

Macon East Academy

YOUTH CHEER PROGRAM

2024-2025

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.

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

Cheer at the pep rallies, sideline and halftimes of each flag football game.

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

Cheers at the pep rallies, sideline and halftimes of each Pee Wee football game.

The cheer fee for 2024-2025 is \$225.00, which includes their uniform, t-shirt, outerwear, hair bow, 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 TeamLeader, we are going back to the “traditional” cheer uniforms this year and plan to re-use the same uniforms for next year to save on cost. As soon as I have a fitting date scheduled I will contact you ASAP.

Please fill out the attached registration forms and return to me before the end of the school year. If you register past May 23rd please either email the forms to skyser@maconeast.net or mail them to the school. You may go ahead and send your payment with your registration forms if you would like, all payments must be received by our fitting date.

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

Summer Kyser
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
2024-2025

YOUTH CHEERLEADER REGISTRATION FORM

Wee Princesses- K3, K4, and K5
Little Damsels- 1st, 2nd, and 3rd Grades
Pee Wee Cheerleaders- 4th, 5th, and 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 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 2024-2025: \$225.00

Make check payable to Macon East Academy

**ALABAMA INDEPENDENT SCHOOL ASSOCIATION
MEDICAL HISTORY FORM**

(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. WITHOLDING OR FALSIFYING INFORMATION COULD LEAD TO SERIOUS MEDICAL COMPLICATIONS.)

- | 1. | HAS THE STUDENT EVER: | CHECK ONE | IF YES, EXPLAIN |
|----|--|----------------|-----------------|
| 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
