

Crenshaw Cardinals Parent Information

Reading emails, texts, & Teamsnap is essential to keeping yourself up to date on all events and changes within the association and your team. There will be no Facebook Groups. Everything you see here is subject to change.

PRACTICE TIMES & WEATHER:

- Communication is done primarily through emails, texts message or Teamsnap. We are always very in tune to the weather during practice days.
- All of the coaches work full time jobs so email or text is an easier way to communicate if you need something outside of practice.
- Please make sure the cheerleaders are hydrating themselves during this season. It will make a huge difference in the way they feel before, during and after practice. I know kids like Gatorade and other sports drinks, however when the weather is as hot as it can be, water is best to hydrate them. Sports drinks have sugar in them and that can cause them to get nauseous and sick.
- Wednesday & Thursdays from 6:30-8pm is practice (this is subject to change depending on parks & rec availability). We will be outside in the fields until October. Please make sure your child uses the facilities, has water and a towel for stretches. In October when we go into the gym Wigglers NOT COMPETING will not have to attend practices. Those participating in competition (all squads) will have practice Wednesday and Thursdays 6:30-8:30. Additional practices may be added. During gym practices we ask that parents drop their child off. We understand if you have to stay, but we are very limited on space.
- First practice is 7/12/17 at 6:30pm at Crenshaw Baseball Fields

ATTENDANCE:

- All practices & games are mandatory starting August 15, 2017. We all invest a significant amount of time and money into purchasing choreography for each team. The absence of any cheerleader is a huge loss for the team as a whole. Missing cheerleaders during practices creates safety liability for all the team members.
- Each cheerleader is allowed 4 absences from practices, games and events. If your child reaches the four absences they will be removed from participating in all competitions. Each absence after the fourth one will result in a one game suspension.

COMPETITIONS:

- All teams will be participating in two to three competitions this year, except Flag/Wigglers, which will be competing in 2 competitions.
- Dates, Times & Locations will be announced once we have received that information.

CHOREOGRAPHY CAMP:

Many attended the camp put on by Fame last year & truly enjoyed it and learned a lot. This year we have recruited Fame to do all our competition squads choreography. The fee is \$55 and if you did not meet the goal with selling apples, the balance for this is due 7/13 by 8pm (end of practice). This camp is **MANDATORY!** No exceptions. Please make sure you wear your PrACTice cardinal shirt, black shorts, white shoes & game bow.

- August 26th, Time TBD: Wiggler & Minor Squad
- August 27th, Time TBD: Junior & Senior Squad

PAYMENTS, DEADLINES:

- All payments should be made with the exception of choreography camp at the time of registration. Camp balance is due no later than 7/13/17 at 8pm.
- Due to the importance of camp and everyone being there, if payment is not made by 7/13, your child will not be allowed to participate in competitions.
- There will be no refunds given after 7/11/17.

FUNDRAISERS:

Our first fundraiser was Specialty Apples to raise money to decrease the cost of choreography camp. We may have another fundraiser later to raise money to cover the cost of additional competitions. Our homecoming will also be our biggest fundraiser. Baskets from each squad with items donated will be raffled off, as well as vendors/games, etc homecoming night. There will be lots of opportunity for parents and family members to volunteer their time as well.

CHESTERFIELD CHEERLEADER LEAGUE

MEDICAL FORM

YEAR: _____

COMPLETION OF THIS FORM WILL COVER YOUR CHILD AT ALL CCL EVENTS FOR THE CURRENT YEAR

Name: _____ Birth Date: _____ Grade in September: _____
Mailing Address: _____ City: _____ St: _____ Zip: _____
Telephone #: () _____ Emergency Contact: _____ Relationship: _____
Home Phone: (804) _____ Business Phone: () _____
If this person cannot be reached, please contact: _____ Relationship: _____
Home Phone: (804) _____ Business Phone: () _____ Elementary School Boundary: _____

THIS FORM DOES NOT REQUIRE A PHYSICAL EXAMINATION

Please list all allergies: _____ Please list allergies to medication: _____
Please list any medication which participant is currently taking: _____
Please make any necessary comments concerning physical condition, restrictions of participant, if any, etc.: _____

INSURANCE INFORMATION: Please list name and address of insurance company that covers participant.

Name of Insurance Company: _____ Policy #: _____
Mailing Address: _____ City: _____ St: _____ Zip: _____
Name of Subscriber: _____ Relationship to Participant: _____
_____ Please check this line if participant is NOT covered by an insurance policy. Please be aware that bills will be sent directly to parent or legal guardian.

MEDICAL TREATMENT / AUTHORITY STATEMENT

I, the undersigned parent/guardian, do hereby grant permission for my daughter/son/ward to attend cheerleading events sponsored and conducted by Chesterfield Cheerleader League. In order for my daughter/son/ward to receive the necessary medical treatment in the event of an injury or illness, I hereby authorize Chesterfield Cheerleader League's staff members to obtain medical treatment for my daughter/son/ward for such injury or illness, I hereby hold Chesterfield Cheerleader League and their representatives harmless in the exercise of this authority.

I further acknowledge, understand and agree that in participating in these events there is a possibility of physical injury or illness that my daughter/son/ward is assuming the risk of injury or illness by her/his participation. I assume full financial responsibility for such treatment.

WAIVER & RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the Chesterfield Cheerleaders League's cheerleader sports program and related events and activities, the undersigned:

1. Agree that the parent(s) or legal guardian(s) will instruct the minor participant that prior to participating he or she should inspect the facilities and equipment to be used, and if the participant believes anything unsafe, he or she should immediately advise his or her coach or supervisor of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk and serious injury, including permanent disability and death, and severe social and severe social economic losses which might result not only from their own actions, inactions or negligence but the actions, inactions or negligence of others, the rules of play, or the conditions of the premises of any equipment used.
3. Assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue Chesterfield Cheerleader League, its affiliated associations, their respective directors, agents, coaches, sponsors, and other employees of the organization, other participants, sponsoring agencies, sponsors advertisers, and, if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releases", from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, property losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases otherwise.

I/WE HAVE READ THE ABOVE MEDICAL TREATMENT/AUTHORITY STATEMENT AND WAIVER & RELEASE OF LIABILITY, AND UNDERSTAND THAT I/WE GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

(X) Parent / Legal Guardian: _____ Date: _____

Printed name of Parent or Guardian: _____ Printed name of participant: _____

Address of Participant: _____ City: _____ St: _____ Zip: _____

THIS FORM MUST BE SIGNED BY THE "X". NO ONE CAN PARTICIPATE IN A CCL EVENT UNLESS THIS FORM HAS BEEN PROPERLY FILLED OUT AND SIGNED BY A PARENT OR LEGAL GUARDIAN.

**CRENSHAW ATHLETIC ASSOCIATION
CHEERLEADING ATTENDANCE POLICY**

I understand as the Parent, Cheerleader and/or Legal Guardian of _____ that all practices, games and Cheerleading events are mandatory starting August 15, 2017. The absence of this cheerleader is a huge loss for their team as a whole. Missing cheerleaders during practices creates safety liability for the team members.

I understand that the cheerleader is allowed **FOUR** absences from practices, games and events. If they reach the **FOUR** absences they will be removed from participating in **all** competitions. Each absence after the fourth one will result in one game suspension.

I HAVE READ AND UNDERSTAND ALL THE ABOVE INFORMATION AND AGREE TO UPHOLD THE RESPONSIBILITIES LISTED.

Guardian's Name: _____ Date: _____

Guardian's Signature: _____

Cheerleader's Name: _____ Date: _____

Cheerleader's Signature: _____

Crenshaw Cardinals Cheerleader Contract

I do hereby agree to abide by the Crenshaw Athletic Association Cheerleader Conduct Code as well as to the discretionary authority given by all authorized coaches in the program. Failure to follow the code or Coaches' instruction will be deemed grounds for disciplinary action and/ or dismissal from the team.

- 1) I will attend all scheduled practices, games, camps and competitions. If unable to do so, I will contact my coach beforehand.
- 2) If I have multiple absences, it will result in a one game suspension.
- 3) I will respect all coaches at all times, calling them Coach or Mr./Ms. (Last Name).
- 4) I will work hard in school and be respectful to my teachers.
- 5) I will respect and obey my Parents/Guardians.
- 6) I will respect referees and opponent cheerleaders, players and coaches at all times.
- 7) I will have sportsmanship as my number one priority at all times.
- 8) If I have an unsportsmanlike event, it will result in my immediate removal from the game or practice and a one game suspension.
- 9) I will not use profanity nor wear inappropriate clothing while representing Crenshaw Athletic Association.
- 10) I will encourage my teammates in a positive way, regardless of circumstances.
- 11) I will respect and maintain my cheer uniform and accessories.
- 12) I will conduct myself in a way that presents a positive image of the Crenshaw Athletic Association and myself on and off the field.

Signature of Cheerleader: _____ Date: _____

Signature of Legal Guardian: _____ Date: _____

2017 Football Cheerleading Fee Sheet

*Please Note: Registration & Uniform fee is due at the time of sign up!

Registration One Child (Competing Wiggler, All Minors, Juniors & Seniors): \$115

- 2-3 competitions
- 1 game bow, 1 competition bow
- custom music
- association/league fees
- misc: printing, basket candy, first aid kits, homecoming court supplies, etc.
- trophy @ end of season

Registration Additional Children: \$75

- (waives music, association/league fees and misc fees)

Registration Flag/Wiggler NOT COMPETING: \$75

- 1 game bow
- association/league fees
- misc: printing, basket candy, first aid kits, homecoming court supplies, etc.
- trophy @ end of season

Uniform: \$130

- Shell
- Crop Top
- Skirt
- Lollies are NOT included. They can be purchased for \$12 additional or your child can wear the black nike shorts or playground shorts. NO COLOR AT ALL ON THEM!!!

Track Suit: \$55

- Optional
- No personalization available thru CAA

Fame Choreography Camp: \$55 (this may change with apple sales)

- **MANDATORY** Fee due 7/13/17
- We will be doing the Specialty Apple Fundraiser to cover/decrease this cost. Sell at least 16 apples and the \$55 will be waived.
- Fundraiser opt-out is optional, however all of the \$55 will be due on 7/13/17.
- Fundraiser will be due May 1st by 6pm-8pm at Crenshaw Field house.

**Please note that the fame choreography camp, uniform and tracksuit fees are no profit for CAA Cheerleading. If you have any questions, please direct them to the CAA Cheer Director.

Crenshaw Athletic Association
Athlete Code of Conduct



My goal is to become the best player I can be. Only I am responsible for my behavior and work ethic. I am fully committed to the Crenshaw Athletic Association and therefore I will:

- Conduct myself in a manner to bring credit and prestige to myself and the program;
- Focus on my schoolwork first and athletics second;
- Attend every possible practice, game and team function. If I am unable to attend, I will personally notify my coach;
- Be ready for practices and games ON TIME;
- Communicate, both on and off the field, with my teammates and coaches for mutual understanding;
- Discipline my body, including adequate sleep, a healthy diet and ABSTAIN from alcohol, tobacco and illegal drugs;
- Learn from my mistakes and never make excuses or blame others;
- Accept all coaching comments and assignments only as ways in which the team and I might improve;
- Ignore errors of my teammates, as I believe no one is trying to make a mistake;
- Support the full effort and good skills my teammates exhibit;
- Respect the decisions of the coaches, officials and adults who are there to provide good experience for me;
- Realize that a team is made up of individuals and everyone has a role. I will accept my role on the team and do whatever it takes to be the best I can be.

I pledge not to use profane language or to be physically, verbally or otherwise abusive toward any official or referee no matter the reason. Penalties for doing so, and embarrassing both myself and the CAA program, are understood to be an immediate removal from the current sport venue and suspension from the next game (1st Offense), and removal of my entire family from CAA for the remainder of that sport season (2nd Offense). Abuse of any type directed at an athlete shall result in immediate suspension pending a hearing before the CAA Executive Board.

Any athlete found in possession of alcohol, tobacco, illegal drugs or engaged in inappropriate or unlawful behavior will be immediately suspended from the program and be released to the custody of their parent(s)

Player Signature: _____

Date _____

Parent/Guardian Signature: _____

Date _____

CONFIDENTIAL



Authorization for Medical Care of a Minor

I, _____ the undersigned parent/legal guardian of _____, do hereby authorize Crenshaw Athletic Association, To Consent to any x-ray examination, surgical or dental diagnosis or treatment and hospital care to be rendered to the above named minor under general or special supervision and upon the advice of a physician, surgeon or dentist licensed under the laws of the State of Virginia.

IN GIVING THIS CONSENT I RECOGNIZE AND UNDERSTAND that in situations where the above named minor requires immediate medical or hospital care it may not be possible to contact me, and that in such situations, I will not be able to knowledgeably evaluate and choose among the available alternative treatment(s) or procedure(s), if an, or to evaluate the risks attendant upon each, and the risks attendant to foregoing all medical treatment; in such situations, I authorize a physician, surgeon or dentist to exercise his/her professional judgment and assess the risks incident to and choose the necessary treatment from any available alternatives and to render such care and perform such treatment as he in his professional judgment determines to be necessary for the health and safety of the above named minor.

Parent/Guardian Signature: _____ Date: _____

Emergency Contact Info:

Name _____ Relationship _____
Address _____ City _____
Home Telephone # _____ Cell # _____
Work Telephone # _____

Name _____ Relationship _____
Address _____ City _____
Home Telephone # _____ Cell # _____
Work Telephone # _____

Medical Contact Info:

Doctor Name. _____ Phone # _____
Blood Type _____ Medical Allergies _____
Date of Minor's Last Tetanus Shot: _____ Hospital Preference: _____
Medical Condition _____ Current Medications _____

- I have voluntarily provided the above contact information and authorize Crenshaw Athletic Association and its representatives to contact any of the above on my behalf in the event of an emergency.
- I choose not to furnish any emergency contact information to Crenshaw Athletic Association at this time.

Parent/Guardian Signature: _____ Date _____

Crenshaw Athletic Association
Parent Code of Conduct



I have given permission for my child to participate in Crenshaw Athletics. We have discussed the risks, commitments, and sacrifices involved and are committed to the success of the program. I understand and accept the obligations of participating, with the following in mind:

- I pledge to encourage good sportsmanship by demonstrating **positive** support for all participants, coaches, officials and any CAA event either home or away;
- I will treat all participants (players, coaches, officials/referees, spectators) with the same respect that I would want for my child;
- I pledge not to use abusive or profane language or be physically abusive toward an official or referee and understand that the penalty for doing so will be immediate removal from the game venue (1st Offense), suspension **for me and my child** from the next game (2nd Offense), or suspension **for entire family** from the CAA program for the remainder of that sport season (3rd Offense);
- I will remember that CAA is for the athletes and not for the adult. I will not use the coaches as a babysitting service and will supervise any children I bring to the field for practices, games or events;
- I will conduct myself in ways that reflect positively on CAA and bring credit to our program;
- I understand that the coaches will place and play my child as they deem best for both the team and my child's ability. I will accept and not interfere with their decisions;
- I will respect my child's coaches and do my best to have my child at all practices, games, and activities on time. I will recognize the importance of volunteer coaches to the success of the program and the growth of my child and will support them as best I can;
- I will support our team, and all those who volunteer to run the CAA programs, as they strive to give my child a positive experience. I will volunteer when I can and understand that I will be asked to participate in activities such as providing occasional snacks/drinks or assist in fundraising efforts such as working the concession stand at games.

I give my permission to the Crenshaw Athletic Association to use my child's pictures or likeness which may be taken at any activity or event for use in advertising, promotional materials, website displays, or publications.

I understand that the CAA will use email to contact me regarding practice or game changes, helpful information, and team updates in general. I can be reached at the following email address(es):

Email Address: _____ registered under the name of _____
Email Address: _____ registered under the name of _____
Email Address: _____ registered under the name of _____

Child's Name _____ Sport: _____

Parent/Guardian Signature: _____ Date _____

Chesterfield County Parks and Recreation **Parents Code of Conduct**

The Chesterfield County Parks and Recreation Advisory Commission has adopted the following code of conduct as a result of its concerns for good sportsmanship in cosponsored youth activities. Youth sports can be used as an opportunity for young people to learn how to engage in healthy competition while maintaining respect for their opponents. All parties to athletic competitions should adhere to the highest standards of positive support for the contestants. By participating in Chesterfield County Youth Sport Programs, all parties must abide by the **Code of Conduct**. Violations may result in the loss of privileges at county facilities.

I (and my guests) will be a positive role model for my children and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or sporting event.

I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player or parent, such as booing and taunting, refusing to shake hands or using profane language or gestures.

I will respect the officials and their authority. I will refrain from questioning, discussing or confronting coaches during the game, and will take time to speak with the officials or coaches at an agreed upon time and place.

I will remember that children participate to have fun and that the game is for the youths, not the adults.

I will demand a sports environment for my child that is free from drugs and alcohol and will refrain from their use at all youth sports events.

I realize that the purpose of my attendance is to observe a contest and support recreation activities, not a license to verbally assault others or be generally obnoxious.

I will respect the athletic facility in which I am visiting and will not damage or deface park or school property.

I have read and understand the code of conduct and consent to abide by all listed terms.

Signature _____ **Date** _____