

# 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 Caitlin Hathcock 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 - 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> Grades

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

Pee Wee Cheerleaders - 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> 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<sup>nd</sup> please either email the forms to [ChathCock@maconeast.net](mailto:ChathCock@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!

Caitlin Hathcock

[ChathCock@maconeast.net](mailto:ChathCock@maconeast.net)

334-651-3311

\*\*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  
2025-2026

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.)

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

(Please Print)

BIRTHDATE \_\_\_/\_\_\_/\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ SPORT/ACTIVITY \_\_\_\_\_

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 ( ) _____<br>Throat Normal ( ) Abnormal ( ) _____<br>Cardiovascular Normal ( ) Abnormal ( ) _____<br>10. Orthopedic Screening:<br>a. upper extremities Normal ( ) Abnormal ( ) _____<br>Abnormal ( ) _____ | 2. Head & Neck Normal ( ) Abnormal ( ) _____<br>3. Eyes Normal ( ) Abnormal ( ) _____<br>4. Ears, Nose, & _____<br>5. Teeth & Mouth Normal ( ) Abnormal ( ) _____<br>6. Lungs & Chest Normal ( ) Abnormal ( ) _____<br>7. _____<br>8. Abdomen & Lymphatics Normal ( ) Abnormal ( ) _____<br>9. Genitalia/Hernia Normal ( ) Abnormal ( ) _____<br>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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