is fully able to participate in athletics.

This is to certify that on this _____ day of _____, 20____, I performed the above limited examination on _____ of the _____ School/Academy and based upon an evaluation of the medical history provided and upon my limited examination, I am of the opinion that he/she IS _____ IS NOT _____ physically able to participate in ALL _____ *LIMITED _____ athletic events of the school.

PHYSICIAN (M.D. or D.O.)

*EXPLAIN LIMITATIONS/EXCLUSION
