Macon East Academy

YOUTH CHEER PROGRAM

2025-2026

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 <u>caitlin</u> <u>Hathcock</u> 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 railies and halftimes of each home varsity football game.

Little Damsels - 1^{s+} , 2^{nd} , and 3^{rd} 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 2025-2026 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 varsity, 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 22^{rd} please either email the forms to <u>Chathcock@maconeast.net</u> 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 cheenleaders!

Caitlin Hathcock

Chathcock@maconeast.net

334-651-3311

**Li++le 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 2025-2026

YOUTH CHEERLEADER REGISTRATION FORM

WEE Princesses- K3, K4, and K5

Li++IE Damseis- IS+,2nd, and 3rd Grades

Pee Wee Cheerleaders- 4+h, 5+h, and 6+h Grades

Student Name:
Cheer Group:
paren+'s Name:
Address:
Cell Phone *:
E-Mail Address:
Please list any health conditions that we should be aware of
(Allergies, as+hma, e+c.)

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 2025-2026: \$225.00

Make Check Payable to Macon East Academy

ALABAMA INDEPENDENT SCHOOL ASSOCIATION MEDICAL HISTORY FORM

		1₹.	EDICAL HIST	OKITOKWI			
(Please Pr	int)					DATE	_//
FULL NA	ME OF STUDENT _	First	Middle	La	st	BIRTHDATE	_//
		RACE:					
ADDRESS	S_Street	City	y State 7:-	PHONE			
		- City					
		ND SIGNED TO THE WITHOLDING OR FALS					
1.	HAS THE STUDEN a. been knocked ou c. stayed overnigh neck injury? Yes () h. had a heart m k. fainted v	NT EVER: 17 Yes () No () 18 in a hospital? Yes (19 e. had heat exhaus 10 No () 10 urmur? Yes () No (19 in had a heart proble while doing exercise?	CHECK (b. had) No () b. had tion or heat stroke? Ye g. had a back or em? Yes () No () Yes ()	ONE la concussion? Yes () d. had s () No () s spinal injury? Yes () i. had high b	IF YES, E. No () an operation? No () plood pressure?	YPLAIN Yes () No () _ f. had a head or Yes () No ()	
2.	DOES THE STUDE a. take medicine ev No () (i.e. kidney,	very day? Yes () No () c. wear dental app e. have any	liances? Yes () No () allergies? Yes () No () ures)? Yes () No ()				
3.	BROTHER OR SIST	VT'S MOTHER, FATHER FERS EVER HAD ANY S BEFORE 50 YEARS O		No ()			
4.	HAS ANY PHYSIC STUDENT'S ATHL	IAN LIMITED THE ETIC PARTICIPATION?	Yes ()	No ()			
5.	HAS THE STUDEN OR HAD A CAST (a. hand? Yes () No g. other?	ON THE: () d. foot? Yes f. leg? Yes() No()	b. wrist? Yes ()? No () Yes ()	No ()	e. ankle? Yes	rm? Yes () No () s () No ()	
6.	IN THE DACT VEA	R HAS THE STUDENT WHILE PLAYING SPOR	RTS? Yes ()				
The examination form partic conditions. illnesses/in	nation performed for cipating in athletic ac All athletes should re juries.	this participation is limit tivities. This examination eceive periodic comprehen	ed and designed to iden is NOT intended to be sive medical examination	tify common condition comprehensive and roons and prompt treatn	ons or infirmities may not detect so nent for	s that would limit or ome types of latent	r prevent a studen or hidden medical
This is to treatment for	certify that I have r or my son (), dau	ead and understand the ghter (), ward () and	above information and that the responses to the	d hereby give permine preceding questions	ission and cons s are correct.	ent to emergency	and/or medical
SIGNED:	PARENT() OR	GUARDIAN ()			DATE		

ALABAMA INDEPENDENT SCHOOL ASSOCIATION PHYSICAL EXAMINATION FORM

(Completed by Physician)
HEIGHT WEIGHT BLOOD PRESSURE PULSE (SYSTOLIC/DIASTOLIC) (BEATS/MIN)
(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 () a 2. Head & Neck Normal () Abnormal 4. Ears, Nose Throat Normal () Abnormal () a 5. Teeth & Mouth Normal () Abnormal () Abnormal () Cardiovascular Normal () Abnormal () a 8. Abdomen & Lymphatics Normal () Abnormal () 4. Ears, Nose Cardiovascular Normal () Abnormal () Abn
10. Orthopedic Screening: a. upper extremities Normal () Abnormal () 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 offic 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 of
of the School/Academ
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