

COUSINS **CARDINALS** *cheerleading*

2023-2024



Ms. Cook, Head Coach
cook.tracy@newton.k12.ga.us

Ms. Shields, Assistant Coach
shields.nikisha@newton.k12.ga.us

Ms. Sims & Ms. Clark, Volunteer Coaches

Important Dates & Information

Wednesday March 8, 2023	Parent Meeting - Mandatory for parents and participants! 5: 00 p.m. in the media center
Thursday March 18, 2023	All packets / forms are due. *Forms, physicals, report card, and \$15 tryout fee
Monday - Thursday March 20 -23, 2023	Tryout Clinics – Mandatory (Clinics are closed.) 4:30 p.m. - 6:00 p.m. in the gym
Friday Tryouts	Tryouts – (Tryouts are closed) 4:30 p.m. – until
Monday March 27, 2023	COMS 2023-2024 Cheer Squad will be announced
Tryout fee	\$ 15 non- refundable
Score on the following:	<ul style="list-style-type: none"> • APPEARANCE - dress, hair, makeup as indicated above. • SPARKLE – smile, spirit, facial expression, and enthusiasm • VOICE – loud, clear, and audible • DANCE ROUTINE (this is done as a group) – ability to dance and confidence. • EXECUTION OF CHANT (this is done as a group) – confidence, performance technique and coordination. • EXECUTION OF CHEER (this is done alone) – confidence, performance, technique, and coordination. • JUMPS (these are done alone) – toe touch, herkie, front hurdler, and pike. • Tumbling (should be done when you enter the tryouts to show spirit) – scored on the level of difficulty. Also, will be asked before departure. NOT a requirement, but a BONUS • General Impression – attitude, cooperation, motivation, dedication, ability to follow directions.
Deductions	<ul style="list-style-type: none"> • Unexcused absence from practice (5 points) • Unexcused tardy to practice (3 points) • Improper attire during practice (3 points) • Failure to turn in forms on time (3 points)
Attire	Clinic and Try-Outs <ul style="list-style-type: none"> • Must wear Black shorts (no cut offs) and white plain T-shirts (cannot say anything related to cheerleading). • Shirts must be always tucked in. • Must wear tennis shoes and socks. • NO JEWELRY. • Hair must be pulled back and out of face. • No nail-polish unless it is clear. • You may wear make-up, but it should be light. NO CELL PHONES DURING CLINIC OR TRYOUTS

COMS CHEERLEADING REQUIREMENTS

Cheerleaders are one of the most visual representatives of their school! For this reason, they are expected to demonstrate good SPORTSMANSHIP at school as well as away from school. Along with being good sports, cheerleaders are expected to be LEADERS in their school, to set good examples at school and away from school and have pride in their teams by cheering for them whether they are winning or losing.

Cousins Middle School cheerleaders are expected to be POSITIVE INFLUENCES for their peers and the athletic program. You will be required to:

- Have a "C" average in each class in the grading period before tryouts. He/she must also maintain the "C" average in each class while on the squad. The cheerleader's year begins the moment he/she is selected for the squad. Failure to maintain these requirements will lead to probation from games and/ or removal from squad.
- Attend every game as scheduled.
- Cooperate fully with all the coaches, visiting instructors, captain, and co-captains.
- Attend all practices, and any other cheerleading function.
- Participate in MANDATORY fundraising events.
- BE ON TIME to all functions.
- Get along with the other cheerleaders to make the squad stronger.
- Must attend cheer camp.
- Meet **ALL** financial obligations on time. Be a leader in the classroom and put academics as your priority.
- Be subject to the guidelines of the Newton County School System Code of Conduct.

Failure to meet these requirements will be met with **strong disciplinary action up to and including suspension and/or expulsion from the squad**. We wish to ensure that the cheerleaders will provide positive leadership in the school. *If a cheerleader quits for any reason, she/he cannot tryout again at Cousins.*

Financial Obligation

Cheerleading is time-consuming and expensive. The cheerleaders and their parents must pay dues for basketball season (non-refundable) and pay for uniforms, warm-ups, shoes, socks, bloomers, etc. Parents and /or cheerleaders must participate in one mandatory fundraiser to help offset costs. There will be additional squad fundraisers that will go into the account for anything needed during the year. The estimated cost for the 2023/2024 school year is \$800. The following items are required for the 2023/2024 school year:

- | | |
|-----------------|-----------------------|
| • Cheer dues | • Cheer bag |
| • Uniform | • Bows |
| • Briefs | • Warm up. |
| • Cheer shoes | • Water bottles |
| • Socks | • Hoodie |
| • Practice wear | • Other miscellaneous |

Fundraising will be present and will help cover your cost.

Example: \$300 out of pocket plus \$450 from mandatory fundraisers.

*All money must be received on time for your child to be a part of the squad

Payment Schedule

All installments must be received on time to meet ordering deadlines!

First Installment- \$300.00 due March 31, 2023

Second Installment- \$300.00 due April 28, 2023.

Final Installment- TBD due May 20, 2023

FUNDRAISERS WILL BE GIVEN IN BETWEEN INSTALLMENTS TO HELP WITH YOUR BALANCE.

COMS 2023/2024 Cheerleader Application

Please complete the following information. Please print legibly.

Student Name: _____

Current Grade Level: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ Birthday: _____

Parent/ Guardian Name: _____

Parent/Guardian Cell Phone: _____

Parent/Guardian Email: _____

Emergency Contact: Relationship: _____

Emergency Phone: Emergency Cell Phone: _____

PARENTAL PERMISSION TO BE A CHEERLEADER

I, _____, have read and understand the tryout procedures and selection process as outlined in the information packet I received. I have read and fully understand the obligation in which I (my child) must abide by if selected to be a part of Cousin's cheerleading squad. I understand that this is an extra-curricular activity and that attendance at all practices, games, special functions, and summer camp is a requirement for all the elected cheerleaders.

I hereby give my child, _____, my permission to try out for cheerleader at Cousins Middle School and recognize the responsibilities and requirements as a leader of the school. I understand that if selected, the child's parent/guardian must pay for summer camp, uniforms, etc. A reasonable estimate of these expenditures for a first-year cheerleader is \$750 for the school year of 2023-2024. The first installment of \$250 will be due immediately, following tryouts, on March 31, 2023. Dates will be given for a series of installments to pay for the remaining cheerleading expenses. **No uniforms or other cheer related items will be distributed until the balance is paid in full.** I understand that these amounts must be paid in full on the dates due or my child will not be able to continue in their role as a cheerleader.

I, _____ (parent) agree to the financial obligations set above. *If for any reason your child is suspended from the squad, monies will not be refunded, and you will not be invited to the end of season banquet.

Student Signature Date

Parent Signature Date

Name of Student Athlete _____

Cousins Middle School

I. Parental Consent for Athletic Participation

Warning: Although participation in 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 OF 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 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 slip you acknowledge that you have read and understand this warning. **PARENTS AND 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. To compete in interscholastic athletics at Cousins Middle School of the Newton County School System.
2. To accompany 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 contained in this form is accurate.

Signature of Parent/Guardian _____

Signature of Parent/Guardian _____

Date _____

Home # _____ Work # _____

Cell # _____

Other Contacts:

■ 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 (F, M, or intersex): _____ How do you identify your gender? (F, M, or other): _____

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 ≥ 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.)		
	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has a provider ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any ongoing medical issues or recent illness?	<input type="checkbox"/>	<input type="checkbox"/>
HEART HEALTH QUESTIONS ABOUT YOU		
	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
7. Has a doctor ever told you that you have any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.	<input type="checkbox"/>	<input type="checkbox"/>

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)		
	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		
	Yes	No
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)?	<input type="checkbox"/>	<input type="checkbox"/>
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)?	<input type="checkbox"/>	<input type="checkbox"/>
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?	<input type="checkbox"/>	<input type="checkbox"/>

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

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

Explain "Yes" answers here.

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: _____

■ PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

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"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency) 	<input type="checkbox"/>	
Eyes, ears, nose, and throat <ul style="list-style-type: none"> Pupils equal Hearing 	<input type="checkbox"/>	
Lymph nodes	<input type="checkbox"/>	
Heart ^a <ul style="list-style-type: none"> Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver) 	<input type="checkbox"/>	
Lungs	<input type="checkbox"/>	
Abdomen	<input type="checkbox"/>	
Skin <ul style="list-style-type: none"> Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis 	<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"> Double-leg squat test, single-leg squat test, and box drop or step drop test 	<input type="checkbox"/>	

^a 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: _____

Newton County Public Schools Heat Guidelines for Outdoor Athletics

The following guidelines have been established as safety precautions for athletes participating in any outdoor athletic programs with Newton County Public Schools. They are to be enforced by coaches, administrators, and athletic trainers at all times. A scientifically approved instrument that measures the Wet Bulb Globe Temperature (WBGT) reading must be utilized at each practice to ensure that the written policy is being followed properly. The heat index combines air temperature and relative humidity to determine an apparent temperature – how hot it actually feels. Administrators, coaches and the athletic trainer will make a decision using the guide below on whether to make modifications for all athletic practices held that afternoon. Coaches will make the necessary modifications and administrators will be notified.

WBGT Reading	Activity and Rest Break Guidelines
Under 82.0	Normal activities – Provide at least 3 separate rest breaks each hour; each rest break is a minimum of 3 minutes
82.0-86.9	Use discretion for intense or prolonged exercise; watch at risk players carefully. Provide at least 3 separate rest breaks each hour with a minimum of 4 minutes duration each
87.0-89.9	Maximum practice time is 2 hours. Football: players restricted to helmets, shoulder pads, and shorts; all protective equipment must be removed for conditioning activities. For all sports: Provide at least 4 separate rest breaks each hour with a minimum of 4 minutes in duration
90.0-92.0	Maximum length of practice is 1 hour, no protective equipment may be worn, and no conditioning activities allowed. There must be 20 min of rest breaks during this hour.
Over 92.1	No outdoor workouts; cancel exercise/delay practices until cooler reading occurs

GUIDELINES FOR HYDRATION AND REST BREAKS:

1. Rest time should involve unlimited hydration intake (water or electrolyte intake) and rest without any activity involved
2. For Football, helmets should be removed during rest time
3. The site of the rest time is considered the “cooling zone” should be out of direct sunlight
4. When the WBGT reading is over 86.0, ice towels and spray bottles should be provided to aid in the cooling process, and cold immersion tubs should be available during practices in the event of athletes showing signs of heat illness.

Student-athlete safety is our first priority. We encourage coaches and staff to continuously educate our athletes on the importance of proper hydration and the dangers of heat related illness. Student-athletes should carry water with them during the day for hydration on days of practice and games when the weather has the possibility of reaching critical levels in relation to heat and humidity. Please sign to acknowledge you have read our policy.

Athlete Signature _____	Date _____
Parent/Guardian Signature _____	Date _____

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 2015-2016 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 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 2021-2022 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:3/21)