

# Hull Middle School Cheerleading

2024-2025



## Purpose, Vision, and Mission

The **purpose** of the Hull Middle School cheerleading program is to promote and uphold school spirit, to develop good sportsmanship among students, to build positive relationships between schools at athletic events, and to promote cheerleading as a sport.

The **vision** of the Hull Middle School cheerleading program is to promote school spirit through a positive attitude, teamwork, and a sense of belonging.

The **mission** of the Hull Middle School cheerleading program is to fulfill the purpose and mission by developing the skills to become an effective leader and role model. Cheerleading is more than performing cheers in front of crowds. Cheerleading is an opportunity to become a better person through hard work and dedication. This is a team that represents Hull Middle School by being **respectful, honorable, and responsible**.

## General Information

- Participation is open to eligible 6<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup> grade students.
- All chronic illnesses must be reported on the physical form.
- Applicants/cheerleaders are required to take either the 24-hour coverage of the school's insurance policy or have comparable family insurance (Insurance may be purchased with *K-12 Student Insurance*)
- Proof of insurance must be uploaded to Rank One as well as physical on GHSA form (NO GFL).
- Attendance at all cheerleading events is *mandatory* unless otherwise specified by the coaches.
- Proper behavior is expected at all times.
- Exemplary conduct is expected in the classroom, at all school functions, and in the community. HMS cheerleaders should meet the expectations: **R-Respectful, H-Honorable, and R-Responsible**.
- Any applicant/cheerleader who continuously creates disunity throughout the tryout process, causes disruption in the classroom, and exhibits inappropriate behavior in the community will be subject to disciplinary action or disqualification.
- Absences are considered excused only if you have a doctor's note. Dentist and orthodontist appointments are not considered excused absences. These should be scheduled around any cheerleading events.
- Three unexcused absences, tardiness, or early departure will result in consequences that may include physical conditioning, disqualification, or dismissal.
- **NO REFUND** will be issued to anyone who resigns or is disqualified/dismissed.
- Applicants/cheerleaders **MUST** attend school for at least half the day to be eligible to tryout/participate in cheer events/games. If an applicant/cheerleader misses practice the day before an event/game, they will not be eligible to participate.
- Make-up work, tutoring, and work on projects must be scheduled around try-outs/ practices (before-school tutoring and non-practice days).
- **All cheerleaders are required to maintain a letter grade of at least a 'C' (70 or above) in all classes - academic progress checks will be conducted regularly.**
- GHSA safety rules will be enforced at all times **hair must be off the shoulders, fingernails may not extend beyond the length of your fingertips**, and only **clear nail polish** is allowed, **NO jewelry may be worn...NO EXCEPTIONS!** (Please do not get any new piercings)

**\*ALL sections of the cheerleading application that require a signature MUST be signed and PHYSICALS must be completed on the correct form along with all other completed paperwork, including teacher recommendations. Forms MUST be submitted BEFORE tryouts or you will not be eligible for tryouts\*.**

**NO EXCEPTIONS WILL BE MADE**

## Hull Middle School Cheerleading 2024-2025 Tryout Information/Expenses

**Eligibility:** Rising 6<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup> grade students who meet the following eligibility requirements:

1. Parent/guardian **MUST** create a Rank One account and upload the required forms. Please follow the Rank One Tutorial to set up an account and upload forms.
2. Student **MUST** have met the promotion criteria for the previous school year (passing 5 out of 6 courses with Language Arts and Math being within those passing grades).
3. If chosen for the squad, in order to participate, a cheerleader must pass 5 of 6 classes (with LA and Math being two of them) during the **FIRST** semester of the current school year.  
**\*\*During the season, Hull Middle School requires that cheerleaders pass ALL classes. If a cheerleader is failing a class or multiple classes, they will not be allowed to participate until passing grades are achieved. \*\***
4. If a cheerleader does **NOT** meet these criteria, they will be **INELIGIBLE** to cheer during the current basketball season and will be immediately released from the squad.
5. Physicals and all appropriate documents for tryouts should be uploaded (they need to be scanned in legibly, please) to <https://gwinnettcountryschools.rankonesport.com/> Please read the instructions below carefully and note that you should do **ALL RANK ONE ACCOUNT INFORMATION FIRST**, and then take the **HISTORY FORM** to the Doctor to get your Physical Examination Form completed.
6. **ALL** sections of the cheerleading application that require a signature **MUST** be signed and **PHYSICALS** must be completed on the correct form along with all other completed paperwork, including teacher recommendations. **Forms MUST be submitted BEFORE tryouts or you will not be eligible for tryouts. Please turn in your completed tryout packet to Coach Morgan after you upload documents to Rank One.**

**When:** Wednesday, August 14 – Friday, August 16, 2024, from 4:30-6:00 pm

**\*\*\*Final Evaluations will be held Friday, August 16<sup>th</sup> @ 4:30. Your child can leave after they tryout\*\*\***

**Where:** HMS Gym

**Attire:** Dark-colored shorts, Plain white t-shirt with sleeves, tennis shoes, during clinic **NO jewelry** (**Hair MUST be off the shoulders**). **DRESS CODE WILL BE ENFORCED**

### **Estimated Expenses:**

**\$659** Uniform Package (uniform, shoes, poms, warm-up, hair bow, socks, briefs, t-shirt, shorts, and bag)

**\$100** Pregame meals

**\$55** Safety/Stunt Clinic (USA Cheer)

**\$36** MyPaymentsPlus (MPP) fee (4.29% transaction fee)

**Fundraising participation is MANDATORY for ALL cheerleaders to help support the team's needs such as additional choreography and stunt clinic costs. There will be additional parent costs for the banquet.**

**Total Estimated Expenses: \$850**

Fees may be paid in one payment or can be collected in 2 installments:

August 30th      \$425

September 30th    \$425

**\*\*ALL fee payments MUST be made on mypaymentsplus.com\*\***

***Cheerleading is time-consuming and COSTLY...***

***Please consider whether you can make the time and financial commitment before trying out.***

## Important Dates

- August 7<sup>th</sup> Applications available in front office and Coach Morgan's room (2.143)  
(MANDATORY physical form and insurance must be completed and **REQUIRED** to try out)
- August 13<sup>th</sup> **Application, 2023-2024 end of year report card, physical and insurance information uploaded to Rank One and check off all forms MUST be completed BEFORE tryouts. (Turn in completed packets to Coach Morgan in Room 2.143)**
- August 14<sup>th</sup>- 15<sup>th</sup> TRYOUT CLINIC-Gym, Wednesday-Thursday, 4:30-6:00 pm each day (**CLOSED – NO VIEWING/GUESTS**)
- August 16<sup>th</sup> EVALUATIONS, Friday, GYM, 4:30 (CLOSED GYM-NO VIEWING/NO GUESTS) – **Final results will be posted to IG/Google Classroom**
- August 20<sup>th</sup> **2024-2025 HMS Cheerleaders Announcement (scrolling announcements)**
- Aug. 20<sup>th</sup> Mandatory Uniform fitting (Varsity Cheer) 6:30-7:30pm in Cafeteria
- Aug. 19<sup>th</sup> – 20<sup>th</sup> Safety & Stunt Clinic w/ USA Cheer, (MANDATORY) – Hull Gym 4:30-6:30pm
- Aug. 28<sup>th</sup> Practice 4:30-6pm Gym
- September 3<sup>rd</sup> Practice begins (Monday – Thursday, 4:30-6pm)

**\*\*\*First \$425 payment due by August 30th ...cheerleading payments MUST be paid via [mypaymentplus.com](https://mypaymentplus.com) Failure to make 1<sup>st</sup> installment may result in dismissal\*\*\***

Any questions/concerns please email *Michelle Morgan, Head Cheer Coach*, [Michelle.Morgan@gcpsk12.org](mailto:Michelle.Morgan@gcpsk12.org)

***Good Luck!***

Ms. Darlene Brown, Athletics Assistant Principal

Ms. Michelle Morgan, Head Cheer Coach

Ms. Loveless, Assistant Cheer Coach

# 2024-2025 HMS Cheerleading Tryouts



**When:** Wednesday, August 14<sup>th</sup> - Thursday, August 15<sup>th</sup>

**Where:** Gym

**Time:** 4:30-6:00 PM

**\*\*Final Evaluations will be on Friday, August 16<sup>th</sup> - You may leave after you tryout\*\***

## Required Paperwork:

- Cheerleading Application (available in front office)
    - Parent Permission Form/Information Sheet
    - Gwinnett County Consent and Insurance Form
    - Cardiac/Concussion Awareness Forms
    - GCPS Athlete Code of Conduct Form
    - Additional Agreements and Releases Form
    - ★ Insurance information must be completed and uploaded on Rank one. (K-12 Student Insurance is available, if needed)
    - Physical Forms completed and uploaded on Rank One.
    - ★ Must be completed by parent & PHYSICIAN with signatures!!!!
    - 2 Teacher Recommendation Forms -Academic Teachers ONLY
    - ★ Completed recommendations should **NOT** be included with the application from any student and should be submitted directly to Coach Morgan from teacher(s) or placed in Coach Morgan's mailbox.
    - 2023-2024 End of Year Full Report Card must be submitted w/application
    - 2024-2025SY Current Progress Report with grades (StudentVue or Parent Portal)
    - Please submit your completed paperwork to Ms. Morgan (8<sup>th</sup> grade hall)
- \*\*Paperwork & Rank One Deadline: Tuesday, August 13<sup>th</sup>\*\***

Thank you for your interest & *GOOD LUCK!*

## Tryouts Timeline

### **Tuesday, August 13th**

Cheer Application Packet DUE and Physical/Insurance info uploaded to Rank One as well as all documents checked off.

### **Wednesday, August 14<sup>th</sup> – Thursday, August 15<sup>th</sup>**

Cheer Clinic – 4:30 PM to 6:00 PM

### **Friday, August 16th**

Official Tryouts/Evaluations - 4:30 PM **\*\*You can leave after you try out.\*\***

#### **Cheer Clinic:**

**Cheer and Chant:** One cheer and one chant will be introduced. Students will be given video of the cheer and chant so they can practice at home. This will be the cheer and chant that students will perform as a group for tryouts. Sharp movements, volume, and facial expressions will be evaluated.

**Dance:** A short dance will also be taught at the clinic which will be performed as a group or individually for tryouts. Students will be given video of the dance so they can practice at home. Ability, coordination, facial expression and character will be evaluated.

**Jumps:** Jumps will be performed individually. Jump height and form will be evaluated.

❖ Wear **black cheerleading or athletic shorts and a solid white top for Official Tryouts/Evaluations (any athletic clothing may be worn Wednesday-Thursday).**

❖ Students will be able to change after school in the gym locker room.

**Hair must be pulled back and jewelry removed.** This is a safety precaution; there will be no exceptions. The school will not be responsible for items lost or stolen during tryouts.

❖ Students **MUST** be picked up **ON TIME** from the car-rider lane each day.

Note the times below:

- Wednesday-Thursday, 4:30 PM to 6:00 PM.
- Friday, 4:30 PM \*You can leave when you are done trying out.\*

❖ **NO PARENTS OR FRIENDS WILL BE ALLOWED AT TRYOUTS/CLINIC or EVALUATIONS.**

- The Final Roster list will be posted on Friday, August 16<sup>th</sup> by 9:00 PM on the HMS Cheer IG/Google Classroom.
- They will be announced on scrolling announcements no later than Tuesday, August 20<sup>th</sup>.
- **SCORE SHEETS WILL NOT BE REVIEWED OR DISCUSSED.**



@HULL\_LIONS\_CHEER

**This is the QR code  
for the HMS Cheer  
Instagram.  
We will post  
results to our  
Instagram on  
Friday, August 16<sup>th</sup>  
by 9 pm.**

Apply if needed...INSURANCE is REQUIRED

## K-12 Student Accident Insurance **Enroll Online**



[www.studentinsurance-kk.com](http://www.studentinsurance-kk.com)

Protect your child with student accident insurance. If you don't have other insurance, this student accident insurance is vital. If you have other insurance, student accident insurance can help with deductibles and copays.

### **K-12 Accident Plans available through your school:**

- *At-School Accident Only*
- *24-Hour Accident Only*
- *Extended Dental*
- *Football*

### **How to Enroll Online**

Enrolling online is easy and should take only a few minutes.

Go to [www.studentinsurance-kk.com](http://www.studentinsurance-kk.com) and click the "Enroll Now" button.

1. Start by telling us the name of the school district and state where your child attends school.
2. We'll request each student's name and grade level.
3. You'll see the available plans and their rates. Select your coverage and continue to the next step.
4. We'll request information about you, like your name and email address.
5. Next, you'll enter information about the child or children to be covered.
6. Enter your credit card or eCheck payment information.
7. Finally, print out a copy of the confirmation for your records.

For further details of the coverage including costs, benefits, exclusions, any reductions or limitations and the terms under which the policy may be continued in force, please refer to [www.studentinsurance-kk.com](http://www.studentinsurance-kk.com). Student is able to purchase the coverage only if his/her school district is a policyholder with the insurance company.

1709 (03/13\_K12)

Proteja a su hijo con el seguro de accidentes para estudiantes. Si usted no tiene otro seguro, este seguro de accidentes para estudiantes es fundamental. Si tiene otro seguro, el seguro de accidentes para estudiantes puede ayudarle a pagar los deducibles y copagos.

### **Planes de accidentes para K-12 disponibles a través de su escuela:**

- *Sólo accidentes en la escuela*
- *Solo accidentes, 24 horas*
- *Dental extendido*
- *Fútbol*

### **Cómo inscribirse en línea**

Inscribirse en línea es fácil y sólo le tomará unos pocos minutos.

Visite [www.studentinsurance-kk.com](http://www.studentinsurance-kk.com) y haga clic en el botón "Enroll Now" ("Inscribirse ahora").

1. Comience por decirnos el nombre del distrito escolar y el estado en el que su hijo(a) va a la escuela.
2. Solicitaremos el nombre y el grado de cada uno de los estudiantes.
3. Verá los planes disponibles y sus tarifas. Seleccione su cobertura y continúe con el siguiente paso.
4. Le solicitaremos información sobre usted, como su nombre y dirección de correo electrónico.
5. Después, ingresará la información acerca del niño o niños que recibirá(n) cobertura.
6. Ingrese la información de pago de su tarjeta de crédito o eCheck.
7. Finalmente, imprima una copia de la confirmación para sus registros.

Para obtener más detalles, incluso costos, beneficios, exclusiones, y reducciones o limitaciones y los términos en virtud de los cuales esta póliza podría continuar en vigencia, consulte [www.studentinsurance-kk.com](http://www.studentinsurance-kk.com). Los estudiantes pueden comprar la cobertura únicamente si su distrito escolar es titular de una póliza con la compañía de seguros.

**\*\*\*KEEP PAGES 1-7 FOR YOUR INFORMATION....  
SUBMIT EVERYTHING AFTER THIS PAGE TO COACH  
MORGAN\*\*\***

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

Hull Middle School Parent Permission Form  
2024-2025 Cheerleading

I give my child permission to try out for cheerleading at Hull Middle School. I understand that the coaches will make the final decision on the selection of the team, and I will accept the results. \_\_\_\_\_ Initial

I have read the cheerleading information and estimated expenses for the 2024-2025 year and will help my child meet these financial expectations. \_\_\_\_\_ Initial

I realize that if my child is removed from or resigns from the cheerleading squad after being invited to participate for any reason, **NO REFUNDS** will be given.  
\_\_\_\_\_ Initial

I agree to participate in all fundraising activities or pay the profit that would have been generated from my child's participation or my child may be dismissed from cheerleading.  
\_\_\_\_\_ Initial

**I understand that when school transportation is provided, it is MANDATORY for my child to ride to the event with the squad and coaches of Hull Middle School.**

I understand that my child must be picked up from tryouts/practice(s) **NO LATER** 6:00 pm (or specified time indicated by coaches). \_\_\_\_\_ Initial

I understand that if I am late picking up my child, he/she may be dismissed from any participation with Hull MS cheerleading and there will be **NO REFUNDS** given.  
\_\_\_\_\_ Initial

I also understand that my child must be picked up immediately after every cheerleading event/game. \_\_\_\_\_ Initial

I hereby relieve the school and cheerleading coaches of any liability as a result of an accident incurred while participating or cheering and know of no restrictions that should be placed upon my child due to past injury or illness. \_\_\_\_\_ Initial

I understand that **NO** other extra-curricular activities will take priority over cheerleading if selected to participate. I also understand that every effort should be made to make up academic assignments or receive extra help in academics around practices, games or other events.

STUDENT NAME or SIGNATURE \_\_\_\_\_ DATE

PARENT SIGNATURE \_\_\_\_\_ DATE

## INFORMATION SHEET

Student Name: \_\_\_\_\_

Preferred stunting position (circle all that apply): Flyer    Main Base    2nd Base    Back Base

Tumbling skills (without a spotter): \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Student Cell: \_\_\_\_\_

Home: \_\_\_\_\_

Parent/Guardian 1 Cell: \_\_\_\_\_

Parent/Guardian 1 Email: \_\_\_\_\_

Parent/Guardian 2 Cell: \_\_\_\_\_

Parent/Guardian 2 Email: \_\_\_\_\_

## TRANSPORTATION

The following person(s) may pick up my child. I or someone from the list of designated persons below, will pick up my child following cheerleading functions as necessary:

Name	Relation to student	Phone number

Parent Signature: \_\_\_\_\_

### IF UNABLE TO CONTACT PARENT(S)- IN CASE OF EMERGENCY CONTACT:

Name: \_\_\_\_\_ Relation to student \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please note any special instruction, i.e. if there is someone your child is NOT allowed to leave with or if there are any special custody issues which need to be known by the coaches.

# **GWINNETT COUNTY CONSENT and INSURANCE FORM**

## **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 \_\_\_\_\_ to:

- (1) Compete in athletics at Hull Middle School of the Gwinnett County School District in Georgia High School Association approved sports.
- (2) To accompany any school team of which the student is a member on any of its local or out-of-town trips;
- (3) and, I hereby verify that the information on both sides of this form is correct and understand that any false information may result in my son/daughter being declared ineligible.

The student is domiciled at the above address located in the Peachtree Ridge High School District. Have you attended this Gwinnett County school for at least one full school year prior?

\_\_\_\_\_ YES \_\_\_\_\_ NO      If not, school district attended \_\_\_\_\_

Current Grade Level: \_\_\_\_\_

You live with (Name of parent/parent(s)/guardian) \_\_\_\_\_

Student Date of Birth \_\_\_\_\_ Home/Cell # \_\_\_\_\_

This acknowledgment of risk and consent to allow participation shall remain in effect until revoked in writing.

**SIGNATURE(S) OF PARENT(S) OR GUARDIAN(S)** \_\_\_\_\_

Continue to complete back



**INSURANCE INFORMATION MUST BE COMPLETED and POLICY # MUST BE PROVIDED IN ORDER TO TRY OUT-NO EXCEPTIONS!**

**INSURANCE INFORMATION**

Please INITIAL one of the following statements regarding insurance coverage for your son/daughter for the **2024-2025** 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:** \_\_\_\_\_

**Name of insured:** \_\_\_\_\_

**Policy#:** \_\_\_\_\_

\_\_\_\_\_ I wish to purchase the Benefit Plan provided by the Gwinnett County School System ([www.studentinsurance-kk.com](http://www.studentinsurance-kk.com))  
(A signed copy of this Benefit Plan MUST be stapled to this form.)

**SIGNATURE(S) OF PARENT(S) OR GUARDIAN(S)** \_\_\_\_\_

**AUTHORIZATION**

I certify that the medical history on this form is complete and accurate. I understand that this will serve as the basis for determining that my child, \_\_\_\_\_, may compete in middle school athletics in Gwinnett 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.

**SIGNATURE(S) OF PARENT(S) OR GUARDIAN(S)** \_\_\_\_\_ **Date** \_\_\_\_\_

Relationship to Student: Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

## **Gwinnett County Public Schools** **Code of Conduct for Athletes**

Participation in interscholastic athletic competitions is a privilege extended to the students by the Board of Education. Students participating in Georgia High School Association (GHSAA) extracurricular athletic activities act as representatives of Gwinnett County Public Schools (GCPS). All students are expected to conduct themselves in such a manner as to meet the highest standards of GCPS at all times.

The Code of Conduct is designed to establish high expectations and standards for all students participating in GHSAA sanctioned athletic activities. All students, parents, and coaches understand that the top priority is academic achievement. The Code of Conduct establishes high expectations regarding behavior and consistent consequences when violations occur.

The Code of Conduct goes into effect on the first day a student joins a GCPS athletic team. The Code remains in effect for the entire calendar year, including time when school is not in session.

The offenses and consequences listed below are in addition to (not in lieu of) any school or criminal consequences associated with the student misconduct.

All consequences listed in this Code of Conduct are minimum standards. The Coach has the discretion to set consequences over and above the minimum standards.

### **CODE OF CONDUCT VIOLATIONS AND CONSEQUENCES**

**Violation A: Students given Long-Term (exceeding ten days) Suspension** (With or without GIVE option)

Consequence: Ineligible to attend or participate in any athletic or extracurricular activity during time of suspension

**Violation B: Arrest for or charged with the commission of any act that is a felony or would constitute a felony if committed by an adult.** (regardless of location or time of the alleged act; in or out of school)

Consequence: 1. Immediate suspension from all participation until such time as:

- a. School officials determine that the student did not commit the act(s) or other felony conduct; or
- b. Local prosecutors dismiss or drop all pending charges and petitions; or
- c. The student pleads guilty to a misdemeanor charge, in which case refer to Violation D listed in this Code; or
- d. The student is convicted and sentenced to a felony or is adjudicated delinquent in the Juvenile Court of conduct which if committed by an adult could be charged as a felony and serves any and all portions of the sentence including all periods of probation.

For the following violations (C, D and E), the school administration must have valid evidence and/or verification of the violation as defined in the following:

1. Self-admitted involvement by the student
2. Witnessed student involvement by the sponsor, coach , or any staff member
3. Parent admission of their student's involvement in tobacco, alcohol or other drugs
4. Verified by official police report given to the school
5. Evidence of violations through investigation by school officials

**If the offense occurs at school or on school property (at any time), off school grounds, at a school-sponsored activity, function, or event or en route to and from school, the student will be subject to the actions described in the Student Conduct Behavior Code (Policy JCD) and the following consequences for extracurricular activities.**

**Violation C: Tobacco (any type)**

Consequence: 1<sup>st</sup> Offense - Consequence determined by approved local school athletic / extracurricular policy  
2<sup>nd</sup> Offense - Suspension from athletic extracurricular competition for a minimum of 10% of the remainder of the season  
3<sup>rd</sup> Offense - Dismissed from team but allowed to try out for subsequent athletic extracurricular activities after that sport/activity has completed its season

**Violation D: Alcohol/Other Drugs (Possession and/or Use)/Misdemeanor Criminal Law Violations**

Consequences: Coach/Sponsor and Administrator will meet with the student and parent(s) or guardian.  
1<sup>st</sup> Offense – Consequence determined by approved local school athletic/ extracurricular policy  
2<sup>nd</sup> Offense - Suspension from athletic extracurricular competition for a minimum of 20% of the remainder of the season  
3<sup>rd</sup> Offense – Suspension from all athletic extracurricular activities for the remainder of the school year

**Violation E: Violations of school rules that result in ISS or OSS**

Consequences: In-School Suspension - Participation may resume when student is released from ISS. Student cannot participate on the day s/he is released from ISS.



## Additional Agreements and Releases

### INTENT TO COMPLY

If I am chosen as a HMS Cheerleader, I understand that cheerleading is a privilege and a responsibility, not a right. Therefore, my parents and I agree that I may participate at my own risk. I intend to accept a position on the squad if I am chosen and agree to be a cheerleader for the entire season unless I no longer attend HMS, or am physically unable to participate as documented by a physician. My parents and I have read and understand and agree to all the information contained in the HMS Cheerleading Information Packet, including all attachments, and we have turned all completed paperwork in as required. \_\_\_\_\_ Initial

### PERMISSION TO TRY OUT & FINANCIAL AGREEMENT

Parents, by signing below, you are granting your child permission to participate in the try-out process. You are also acknowledging that you read and understand all information contained in the HMS Cheerleading Information Packet including financial, time, and other obligations should your child be chosen as a HMS Cheerleader. You also agree to the \$850.00 payment and will adhere to the required payment schedule provided. No cheer items will be distributed until payment is received in full. Additionally, you acknowledge that you have been informed that all payments are **non-refundable**. \_\_\_\_\_ Initial

### MEDIA RELEASE

I hereby give my consent to all photographs, audio recordings, academic work, and/or video recordings taken of me or my minor child by GCPS staff or their designee. I understand that any such photographs, audio recordings, academic work, and/or video recordings become the property of the local school or district and may be used by the school, district, or others within their consent for educational, instructional, or promotional purposes determined by the district in broadcast and electronic media formats now existing or in the future created. \_\_\_\_\_ Initial

### ALTERNATIVE TRANSPORTATION LIABILITY RELEASE

GCPS/Hull Middle School is not always able to provide transportation for students to off campus extracurricular activities. In cases when transportation is not provided by GCPS/Hull Middle School, as in the use of a school bus or charter bus, it is the responsibility of the student's parent/guardian to secure their student's attendance at such activities. GCPS, its local schools, officers, employees or agents shall not be responsible for any injury or loss arising out of a student's transportation to and from the off campus activity when such transportation is provided by parents, student, staff or any other party. \_\_\_\_\_ Initial

### GCPS ATTENDANCE POLICY

No student will be permitted to practice or participate in athletic activities on a school day if they have not been in attendance at least one-half of the day. \_\_\_\_\_ Initial

**By signing this document, I agree to all the requirements of the cheerleading contract/packet:**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# Georgia High School Association Student/Parent Sudden Cardiac Arrest Awareness Form

SCHOOL: Hull Middle School

## 1: 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

## 2: 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.

## 3: 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.

By signing this sudden cardiac arrest form, I give Hull 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 2024-2025 school year. This form will be stored with the athletic physical form and other accompanying forms required by the Gwinnett County Public School System.

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

\_\_\_\_\_  
Student Name (Printed)

\_\_\_\_\_  
Student Name (Signed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Name (Printed)

\_\_\_\_\_  
Parent Name (Signed)

\_\_\_\_\_  
Date

(Revised: 3/24)

# Georgia High School Association Student/Parent Concussion Awareness Form

SCHOOL: Hull 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. Once considered little more than a minor "ding" to the head, it is now understood that 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.

Player and parental education in this area is crucial – that is the reason for this document. Refer to it regularly. This form must be signed by a parent or guardian of each student who wishes to participate in GHSA athletics. One copy needs to be returned to the school, and one retained at home.

## 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 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.

*By signing this concussion form, I give Hull Middle School permission to transfer this concussion form to the other sports that my child may play. I am aware of the dangers of concussion and this signed concussion form will represent myself and my child during the 2024-2025 school year. This form will be stored with the athletic physical form and other accompanying forms required by the Gwinnett County Public School System.*

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

\_\_\_\_\_  
*Student Name (Printed)*

\_\_\_\_\_  
*Student Name (Signed)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent Name (Printed)*

\_\_\_\_\_  
*Parent Name (Signed)*

\_\_\_\_\_  
*Date*

(Revised: 3/24)

## ■ PREPARTICIPATION PHYSICAL EVALUATION

### HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

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

Date of examination: \_\_\_\_\_ Sport(s): \_\_\_\_\_

Sex assigned at birth: \_\_\_\_\_

List past and current medical conditions. \_\_\_\_\_

Have you ever had surgery? If yes, list all past surgical procedures. \_\_\_\_\_

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). \_\_\_\_\_

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects). \_\_\_\_\_

#### Patient Health Questionnaire Version 4 (PHQ-4)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (check box next to appropriate number)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Not being able to stop or control worrying	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Little interest or pleasure in doing things	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Feeling down, depressed, or hopeless	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

(A sum of  $\geq 3$  is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

#### GENERAL QUESTIONS

(Explain "Yes" answers at the end of this form.)

Circle questions if you don't know the answer.

1. Do you have any concerns that you would like to discuss with your provider? Yes  No

2. Has a provider ever denied or restricted your participation in sports for any reason? Yes  No

3. Do you have any ongoing medical issues or recent illness? Yes  No

#### HEART HEALTH QUESTIONS ABOUT YOU

4. Have you ever passed out or nearly passed out during or after exercise? Yes  No

5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise? Yes  No

6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise? Yes  No

7. Has a doctor ever told you that you have any heart problems? Yes  No

8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography. Yes  No

#### HEART HEALTH QUESTIONS ABOUT YOU

(CONTINUED)

9. Do you get light-headed or feel shorter of breath than your friends during exercise? Yes  No

10. Have you ever had a seizure? Yes  No

#### HEART HEALTH QUESTIONS ABOUT YOUR FAMILY

11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)? Yes  No

12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)? Yes  No

13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35? Yes  No

(First Name)

(Last Name)

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"/>

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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2023 This form has been modified for use by the GHSA.

## ■ PREPARTICIPATION PHYSICAL EVALUATION

### PHYSICAL EXAMINATION FORM

Name: \_\_\_\_\_ (For 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* <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"/>	

\* 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Student: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_

Teacher: \_\_\_\_\_ Subject: \_\_\_\_\_



## 2024-2025 Cheerleading Teacher Recommendation Form

Teacher Evaluators,

Thank you so much for taking the time to complete this form. For each category listed, please circle the number that best represents your opinion in regards to the given candidate. These recommendations are confidential and will not be seen by the candidate so please be honest. The scores you give will factor into their overall score. **Please DO NOT give the recommendation form back to the candidate. Please return completed recommendations to the mailbox of Michelle Morgan by Friday, May 10<sup>th</sup>.**

**\*No recommendation forms from Connections teachers will be accepted.\***

Current Grade: \_\_\_\_\_

Have you ever had discipline issues with this student, and if so, what was the nature of the offense?

---

	<b>1</b>	<b>2</b>	<b>3</b>
<b>Academic Performance in your class:</b>	Below Average	Average	Above Average
	<b>1</b>	<b>2</b>	<b>3</b>
<b>Student's Ability to Follow Directions:</b>	Below Average	Average	Above Average
	<b>1</b>	<b>2</b>	<b>3</b>
<b>Students Overall Work Ethic:</b>	Below Average	Average	Above Average
	<b>1</b>	<b>2</b>	<b>3</b>
<b>Student's Overall Attitude:</b>	Negative	Positive	Very Positive
	<b>1</b>	<b>2</b>	<b>3</b>
<b>Student's Ability to Work with Others:</b>	Below Average	Average	Above Average
	<b>1</b>	<b>2</b>	<b>3</b>
<b>Student's Leadership Ability:</b>	Below Average	Average	Above Average
<b>Do you think this student will be an asset to the team?</b>	<i>Please circle one</i>	Yes	No

Additional Comments:

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Student: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_

Teacher: \_\_\_\_\_ Subject: \_\_\_\_\_



## 2024-2025 Cheerleading Teacher Recommendation Form

Teacher Evaluators,

Thank you so much for taking the time to complete this form. For each category listed, please circle the number that best represents your opinion in regards to the given candidate. These recommendations are confidential and will not be seen by the candidate so please be honest. The scores you give will factor into their overall score. **Please DO NOT give the recommendation form back to the candidate. Please return completed recommendations to the mailbox of Michelle Morgan by Friday, May 10<sup>th</sup>.**

**\*No recommendation forms from Connections teachers will be accepted.\***

Current Grade: \_\_\_\_\_

Have you ever had discipline issues with this student, and if so, what was the nature of the offense?

---

	<b>1</b>	<b>2</b>	<b>3</b>
<b>Academic Performance in your class:</b>	Below Average	Average	Above Average
	<b>1</b>	<b>2</b>	<b>3</b>
<b>Student's Ability to Follow Directions:</b>	Below Average	Average	Above Average
	<b>1</b>	<b>2</b>	<b>3</b>
<b>Students Overall Work Ethic:</b>	Below Average	Average	Above Average
	<b>1</b>	<b>2</b>	<b>3</b>
<b>Student's Overall Attitude:</b>	Negative	Positive	Very Positive
	<b>1</b>	<b>2</b>	<b>3</b>
<b>Student's Ability to Work with Others:</b>	Below Average	Average	Above Average
	<b>1</b>	<b>2</b>	<b>3</b>
<b>Student's Leadership Ability:</b>	Below Average	Average	Above Average
<b>Do you think this student will be an asset to the team?</b>	<i>Please circle one</i>	Yes	No

**Additional Comments:**

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