

# **Macon East Academy**

## **YOUTH CHEER PROGRAM**

### **2023-2024**

Dear Macon East Parents,

We would love to have your child/children as a part of our youth cheerleading program this upcoming school year to help cheer on our MIGHTY KNIGHTS! If you know of students attending Macon East for the first time, please send their contact information to Summer Kyser since now is the time to register.

The following is a brief description of each cheer group and their duties.

**Wee Princesses** - K3, K4, and K5

Cheer at the pep rallies and halftimes of each home varsity football game and perform at some home basketball games.

**Little Damsels** - 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> Grades

Cheer at the pep rallies and halftimes of each flag football game and perform at some home basketball games.

**Pee Wee Cheerleaders** - 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> Grades

Cheers at the pep rallies and halftimes of each Pee Wee football game and perform at some home basketball games.

**The cheer fee for 2023-2024 is \$225.00**, which includes their uniform, t-shirt, outerwear, hair bows, tattoos, cheer bag, and participation fee. The participation fee helps pay for the upkeep of our athletic facilities. The elementary cheer program also receives an allotment from this fee to use for equipment such as poms, music, etc.

Our uniform company is Varsity Spirit, and we will have a fitting on **Monday, May 22** in the lower school building from **3:30 p.m. to 5:30 p.m.** for uniforms, t-shirts, and outerwear. Bring the registration form and fee payment at that time and make checks payable to Macon East Academy. Please bring last year's uniform to Summer Kyser no later than **May 19** to be used for the fitting, and make sure your name is attached to the uniform with a safety pin.

Uniforms from last year will be used for all three groups. It is important you bring your cheerleader to the fitting on May 22, since our Varsity Spirit representative will be here to take measurements. Getting measured properly will help ensure they get the best fitting uniform. If last year's uniform no longer fits, you may sell it to another cheerleader for \$75.00.

Orders must be placed by **May 27**, and we want to make sure all MEA cheerleaders have the chance to participate in our program.

We look forward to a great year with our elementary cheerleaders!

Summer Kyser  
[skyser@maconeast.net](mailto:skyser@maconeast.net)  
334-799-5541

**\*\*Little Damsel and Pee Wee cheerleaders will also be required to have the AISA Medical History Form and AISA Physical Examination Form completed and returned before the cheer clinic, which will take place when school begins in August. These forms are attached and can also be found on our Macon East Academy website.**

**Macon East Academy**  
**YOUTH CHEER PROGRAM**  
**2023-2024**

**YOUTH CHEERLEADER REGISTRATION FORM**

**Wee Princesses- K3, K4, and K5**  
**Little Damsels- 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> Grades**  
**Pee Wee Cheerleaders- 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> 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.)**

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

Please write the size in the blank.

**T-shirt:** \_\_\_\_\_ **Outerwear:** \_\_\_\_\_

**Cheer Fees for 2023-2024: \$225.00**

Make check payable to Macon East Academy

(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 \_\_\_\_\_

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		

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

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