

MOODY CHEERLEADING

# BLUE DEVIL CHEERLEADING TRYOUTS

## CURRENT

6th and 7th graders- Jr. High Cheer - MJHS- Coach Church

8th and 9th graders- JV Cheer- MHS - Coach Wiley

10th and 11th graders- Varsity Cheer- MHS- Coach Wiley

**PACKETS AVAILABLE IN THE SCHOOL OFFICE**  
**MMS, MJHS, MHS**

Try-out Registration Form and \$50 Fee due  
by Friday, February 2nd at 3 pm

**Valid Physical Required before Clinic**

Cheer Clinic March 6th  
from 3:30-5:30 MHS Gym

**Try-Outs March 13th, 3:30, MHS Gym**

## 2024-2025 Moody Cheerleading

### Try-out Registration Form

Due: February 2<sup>nd</sup>, 2024, by 3:00 pm

#### Candidate Information

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

CURRENT Grade: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

Parent's Cell Number: \_\_\_\_\_

Shirt size: \_\_\_\_\_

\$50 Payment: \_\_\_\_\_ (Make Checks Payable to MHS)

#### Steps

\_\_\_\_\_ Return Try-out Registration form by February 2<sup>nd</sup>

- Current 6<sup>th</sup> grade- MMS Office
- Current 7<sup>th</sup> and 8<sup>th</sup> Grade- Coach Church or MJHS Office
- Current 9<sup>th</sup> – 11<sup>th</sup>- Mrs. Wiley

\_\_\_\_\_ \$50 Payment made by February 2<sup>nd</sup> (Same as above, please submit payment with form)

\_\_\_\_\_ Attend Mandatory Pre-Try Out meeting, Required for both candidate and 1 legal guardian.

- Thursday, February 15<sup>th</sup> for current 8<sup>th</sup> – 11<sup>th</sup> graders; 6 pm in MHS library
- Tuesday, February 6<sup>th</sup> for current 6<sup>th</sup> – 7<sup>th</sup> graders; 6 pm in MJHS gym

\_\_\_\_\_ Complete Current Physical

- Turn into the appropriate Coach.
- Must be completed and turned in prior to attending Clinic on March 6<sup>th</sup>.
- Unexpired Physical (must be signed by a doctor, NOT CRNP)
- Blank physical is included in this packet. Front and back must be complete and signed by a medical physician.

\_\_\_\_\_ Constitution Agreement and Expense Acknowledgement returned to Coach (Will receive both of these at the pre-tryout meeting)

- 6<sup>th</sup> and 7<sup>th</sup> grade candidates return to Coach Church
- 8<sup>th</sup> – 11<sup>th</sup> grade candidates return to Mrs. Wiley
- Must be completed prior to attending Clinic on March 6<sup>th</sup>

\_\_\_\_\_ Attend Cheer Clinic on March 6<sup>th</sup> from 3:30-5:30; MHS gym

**Try-outs are Wednesday, March 13<sup>th</sup>, 2024 @ 3:30 in the MHS Gym**

## *Are you ready?*

1. Have you turned in your try-out registration form? Did you include the \$50 fee? Did you double check try-out t-shirt size?
  - Current 6<sup>th</sup> grade- MMS Office
  - Current 7<sup>th</sup> and 8<sup>th</sup> Grade- Coach Church or MJHS Office
  - Current 9<sup>th</sup> – 11<sup>th</sup>- Mrs. Wiley
2. Have you paid your \$50 Try out fee? Please turn at the same time as registration form!
  - Current 6<sup>th</sup> grade- MMS Office
  - Current 7<sup>th</sup> and 8<sup>th</sup> Grade- Coach Church or MJHS Office
  - Current 9<sup>th</sup> – 11<sup>th</sup>- Mrs. Wiley
3. Did both candidate and 1 legal guardian attend the mandatory pre-try out meeting?
  - Thursday, February 15<sup>th</sup> for current 8<sup>th</sup> – 11<sup>th</sup> graders; 6 pm in MHS library
  - Tuesday, February 6<sup>th</sup> for current 6<sup>th</sup> – 7<sup>th</sup> graders; 6 pm in MJHS gym
4. Have you turned in a valid physical?
  - Unexpired Physical (must be signed by a doctor, NOT CRNP)
  - You are not allowed to attend the Clinic until a valid Physical has been turned in to the appropriate Coach.
5. Have you completed and turned in the Constitution Agreement and Expense Acknowledgement Forms?
  - 6<sup>th</sup> and 7<sup>th</sup> grade candidates return to Coach Church
  - 8<sup>th</sup> – 11<sup>th</sup> grade candidates return to Mrs. Wiley
  - Must be completed prior to attending Clinic on March 6<sup>th</sup>.

**If you can answer YES to all the above questions, you are now ready to attend Cheer Clinic on Wednesday, March 6<sup>th</sup>, 2024, from 3:30 – 5:30 in the MHS gym.**

### **What to bring and what to wear**

- a good attitude
- a drink and a snack (if you need one after school)
- Comfortable shorts and top
- All hair pulled up and no jewelry or excessive nails

**Try-outs are Wednesday, March 13<sup>th</sup> @ 3:30 in the MHS Gym**

# Moody Cheerleading 2024-2025 - Try-Out Score Sheet - MJHS - MJHS JV - MJHS Varsity

## Station 1- Spirit Entrance- Individual

	<u>Points:</u>	<u>Score:</u>
<b>Motion Technique/Placement</b> • <i>Technique, sharpness, and placement</i>	5	
<b>Ability to Lead Crowd</b> • <i>Was the crowd encouraged to participate?</i>	5	
<b>Overall Impression</b> • <i>Leadership to engage and connect with the crowd</i> • <i>Genuine school spirit and energy</i>	5	
<b>Total:</b>	15	

## Station 1- Jumps- Individual

	<u>Points:</u>	<u>Score:</u>
<b>Toe Touch</b> • <i>Overall technique/placement/sharpness</i>	10	

## Station 2- Cheer - Individual

	<u>Points:</u>	<u>Score:</u>
<b>Motion Technique/Placement</b> • <i>Technique, sharpness, and placement</i>	10	
<b>Ability to Lead Crowd</b> • <i>Was the crowd encouraged to participate?</i>	10	
<b>Overall Impression</b> • <i>Leadership to engage and connect with the crowd</i> • <i>Genuine school spirit and energy</i>	10	
<b>Incorp Bonus**</b> Toe Touch: 0 BHS: +5 Standing Tuck: +10	0	
<b>Total:</b>	30	

## Station 3- Band Chant- Group

	<u>Points:</u>	<u>Score:</u>
<b>Motion Technique/Placement</b> • <i>Technique, sharpness, and placement</i>	10	
<b>Ability to Lead Crowd</b> • <i>Was the crowd encouraged to participate?</i>	10	
<b>Overall Impression</b> • <i>Leadership to engage and connect with the crowd</i> • <i>Genuine school spirit and energy</i>	10	
<b>Total:</b>	30	

## Situational Sideline- Group

	<u>Points:</u>	<u>Score:</u>
<b>Motion Technique/Placement</b> • <i>Technique, sharpness, and placement</i>	5	
<b>Ability to Lead Crowd</b> • <i>Was the crowd encouraged to participate?</i>	5	
<b>Overall Impression</b> • <i>Leadership to engage and connect with the crowd</i> • <i>Genuine school spirit and energy</i>	5	
<b>Total:</b>	15	

**Total Points out of 100**



**ALABAMA HIGH SCHOOL ATHLETIC ASSOCIATION**

**Preparticipation Physical Evaluation Form  
Revised 2018**

**Revised 2018**

**History**

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ Date of birth \_\_\_\_\_  
 School \_\_\_\_\_ Grade \_\_\_\_\_ Phone \_\_\_\_\_  
 Sport \_\_\_\_\_

Explain "Yes" answers below:	Yes	No
1. Has a doctor ever restricted/denied your participation in sports?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been hospitalized or spent a night in a hospital?	<input type="checkbox"/>	<input type="checkbox"/>
Have ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any ongoing medical conditions (like Diabetes or Asthma)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you presently taking any medications or pills (prescription or over-the-counter)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have any allergies (medicine, pollens, foods, bees or other stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had chest pain or discomfort in your chest during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Do you tire more quickly than your friends during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been told that you have a heart murmur, high cholesterol, or heart infection?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>
Has anyone in your family died of heart problems or a sudden death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>
Does anyone in your family have a heart condition?	<input type="checkbox"/>	<input type="checkbox"/>
Has a doctor ever ordered a test on your heart (EKG, echocardiogram)?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have any skin problems (itching, rashes, staph, MRSA, acne)?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been knocked out or unconscious?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a stinger, burner, pinched nerve, or loss of feeling or weakness in your arms or legs?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever had heat or muscle cramps?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been dizzy or passed out in the heat?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you have trouble breathing or do you cough during or after activity?	<input type="checkbox"/>	<input type="checkbox"/>
Do you take any medications for asthma (for instance, inhalers)?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you use any special equipment (pads, braces, neck rolls, mouth guard, eye guards, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
Do you wear glasses or contacts or protective eye wear?	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you had any other medical problems (infectious mononucleosis, diabetes, infectious diseases, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
14. Have you had a medical problem or injury since your last evaluation?	<input type="checkbox"/>	<input type="checkbox"/>
15. Have you ever been told you have sickle cell trait?	<input type="checkbox"/>	<input type="checkbox"/>
Has anyone in your family had sickle cell disease or sickle cell trait?	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones or joints?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Head <input type="checkbox"/> Back <input type="checkbox"/> Shoulder <input type="checkbox"/> Forearm <input type="checkbox"/> Hand <input type="checkbox"/> Hip <input type="checkbox"/> Knee <input type="checkbox"/> Ankle		
<input type="checkbox"/> Neck <input type="checkbox"/> Chest <input type="checkbox"/> Elbow <input type="checkbox"/> Wrist <input type="checkbox"/> Finger <input type="checkbox"/> Thigh <input type="checkbox"/> Shin <input type="checkbox"/> Foot		
17. When was your first menstrual period? _____		
When was your last menstrual period? _____		
What was the longest time between your periods last year? _____		
Explain "Yes" answers:		
_____		
_____		
_____		

I hereby state that, to the best of my knowledge, my answers to the above questions are correct.

Signature of athlete \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_

**DUPLICATE AS NEEDED**

FORM 5

# Preparticipation Physical Evaluation

**Rule 1, Sec. 14** — In order for a student to be eligible for interscholastic athletics, there must be on file in the Superintendent's or Principal's office a current physician's statement certifying that the student has passed a physical exam, and that in the opinion of the examining physician (M.D. or D.O.) the student is fully able to participate in interscholastic athletics (Grades 7-12). The AHSAA Physicians Certificate (Form 5 Rev. 2018) must be used. A physical exam will satisfy the requirement for one calendar year through the end of the month from the date of the exam. For example, a physical given on May 5, 2022, will satisfy the requirement through May 31, 2023.

Student's name \_\_\_\_\_

## Physical Examination

COMPLETE	LIMITED	Height _____ Weight _____ BP _____ / _____ Pulse _____		
		Vision R 20 / _____ L 20 / _____ Corrected: Y N		
			Normal	Abnormal Findings
		Cardiovascular		
		Pulses		
		Heart		
		Lungs		
		Skin		
		E.N.T.		
		Abdominal		
		Genitalia (males)		
		Musculoskeletal		
		Neck		
		Shoulder		
		Elbow		
		Wrist		
		Hand		
		Back		
		Knee		
		Ankle		
		Foot		
		Other		

Clearance:

A. Cleared

B. Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_

C. Not cleared for: ☐ Collision

☐ Contact

☐ Noncontact \_\_\_\_\_ Strenuous \_\_\_\_\_ Moderately strenuous \_\_\_\_\_ Nonstrenuous

Due to: \_\_\_\_\_

Recommendation: \_\_\_\_\_

Name of physician \_\_\_\_\_ Date \_\_\_\_\_

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

Signature of physician \_\_\_\_\_, M.D. or D.O.

(Form must be signed and dated by the attending physician.)

**Rev. 2018** (The revised 2018 form is the official form accepted by the AHSAA.)