

# BCMS CHEER TRYOUT INFO

2023-2024 Football or Basketball Cheer Squad

Tryout Prep/Conditioning: April 17-20, 3:45-5:00

Tryout: April 21, 3:45 to 5:00

We are so excited to kick off a new season of cheer. Below you will find everything that you need to do to attend for the week of Tryout Prep/Conditioning and the actual tryout! All the steps must be completed for you to be eligible for tryouts. There is a lot of really important information, and it all needs to be reviewed by a parent/guardian.

## CHECKLIST

Please make sure ALL the following items are completed and returned no later than Wednesday, April 12, 2022.

Please submit your paperwork to Coach Mann (Counselor/Connections Hallway).

**Incomplete applications will result in students not being allowed to participate in tryouts.**

### Complete Cheer Candidate Application

#### Ways to access Cheer Candidate Application

Visit the Link:

<https://tinyurl.com/3mdtwes2>

Use the QR Code:



• **Current Physical**- must be on Barrow Co. form provided.

**Consent and Proof of Insurance Form**

**Concussion Awareness Form**

**Sudden Cardiac Arrest Awareness Form**

**2 Teacher Recommendation Request (give the below slips to two teachers)**

**At least one teacher must be an academic teacher.**

Teacher Recommendations  
BCMS Cheerleading 2023-2024  
Due Date: April 12th

Cheerleader Name:

Teacher Recommendations  
BCMS Cheerleading 2023-2024  
Due Date: April 12th

Cheerleader Name:

Please fill out the Google Form using the following link. You can type in the URL or scan the QR with your phone camera! Please fill these out truthfully!

<https://tinyurl.com/2p93e45c>



Please fill out the Google Form using the following link. You can type in the URL or scan the QR with your phone camera! Please fill these out truthfully!

<https://tinyurl.com/2p93e45c>



## STUDENT AND PARENT CONCUSSION AWARENESS FORM

Bear Creek Middle School

### DANGERS OF CONCUSSION

Concussions at all levels of sports have received a great deal of attention and a state law has been passed to address this issue. Adolescent athletes are particularly vulnerable to the effects of concussion. A concussion has the potential to result in death, or changes in brain function (either short-term or long-term). A concussion is a brain injury that results in a temporary disruption of normal brain function. A concussion occurs when the brain is violently rocked back and forth or twisted inside the skull as a result of a blow to the head or body. Continued participation in any sport following a concussion can lead to worsening concussion symptoms, as well as increased risk for further injury to the brain, and even death.

Information from the GHSA website.

### COMMON SIGNS AND SYMPTOMS OF CONCUSSION

- ★ Headache, dizziness, poor balance, moves clumsily, reduced energy level/tiredness
- ★ Nausea or vomiting
- ★ Blurred vision, sensitivity to light and sounds
- ★ Fogginess of memory, difficulty concentrating, slowed thought processes, confused about surroundings or game assignments
- ★ Unexplained changes in behavior and personality
- ★ Loss of consciousness (NOTE: This does not occur in all concussion episodes.)

### BY-LAW 2.68: GHSA CONCUSSION POLICY:

In accordance with Georgia law and national playing rules published by the National Federation of State High School Associations, any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion shall be immediately removed from the practice or contest and shall not return to play until an appropriate health care professional has determined that no concussion has occurred. (NOTE: An appropriate health care professional may include a licensed physician (MD/DO) or another licensed individual under the supervision of a licensed physician, such as a nurse practitioner, physician assistant, or certified athletic trainer who has received training in concussion evaluation and management.

a) No athlete is allowed to return to a game or a practice on the same day that a concussion (a) has been diagnosed, OR (b) cannot be ruled out.

b) Any athlete diagnosed with a concussion shall be cleared medically by an appropriate health care professional prior to resuming participation in any future practice or contest. The formulation of a gradual return to play protocol shall be a part of the medical clearance.

c) It is mandatory that every coach in each GHSA sport participate in a free, online course on concussion management prepared by the NFHS and available at [www.nfhslearn.com](http://www.nfhslearn.com) at least every two years – beginning with the 2015-2016 school year.

d) Each school will be responsible for monitoring the participation of its coaches in the concussion management course, and shall keep a record of those who participate.

By signing this concussion form, I give Bear Creek Middle School permission to transfer this form to the other sports that my child may play. I am aware of the dangers of a concussion, and this form will represent myself and my child during the 2020-2021 school year. This form will be stored with the athletic physical form and other accompanying forms required by the Barrow County School System.

*I HAVE READ THIS FORM AND I UNDERSTAND THE FACTS PRESENTED.*

Athlete Full Name \_\_\_\_\_

Signature of Athlete \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**CARDIAC ARREST AWARENESS FORM**  
Bear Creek Middle School

**Learn the Early Warning Signs**

If you or your child has had one or more of these signs, see your primary care physician:

- ★ Fainting suddenly and without warning, especially during exercise or in response to loud sounds like doorbells, alarm clocks or ringing phones
- ★ Unusual chest pain or shortness of breath during exercise
- ★ Family members who had sudden, unexplained and unexpected death before age 50. Family members who have been diagnosed with a condition that can cause sudden cardiac death, such as hypertrophic cardiomyopathy (HCM) or Long QT syndrome
- ★ A seizure suddenly and without warning, especially during exercise or in response to loud sounds like doorbells, alarm clocks or ringing phones

**Learn to Recognize Sudden Cardiac Arrest**

If you see someone collapse, assume he has experienced sudden cardiac arrest and respond quickly. This victim will be unresponsive, gasping or not breathing normally, and may have some jerking (seizure-like activity). Send for help and start CPR. You cannot hurt him.

**Learn Hands-Only CPR**

Effective CPR saves lives by circulating blood to the brain and other vital organs until rescue teams arrive. It is one of the most important life skills you can learn – and it's easier than ever.

- ★ Call 911 (or ask bystanders to call 911 and get an AED)
- ★ Push hard and fast in the center of the chest. Kneel at the victim's side, place your hands on the lower half of the breastbone, one on top of the other, elbows straight and locked. Push down 2 inches, then up 2 inches, at a rate of 100 times/minute, to the beat of the song "Stayin' Alive."
- ★ If an Automated External Defibrillator (AED) is available, open it and follow the voice prompts. It will lead you step-by-step through the process and will never shock a victim that does not need a shock.

**SB 60: New Code Section 20-2-324.4:**

This code requires the Department of Education to develop and post on its website materials to inform students participating in athletics, their parents and coaches about the symptoms and warning signs of sudden cardiac arrest. Further, each school must hold an informational meeting twice per year for students, parents, and coaches regarding such information. A student who passes out or faints while participating in an interscholastic athletic activity must be removed from participation. A student who exhibits any of the symptoms while participating may be removed from participation and the parents must be notified so they can decide what treatment, if any, the student should seek. Students removed from participation must be evaluated and cleared to return in writing by a healthcare provider. A coach is not eligible to coach an interscholastic athletic activity until he or she completes the requirements specified in law. Local boards, governing bodies of charter schools or non-public schools, officers, employees or volunteers of any such entities are free from liability for any act or failure to act related to the removal or non removal of a student.

By signing this sudden cardiac arrest form, I give Bear Creek Middle School permission to transfer this sudden cardiac arrest form to the other sports that my child may play. I am aware of the dangers of sudden cardiac arrest, and this signed sudden cardiac arrest form will represent myself and my child during the 2020-2021 school year. This form will be stored with the athletic physical form and other accompanying forms required by the Barrow County School System.

*I HAVE READ THIS FORM AND I UNDERSTAND THE FACTS PRESENTED.*

Athlete Full Name \_\_\_\_\_

Signature of Athlete \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**CONSENT, INSURANCE, AUTHORIZATION, AND CODE OF CONDUCT**

**PARENTAL CONSENT FOR ATHLETIC PARTICIPATION**

**WARNING:** Although participation in supervised interscholastic athletics and activities may be one of the least hazardous in which students will engage in or out of school, by its nature, participation in interscholastic athletics includes a risk or injury which may range in severity from minor to long term catastrophic, including permanent paralysis from the neck down or death. Although serious injuries are not common in supervised school athletic programs, it is possible only to minimize, not eliminate the risk. Participants can and have the responsibility to help reduce the chance of injury. Players must obey all safety rules, report all physical problems to their coaches, follow a proper conditioning program, and inspect their equipment daily. By signing this permission form, you acknowledge that you have read and understand this warning.

**Parents or students who do not wish to accept the risks described in this warning should not sign this permission form.**

I (we) hereby give consent for \_\_\_\_\_ residing at \_\_\_\_\_ to:

- (1) Compete in athletics at Bear Creek Middle;
- (2) To accompany any school team of which the student is a member on any of its local or out-of-town trips;
- (3) I hereby verify that the information on all forms is correct and understand that any false information may result in my son/daughter being declared ineligible.

**AUTHORIZATION**

I certify that the medical history provided is complete and accurate. I understand that this will serve as the basis for determining that my child, \_\_\_\_\_, may compete in athletics in Barrow County Schools. I also understand that this medical evaluation is only to determine fitness for athletics and is not to take the place of regular medical examinations. In case of an emergency or accident on the school grounds or during any school activity involving my child, \_\_\_\_\_, which in the opinion of school authorities present requires immediate medical or surgical attention, I hereby grant permission to physicians, consulting physicians, athletic trainers, emergency medical technicians, and other healthcare providers selected by school authorities to provide medical care and treatment (including hospitalization if deemed appropriate by school authorities or an appropriate healthcare provider) unless I am present and request otherwise or until I later request otherwise.

**INSURANCE INFORMATION**

Please INITIAL one of the following statements regarding insurance coverage for your son/daughter for the school year, then sign below.

\_\_\_\_\_ My son/daughter is adequately and currently covered by accident insurance that will cover injuries sustained while participating in interscholastic athletics (including, but not limited to, varsity and junior varsity football).

Company Providing Insurance: \_\_\_\_\_ Group: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Policy#: \_\_\_\_\_

\_\_\_\_\_ I wish to purchase the Benefit Plan provided by the Barrow County School System.  
(A signed copy of this Benefit Plan should be stapled to this form.)

**ATHLETIC CODE OF CONDUCT**

Barrow County Public Schools' athletic programs are a great source of pride to our communities. Involvement in athletics helps students develop a better sense of responsibility, cooperation; self-discipline, self-confidence, and sportsmanship that will help serve them long after graduation. The lessons and values learned by participating on athletic teams last a lifetime. All athletes are expected to abide by the highest standards of fair play and sportsmanship while on the court or field. We also have high expectations regarding behavior when the students are not engaged in athletic competitions. Students participating in Georgia High School Association extracurricular athletic activities act as representatives of Barrow County Public Schools. All students are expected to conduct themselves in such a manner as to meet the highest standards of the school system at all times.

*I HAVE READ THIS FORM AND I UNDERSTAND THE FACTS PRESENTED.*

Athlete Full Name \_\_\_\_\_

Signature of Athlete \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



BONE AND JOINT QUESTIONS		Yes	No
14.	Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?	<input type="checkbox"/>	<input type="checkbox"/>
15.	Do you have a bone, muscle, ligament, or joint injury that bothers you?	<input type="checkbox"/>	<input type="checkbox"/>
MEDICAL QUESTIONS		Yes	No
16.	Do you cough, wheeze, or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
17.	Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>
18.	Do you have groin or testicle pain or a painful bulge or hernia in the groin area?	<input type="checkbox"/>	<input type="checkbox"/>
19.	Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?	<input type="checkbox"/>	<input type="checkbox"/>
20.	Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?	<input type="checkbox"/>	<input type="checkbox"/>
21.	Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
22.	Have you ever become ill while exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>
23.	Do you or does someone in your family have sickle cell trait or disease?	<input type="checkbox"/>	<input type="checkbox"/>
24.	Have you ever had or do you have any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>

MEDICAL QUESTIONS (CONTINUED)		Yes	No
25.	Do you worry about your weight?	<input type="checkbox"/>	<input type="checkbox"/>
26.	Are you trying to or has anyone recommended that you gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
27.	Are you on a special diet or do you avoid certain types of foods or food groups?	<input type="checkbox"/>	<input type="checkbox"/>
28.	Have you ever had an eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>
FEMALES ONLY		Yes	No
29.	Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
30.	How old were you when you had your first menstrual period?		
31.	When was your most recent menstrual period?		
32.	How many periods have you had in the past 12 months?		

Explain "Yes" answers here.

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**I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.**

Signature of athlete: \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_

Date: \_\_\_\_\_

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2022 This form has been modified for use by the GHSA

# ■ PREPARTICIPATION PHYSICAL EVALUATION

## PHYSICAL EXAMINATION FORM

Name: \_\_\_\_\_ (First Name) \_\_\_\_\_ (Last Name) Date of birth: \_\_\_\_\_

### PHYSICIAN REMINDERS

- Consider additional questions on more-sensitive issues.
  - Do you feel stressed out or under a lot of pressure?
  - Do you ever feel sad, hopeless, depressed, or anxious?
  - Do you feel safe at your home or residence?
  - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
  - During the past 30 days, did you use chewing tobacco, snuff, or dip?
  - Do you drink alcohol or use any other drugs?
  - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
  - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
  - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

EXAMINATION		
Height: _____	Weight: _____	
BP: _____ / _____ ( / )	Pulse: _____	Vision: R 20/ _____ L 20/ _____ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> <li>Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)</li> </ul>	<input type="checkbox"/>	
Eyes, ears, nose, and throat <ul style="list-style-type: none"> <li>Pupils equal</li> <li>Hearing</li> </ul>	<input type="checkbox"/>	
Lymph nodes	<input type="checkbox"/>	
Heart <sup>o</sup> <ul style="list-style-type: none"> <li>Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)</li> </ul>	<input type="checkbox"/>	
Lungs	<input type="checkbox"/>	
Abdomen	<input type="checkbox"/>	
Skin <ul style="list-style-type: none"> <li>Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis</li> </ul>	<input type="checkbox"/>	
Neurological	<input type="checkbox"/>	
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck	<input type="checkbox"/>	
Back	<input type="checkbox"/>	
Shoulder and arm	<input type="checkbox"/>	
Elbow and forearm	<input type="checkbox"/>	
Wrist, hand, and fingers	<input type="checkbox"/>	
Hip and thigh	<input type="checkbox"/>	
Knee	<input type="checkbox"/>	
Leg and ankle	<input type="checkbox"/>	
Foot and toes	<input type="checkbox"/>	
Functional <ul style="list-style-type: none"> <li>Double-leg squat test, single-leg squat test, and box drop or step drop test</li> </ul>	<input type="checkbox"/>	

<sup>o</sup> Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of health care professional: \_\_\_\_\_, MD, DO, NP, or PA

## ■ PREPARTICIPATION PHYSICAL EVALUATION

### MEDICAL ELIGIBILITY FORM

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Medically eligible for all sports without restriction

Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

Medically eligible for certain sports

Not medically eligible pending further evaluation

Not medically eligible for any sports

Recommendations: \_\_\_\_\_

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of health care professional: \_\_\_\_\_, MD, DO, NP, or PA

### SHARED EMERGENCY INFORMATION

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Other information: \_\_\_\_\_

Emergency contacts: \_\_\_\_\_