

# Chapel Hill High School Cheerleading 2024-2025



## Tryout Information

### Clinic Dates:

All Candidates- March 25th - 27th (4:30pm-6:30pm)

All Candidate Evaluations - March 28th: 1st group at 4pm

**All Clinics will be held in CHHS Aux Gym**

\*If you have a schedule conflict, please email Coach Ellis at [jasmin.ellis@dcssga.org](mailto:jasmin.ellis@dcssga.org)

All information and requirements to participate in tryouts are detailed in this packet. **Tryout registration is online from February 26th - March 22nd at 11:59pm. Any changes made to the schedule will be announced in the stream of the Google Classroom and updated on our social media platforms.**

## **Douglas County School System**

### **High School Cheerleading Parent Information**

Being a highschool cheerleader is a wonderful experience. It comes with many rewards as well as specific responsibilities and obligations. The purpose of this packet is to inform you and your son/daughter of these obligations so that there will be no misunderstandings or surprises over the course of the upcoming year.

For those of you that have previously had a son/daughter cheer in high school, you know that cheerleading is time demanding on the squad members as well as the parents. Our practice, game and competition schedules are very active and require the support of the parents to provide transportation in some cases (i.e. in county games)

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***Cheerleading is a year round commitment. Cheerleaders should not miss games and events. Since the Georgia High School Athletic Association considers cheerleading a sport, every parent and cheerleader will treat it as such. Coaches may judge tryouts. The coach's decision is final. Your son/daughter will be judged from the first day of the workshop until he/she completes his/her try out on the last day of evaluations.***

In addition to the time commitment, there is also a considerable financial responsibility involved with cheerleading. Each individual squad member is responsible for the cost of his/her: uniform (cost or repairs, alterations, replacements depending on the program's policy), summer camp, accessories, and any fee that may be required by a booster club. We will attempt to help with some of this cost through fundraisers. However, the squad member and his/her family pay the majority of this cost.

Moreover, it is the objective of the Douglas County School System High School Cheerleading program to build character and values that will be carried throughout a cheerleader's life. A DCSS high school cheerleader is expected to accept leadership duties, responsibilities, praise and criticism. Not only is he/she expected to promote school spirit, he/she is also expected to set a good example of proper conduct and sportsmanship at all times. Fair and consistent guidelines must be observed so that these values and expectations can be taught. Thank you for your cooperation and support in maintaining these same values.

# Chapel Hill Cheerleading Clinic & Tryout Procedure

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We will hold cheerleading workshop in the new CHHS gym on the following days:

Monday, March 25th - Clinic for All Candidates 4:30-6:30 PM

Tuesday, March 26th - Clinic for all Candidates 4:30-6:30 PM; Competition Evaluation  
6:30-7PM  
**FIRST CUT**

Wednesday, March 27th - Clinic for all Candidates 4:30-6:30 PM

**Thursday, March 28th - Evaluations for all Candidates 4pm - Complete**

**\*\*ALL CLINICS AND EVALUATIONS ARE CLOSED TO ALL VISITORS!\*\***

Candidates will perform in groups for coaches during evaluations in the aux gym. Candidates will have the opportunity for independent stretch/warm up prior to evaluations.

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Participants wear:

- SOLID black, purple or white cheer shorts (NO graphics/sayings)
- SOLID black purple or white shirt/tank (appropriate length - NO Crop Tops and NO graphics/sayings)
- cheer shoes
- Hair must be pulled up with a ribbon/bow

**Please do NOT wear the following items during clinic or tryouts:**

- Jewelry: earrings, belly button rings, nose rings, etc.
  - Painted or fake nails - nails must not extend past fingertip
  - Band-aids to disguise piercings
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## **Tryout Procedures for Monday - Wednesday**

3:40-4:00 - Go to the Aux Gym immediately following dismissal. Change out using the Aux gym bathrooms.

4:00-4:30 - Sign in & Pick up your try out number. After you have your try out number, go inside the gym and help roll out mats and begin stretching.

4:30-6:00 pm Coaches will announce try out schedule/stations

6:00-6:30 pm - Review, Evaluations, Clinic Day Summary, put away mats and group break. Cheerleaders may video any material they wish to work on at home.

**\*There will be timed runs, weights/stunting and evaluations throughout the clinic!**

## **Tryout Procedure for Thursday March 28th**

3:30 - Report to Aux Gym, get out mats, quick meeting, stretch, warm up any tumbling necessary. You will also have time during your try out session to warm up if you need. Everyone will exit the Aux gym and wait in the Aux Gym lobby until your try out number is called.

*These times are just an estimate. Please be close by so you don't miss your try out time slot.*

4:00 - Rising Seniors

5:00 - Rising Juniors

6:00 - Rising Sophomores

7:00 - Rising Freshmen

\* If your try out time conflicts with middle school athletics, please email @ [jasmin.ellis@dcssga.org](mailto:jasmin.ellis@dcssga.org)

All participants will perform each of the following skills on evaluation day:

- Group chant
- Group dance
- Individual cheer
- Jumps - a toe touch and jump of choice (pike, hurdler or double nine)
- Tumbling - (standing and running) not a requirement but highly encouraged
- Strength/Flexibility - depending on your stunt position

## Areas of Evaluation

All participants will perform each of the following skills:

- Group cheer
- Group dance & a band dance that a staple in our program
- Individual cheer (must be unique/creative, contain 8 motions, 1 jump/tumble skill, **cannot be a current CHHS chant**. We want to see what your idea of cheerleading is!
- Jumps - a toe touch and jump of choice (pike, hurdler or double nine)
- Tumbling - not a requirement but highly encouraged
- Strength/Flexibility - for stunting purposes
- Teacher Recommendations
- Timed Mile Run

Ability to learn and retain material	Learns quickly, improves throughout clinic, follows directions and uses time wisely
Performance	Executes correct form and motion placement, showmanship, spirit and enthusiasm
Leadership & Attitude	Characteristics of a school ambassador, strong work ethic, demonstrates initiative and excitement
Ability to work with peers/authority	Approaches others in a positive manner, respects others and accepts constructive criticism
Technique and Form	Uses proper motion technique and form, demonstrates rhythm and executes confidently
Jumps	Good height and form, proper timing in cheers and dance, can do multiple jumps with good form and height
Work Ethic	Positive attitude, works well with others, self-disciplined, responds appropriately to constructive criticism
Physical Conditioning Test - one mile test	Good physical endurance/stamina

**Coaches' decisions will be FINAL!**

\*Results will be posted March 30th on our social media pages.

Instagram: chapel\_hill\_cheer

## Upcoming Dates for 2024-2025 Cheerleaders:

Below are the dates on the calendar thus far. More details will be given at the parent meeting

Event	Dates
Parent Meeting	April 16th - Aux Gym 6:30pm
Fitting	April 26th 3:30
Spring Game	May 17th (Varsity Fball)
Comp Cheer Camp	June 6-7th
Comp Choreo	June 9-10th
Little Panthers Camp	June 19-21st
Sideline Cheer Work Week	July 15-19th

### Payment Schedule:

Payment Date	Payment Amount
April 16th (Parent Meeting)	\$300 - to hold your place in the program/to place order for shoes/practice wear
May 15th	\$250 - for warmups/bookbags/bows, etc.
June 13th	\$250
July 15th	\$250
August 15th	\$250
September 15th	Any remaining amount on cheerleader's ledger

***Failure to make payments may result in being benched from an event/game/camp AND being placed on the Chapel Hill hold list.***

## Initial Parent Meeting for Cheerleaders - April 16th

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Below are details that will be expected at the initial parent meeting that will be held once the teams have been selected. This meeting will take place in person in the Cafeteria at CHHS 6:30pm.

- Attendance is MANDATORY TO ACCEPT YOUR POSITIONS - Both cheerleader and parent
- Initial payments are due
- Forms will need to be signed and turned in. Including but not limited to:
  - Field Trip Form
  - Cheer Handbook Sign off
  - Code of Conduct Contract
  - CHHS Athlete Expectations
- Fitting/Uniform date/details will be discussed
- Sign up for parent committees
- Fundraising opportunities will begin
- Team workouts will begin
- Cheer Handbook will be discussed
  - Rules, expectations, operations and information for the cheerleading program at Chapel Hill.

## Fundraising Opportunities for 2024-2025

Name	Participants	Date	Notes
Program Ads	All Cheerleaders	April 16th-July 20th	\$200 is removed from your ledger, everything additional is 50% removed from your ledger
Restaurant Spirit Nights	Entire Program	Multiple dates/locations	Money raised will go towards reducing the ledger item costs. <b>We need full program participation!!</b>
JR Camp Cheer	All Comp + any cheerleader with participants	June 19-21st	\$50 will be deducted from your cheerleader's ledger for each child that you get to sign up and attend
Text a thon	All Cheerleaders	June TBA	All profit will be applied to ledgers
Popcorn	All Cheerleaders	July 1-5	All profit will be applied to ledgers
Parking Lot \$	Parents	Fall	Collecting money for parking at Cross Country Meets

## Chapel Hill Cheerleading **Estimated** Costs

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New Cheerleaders  
Football OR Basketball Season  
\$980

Returning Cheerleaders  
Football OR Basketball Season  
\$660

New Cheerleader  
Competition Only  
\$1275

Returning Cheerleader  
Competition Only  
\$1010

New Cheerleader  
All Seasons  
\$1700

Returning Cheerleader  
All Seasons  
\$1380

New Cheerleader  
Football and Basketball  
\$1080

Returning Cheerleader  
Football and Basketball  
\$760

New Cheerleader  
1 sideline + Competition  
\$1600

Returning Cheerleader  
1 sideline + Competition  
\$1280



## Competition Team Information

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Chapel Hill High School Cheerleading takes pride in the accomplishments of its competition cheerleading program. The CHHS Competition Cheerleaders won the State Title for 4A Cheerleading in 2017 and held the Region Champion titles for 2018, 2013, 2009, 2008, & 2007. In 2020, we tied for 4th at state in the Coed division and earned the highest score in school history. During 2021, we placed 5th in state in the coed division. In fall of 2021, we placed 3rd in Coed and topped our highest school score from 2020. Last season we were the state coed runner up and received the highest score to date for the school. This has been possible due to dedicated cheerleaders, parents, and coaches.

**Competition evaluations will be held throughout the week in the CHHS Aux gym for rising 8th graders - rising 11th graders. We are filling both JV and Varsity teams. The workshop/tryout will be utilized to assess skills in tumbling and stunting.**

Tumbling and stunting skills are priority for competition. We strongly encourage girls to have a minimum of a standing tuck for tumbling skills for varsity. **For JV, there is no minimum tumbling requirement but a backhandspring is encouraged. Varsity floor requirements for 2019 were a standing tuck/cartwheel tuck and round off backhandspring tuck. Those skills are highly encouraged but not always required.** Girls trying out for a fly position should have fly experience and/or strong flexibility in various body positions. (ex. Heel stretch, bow, scale, scorpion, etc.)

Each competition team will consist of approximately 16-20 cheerleaders from 8th-12th grade. Since a rubric is used for GHSA Cheerleading Competitions, the competition team members will be selected based on maximizing the rubric.

Cheerleaders will be expected to attend competition camp, choreography and practices during the summer. Exceptions will be made for scheduled vacations. Cheerleaders will be taught a competition routine during choreography camp and it is vital for all cheerleaders to attend to be given a position in the routine.

No more than 16 cheerleaders will perform at each competition. The combination of girls which is most beneficial to the team will be chosen to compete. Positions are not permanent. Alternate cheerleaders may or may not compete during the season. However, alternates must be ready to compete as needed. Therefore alternates are expected to attend all activities throughout the season.

Cheerleaders will practice at least 2 times/week and up to 4 times/week depending on the need of the team. Practices will typically be held at CHHS in the new gym. In addition, girls are STRONGLY encouraged to participate in a tumbling class at the gym of their choice.

The team will not employ one community coach this season. Instead, the team has planned to use the funds to go towards special guest coaching that has experience/expertise in a specified area the team is struggling in.

Cheerleaders AND parents must understand and agree to a 110% commitment to the team for the duration of the competition season which ends mid November.

More requirements and expectations will be discussed at the parent meeting in April. We look forward to another winning season!!!

## FAQs

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### **Q:What teams will be formed this year?**

A: We are planning for as many teams as needed based on the skill level and amount of cheerleaders at tryouts. We are looking to have a JV and Varsity team for Competition, Football and Basketball seasons, talent allowing. Varsity Football will consist of a Gameday Team.

### **Q: When do seasons begin/end?**

A: All football and competition cheerleaders will begin their season prior to the spring game and continue through the summer for practices, events, pictures, camp(s), etc. The football games begin in August and will continue to November and Varsity will attend Gameday in the Spring. A specific schedule will be given at the first parent meeting.

Basketball season starts in November and will continue through February.

### **Q:What games/events will I be expected to cheer/participate in?**

A: All teams are expected to participate in various school activities and events throughout the year. This could include pep rallies, dress up days for homecoming and hoopcoming, open houses, Special Olympics, spring game, panther pals, tailgates, etc.

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Varsity Football cheerleaders are expected to attend all practices and games - both home and away. JV Cheerleaders are expected to attend all practices as well as all home JV & Varsity games. JV cheerleaders will sell programs during the tailgate and during the first half of the Varsity football games and have the opportunity to cheer in the 3rd quarter. Basketball Cheerleaders are expected to attend all basketball practices and games outlined in the schedule given by the cheer coach. All sideline cheerleaders are expected to support the competition team by attending one competition during their season. Competition cheerleaders are required to attend all practices, camps and competitions throughout the season. Practices are at least twice a week.

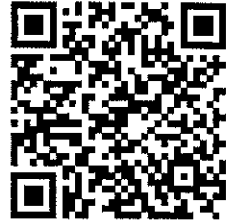
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# Chapel Hill Cheerleading Tryout Checklist

Try Out Registration will be cut off Friday, March 22nd. We will be available from 2/29 -3/22 via email with questions, Jasmin.Ellis@dcssga.org.

\_\_\_\_\_ Join the Tryout Google Classroom with QR Code →

\_\_\_\_\_ Complete the Student Information form in the Google Classroom



**ALL ITEMS IN THIS SECTION MUST BE PAPER COPIES GIVEN TO A COACH  
PRIOR TO MARCH 22nd**

**Drop off in CHHS main office - Coach Ellis or Room E208**

\_\_\_\_\_ Emergency Medical Authorization

\_\_\_\_\_ Athletic Physical (cannot be older than 1 year) ALL PAGES COMPLETED  
WITH SIGNATURES AND DATES

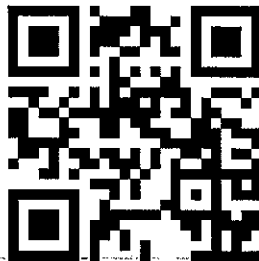
\_\_\_\_\_ Concussion Awareness Form

\_\_\_\_\_ GHSA Cardiac Arrest Awareness Form

\_\_\_\_\_ Consent to Participate (Student Drug Testing)

\_\_\_\_\_ Send out Teacher Recommendations (2 are Required)

Teacher Recommendation Code



# Chapel Hill High School Panther Cheerleading Agreement

I understand that selection to a Chapel Hill High School Cheerleading squad is made during tryouts, but the position must be maintained. To maintain this position, a squad member must comply with all rules and regulations applicable to the program including the financial responsibilities, payment deadlines, outlined season attendance and mandatory dates listed below. An athlete must also comply with the rules and regulations of Georgia High School Association and remain in good standing with faculty, administration and program staff. A squad member may be removed at any time for failure to remain in good standing. I understand if a cheerleader is dismissed from the program for any reason, I will receive no financial restitution. I am aware that the final determination of an athlete's status remains in the hands of the coaches. I hereby give my consent to my child to participate in cheerleading tryouts and, if chosen, to participate as a member of a Chapel Hill High School Cheerleading squad for the upcoming year.

A parent/guardian must initial each section below

## Financial Responsibilities - fees, fundraising, payment schedule outlined on page 7

Payment Date	Payment Amount
April 16th (Parent Meeting)	\$300
May 15th	\$250
June 13th	\$250
July 15th	\$250
August 15th	\$250
September 15th	Any remaining amount on cheerleader's ledger

## Important Dates:

Event	Dates
Parent Meeting	April 16th - 6:30
Fitting	April 26th - 3:30
Spring Game	May 17th (Varsity Football) - 7:30
Comp Cheer Camp	June 6-7th
Comp Choreo	June 9-10th
Jr. Panthers Camp	June 19-21st
Sideline Work Week	July 15-19th

Printed Name of Parent: \_\_\_\_\_

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

Printed Name of Cheerleader: \_\_\_\_\_

Cheerleader Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# **DOUGLAS COUNTY SCHOOL SYSTEM**

## **Consent to Participation – Student Drug Testing**

I understand that submission to testing for the presence of drugs and alcohol is a condition of participation in privileged activities in the Douglas County School System. I further understand that if I refuse to take the test, fail to report for the test, or if the test establishes a violation of the drug testing policy, I will be subject to consequences as set forth by the drug testing policy.

By signing and dating this form, I consent to take an initial drug test, if required, and be randomly tested throughout the school year. The initial drug test, when required, is to be completed prior to the start of the privileged activity. The random testing will be done monthly throughout the school year. The selection process for random drug testing will be performed by the contracting body with the participating students being notified on the day they are to report for testing.

I hereby consent to the administration of drug tests and to the conditions listed in this consent and the accompanying general prohibitions and procedures as outlined in Policy JCDAB-R/JCDAC-R, JCDAB-R(1) of the Douglas County School System Policy Manual.

I understand that unless my parent or guardian contacts the Drug Testing Administrator after the first year, and makes a formal request to remove my name and student ID number from the testing pool, my name will automatically be re-entered into the testing pool each year.

**Participating Student's Name:**

\_\_\_\_\_

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

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

**Parent/Guardian's Name:**

\_\_\_\_\_

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

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

# Georgia High School Association

## Student/Parent Sudden Cardiac Arrest Awareness Form

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 \_\_\_\_\_ High 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 2019-2020 school year. This form will be stored with the athletic physical form and other accompanying forms required by the \_\_\_\_\_ 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: 5/19)

**DOUGLAS COUNTY SCHOOL SYSTEM ~ RELEASE / EMERGENCY MEDICAL FORM****PLEASE READ CAREFULLY****EMERGENCY MEDICAL AUTHORIZATION**

Student: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_ Father's Name: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

**WHOM CAN WE CONTACT IF NO PARENT/GUARDIAN CAN BE REACHED TO ASSUME RESPONSIBILITY FOR THIS STUDENT?**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Activities Agreement**

To insure the proper atmosphere for interscholastic competition, the participant and his/her parents or guardians must understand and cooperate in helping establish that atmosphere by adhering to all school rules and regulations. When a violation of school rules occurs proper steps will be taken. A participant may be suspended from participating in interscholastic activities or from a team for violating any of the following standards: (1) falsification of physician's signature, parent or guardian's signature, any information pertaining to school enrollment, school records, or interscholastic activity forms; (2) use of, possession of, or distribution of alcohol or tobacco; misuse of non-prescription drugs, or of controlled substances; (3) theft or destruction to property of any school or individual; (4) repeated acts of unsportsmanlike conduct; (5) failure to follow rules as set for individual activities by coaches.

A student must have his/her parent's or guardian's signed permission to participate. All athletic participation requires a physical examination with the doctor's permission to participate. The participant is required to abide by the rules and regulations of the State Board of Education, the Douglas County Board of Education, and the Georgia High School Association.

**Informed Consent**

We realize that such activities involve the potential for injury to our son or daughter which is inherent in all activities. We acknowledge that even with the best coaching, use of the most advanced protective equipment, and strict observance of rules, injuries to our son/daughter are still a possibility. We recognize that on rare occasions these injuries to our son/daughter can be so severe as to result in total disability, paralysis or even death.

**Drug Testing Consent (High School Only)**

We understand that submission to testing for the presence of drugs and alcohol is a condition of participation in privileged activities in the Douglas County School System. We further understand that refusal to take the test, failure to report for the test, or if the test establishes a violation of the drug testing policy, our son/daughter will be subject to consequences as set forth by the drug testing policy.

**General Release**

It is anticipated that my son/daughter, while a participant in interscholastic activities in the Douglas County School System, will travel to many activities off campus. Transportation for my child to these off campus activities may be school buses, private vehicles, or alternate transportation operated by employees or agents of the School System. In consideration of their performing this valuable service for me and my child, I hereby release and discharge any and all claims and causes of action of any kind or nature which may arise out of my child's travel while at school both for myself and my minor child. It is the express intent of this release to forever hold the Douglas County School System, its agents and employees, harmless for any injuries which may occur to my child as a result of travel while he or she is in the custody of the School System.

**Insurance Waiver**

I fully understand that the Douglas County School System does not provide any insurance and it is my responsibility to provide insurance coverage for my son/daughter. The Douglas County School System will not assume liability for injuries incurred by my son/daughter during participation in or practice of any interscholastic activity.

A parent/guardian may elect to enroll the participant in a supplemental school insurance program which is authorized by the Douglas County School System. If you choose to purchase coverage through this plan, contact the school principal or head coach for additional information.

**Authorization:**

In case of an emergency or accident during any school activity involving my child, which in the opinion of school authorities present requires immediate medical or surgical attention, I authorize the school to take such emergency actions as may be deemed necessary, including the transportation of the student to a hospital or medical center and authorizing medical treatment. I hereby grant permission, also to said physician to treat said condition unless I am present and request otherwise. I assume the responsibility for any medical expenses incurred during this emergency. The coach, school, or the Douglas County School System will not be held responsible for any medical expenses.

**Permission to Participate:**

I have carefully read and understand each of the above section and will comply with these policies or statement.

Permission is granted to my son/daughter to practice and complete in interscholastic activities.

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

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo. Day Year

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

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo. Day Year

# Georgia High School Association

## Student/Parent Concussion Awareness Form

**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 \_\_\_\_\_ High 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 2019-2020 school year. This form will be stored with the athletic physical form and other accompanying forms required by the \_\_\_\_\_ 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**



# Georgia High School Association

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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
- Foggiess 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 \_\_\_\_\_ High 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 2019-2020 school year. This form will be stored with the athletic physical form and other accompanying forms required by the \_\_\_\_\_ 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**

# Chapel Hill High School Athlete Expectations

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## **Rules and Expectations of ALL Athletes**

- 1. Athletes are expected to serve as a leader for their peers and act responsibly and respectfully at all times on campus and in the community**
- 2. Athletes are expected to be at practice everyday and on time.**
- 3. Athletes are expected to follow all school rules while on any school campus at any time.**
- 4. Athletes are expected to be leaders in the classroom and put academics as top priority and exhaust all options prior to letting academics interfere with athletics.**
- 5. Athletes are to show good sportsmanship at all times during the games and practices.**
- 6. Athletes are expected to be accountable for their actions while at the same time holding your teammates accountable.**

**Signature of Athlete:** \_\_\_\_\_

**Signature of Parent:** \_\_\_\_\_

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

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**EXHIBIT**

**Descriptive Code:**

**IFCB-E(6)**

**FIELD TRIPS AND EXCURSIONS**

**Date: 3/2/09**

**Privately Owned Vehicles Transportation Release for Interscholastic Activities**

I hereby request that my child, \_\_\_\_\_, be allowed to participate in interscholastic activities within the Douglas County School Board, a/k/a Douglas County School District, and I recognize that participation by my child is voluntary. I understand that bus transportation to competitions, practices, and related events may not be available. In the event transportation is not available, I understand that transportation is the parents'/guardians' responsibility. For this reason, I anticipate that my child will need to travel in privately owned vehicles other than my own to competitions, practices, and related events. I hereby grant permission for my child to travel in non-school system owned and non-school system operated private vehicles for school system events. I agree to hold the Douglas County School Board, a/k/a Douglas County School District, including its elected officials, employees, officers and agents (hereafter collectively referred to as "DCSS"), harmless against any and all claims arising from my child's riding in a privately owned vehicle. This hold harmless provision includes the obligation to indemnify DCSS for said claims. I understand that travel may be in and out of county. Policies pertaining to field trips and enrichment activities can be found in the Policy Manual under Descriptive Code: IFCB.

**THE DOUGLAS COUNTY BOARD OF EDUCATION, A/K/A DOUGLAS COUNTY SCHOOL DISTRICT (HEREAFTER "DCSS") IS NOT RESPONSIBLE FOR ENSURING PRIVATE COMPLIANCE WITH THIS POLICY. ULTIMATELY, TRAVEL BY STUDENTS TO AND FROM DCSS APPROVED EVENTS IS THE RESPONSIBILITY OF THE PARENT(S)/LEGAL GUARDIAN(S). RISKS ASSOCIATED WITH TRAVEL IN PRIVATELY OWNED VEHICLES ARE NOT ASSUMED BY DCSS.**

\_\_\_\_\_  
**School**

\_\_\_\_\_  
**Sport/Activity**

\_\_\_\_\_  
**Signature of Student**

\_\_\_\_\_  
**Signature of Parent**

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

# DOUGLAS COUNTY SCHOOL SYSTEM CONDUCT AGREEMENT FOR ATHLETIC PARTICIPATION

Participation in athletic activities is a **privilege** in schools and **not a property right**. It is to be understood by all students, parents/guardians, and coaches that the top priority is academic progress. Everyone involved in these activities will make every effort not to interfere with that ultimate goal. The purpose of this Athlete Conduct Agreement is to establish minimum standards of behavior. Therefore, **coaches and/or administrators may establish rules and consequences that are more severe than those stated below**. Team rules must be approved by the administration of each school. As a precondition to participate in GHSA governed athletics, the student and his/her parent/guardian agree that the following rules will apply:

## VIOLATIONS and CONSEQUENCES

(Violations are cumulative throughout a student's 9<sup>th</sup>-12<sup>th</sup> grade educational career)

	VIOLATION	CONSEQUENCES
A.	Violation of school rules resulting in In-School Suspension (ISS) or Out-of-School Suspension (OSS) during the season.	The student may resume participation when: 1. The student is released from ISS; or 2. The student returns to school on the next school day upon completion of OSS.
B.	Violation of school rules resulting in assignment to alternative school	Dismissed from athletics while attending alternative school.
C.	Student has been criminally charged with a misdemeanor, regardless of location or time, so long as such charges are pending or conviction is had. *	1 <sup>st</sup> Offense – School administration and the coach will meet with the student and parent/guardian and discuss consequences determined by the school, which may include suspension from athletic participation. 2 <sup>nd</sup> Offense – Suspension from athletic participation for 25 calendar days and a minimum of 10% of competition dates beginning with the date of the charges. 3 <sup>rd</sup> Offense – Suspension of 1 calendar year from athletic participation beginning with the date of the charges. 4 <sup>th</sup> Offense – Permanent suspension from athletic participation
D.	Student found to have been in possession of, or criminally charged with, the use/possession of alcohol, illegal drugs, unauthorized use/possession of prescription drugs or other behavior altering substances.*	1 <sup>st</sup> Offense – Suspension from athletic participation for 25 calendar days and a minimum of 10% of competition dates beginning with the date student is found to be in possession or charged. 2 <sup>nd</sup> Offense – Suspension of 1 calendar year from athletic participation beginning with the date student is found to be in possession or charged. 3 <sup>rd</sup> Offense – Permanent suspension from athletic participation.
E.	Student has unresolved felony charges or felony conviction.*	1 <sup>st</sup> Offense – Suspension for 1 calendar year from athletic participation beginning with the date of arrest. 2 <sup>nd</sup> Offense – Permanent suspension from athletic participation.
F.	A student who commits any of the following offenses may be suspended or permanently dismissed from a team: missing practice unless excused, truancy or skipping classes, acting in an unsportsmanlike manner when representing the school, any act at school or away from school which results in any discipline by school administration, or any act at school or away from school which in the opinion of the Principal reflects in a negative manner on the school or athletic program.	

\* If out of season, consequences will begin on the GHSA start date for the next season with which the student is affiliated

**NOTE:** Parent/guardian must report any criminal charge or arrest of the student and related details to school athletic director or coach within 1 week of the charge or arrest, even during school breaks. Failure to do so may result in the student being suspended from athletic participation for (1) calendar year.

**APPEAL PROCEDURE:** Any student and/or parent/guardian wishing to appeal an athletic suspension must submit in writing through the Principal to the County Assistant Director-Student Support/Athletics the reason(s) why he/she should not be disciplined. This request will then be forwarded to the members of the review committee for their consideration. The review committee will consist of the Douglas County School System Assistant Director-Student Support/Athletics and two (2) system level administrators. Parent/guardian will be given a written statement on the decision of the committee.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_