

# 2017 PORTER RIDGE MIDDLE SCHOOL FOOTBALL CHEERLEADING RULES AND GUIDELINES

[www.porterridgeabc.com](http://www.porterridgeabc.com)

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## Requirements for Cheerleaders:

- a. Cheerleading is a COMMITMENT. Any absences from practice and games must be approved by the coach. Excused absences are explained below.
- b. Each cheerleader must be willing to follow the rules and guidelines set forth and obey the direction of the coaches and captain/co-captains during practices and games.

## Selection and Duties of the Captain and Co-Captain:

- a. Each squad will have Captains. The Coach will decide how they are selected.
- b. Duties of the Captain and Co-Captain:
  1. Must follow the instructions of the coaches.
  2. They must not show partiality.
  3. Must be at practice before starting time and be prepared to start practices on time.
  4. Select cheers and chants to use at games (and practices) while other squad members may offer suggestions at practices and PRIOR to game time. Coaches have final discretion on any cheers, stunts, dance music, etc.

## Uniforms:

- a. Each cheerleader must be willing to rent and maintain her uniform.
- b. Uniforms are to be worn only when cheering or acting as a representative of the school unless pre-approved by the coaches and Booster Club.
- c. Coaches will inform the squad what should be worn on Fridays before game day. Anytime the uniform is going to be worn during the school day, the long black pants must be worn underneath to abide by PRMS dress code rules.
- d. NO JEWELRY is allowed on Game day or practices. When wearing the uniform to school or other school related activity, only a watch and post earrings may be worn but absolutely no jewelry on game day or practices!
- e. Each cheerleader should keep her appearance neat and clean. Hair should be pulled up at all times during games and practices due to stunting and safety.
- f. Cheerleaders will not wear excessive make-up. Cheerleaders may not have body graffiti written on them (gel pen markers, ink, etc.) while in uniform.
- g. Cheerleaders will need to have short fingernails during the cheering season for safety reasons. Only clear nail polish with white tips may be used while in uniform – NO FAKE NAILS.
- h. Clothes worn for cheer practice: Shorts must be fingertip length, no rolled shorts allowed! Shirts may be sleeveless but must meet school dress code requirement of 3 adult finger width straps. Compression shorts are not allowed by themselves. They can be worn under other shorts, and are encouraged to be worn under shorts if you are a flyer.
- i. **The correct and complete uniform must be worn to school and ballgames! No exceptions!** The only items that should be worn to games are those that were issued as part of your uniform. Any other hair ribbons, bloomers, jackets, etc. must be approved by the coaching staff.

## Practice Sessions:

- a. Weekly practices will take place on Tuesday and Thursday afternoons from 4pm-6pm after school when the school year begins (unless you are notified by the coach).
- b. Each cheerleader must be on time for practice and attend the entire practice unless approved by the coaches. If practice is missed, it is your responsibility to learn any new cheers, etc. before the next practice or game.
- c. Excused absence from practice or games constitutes illness, family death, extenuating circumstances or a school affiliated event.
- d. Any medical or dental appointments, other than illness or emergency, should be scheduled at times other than the scheduled practice or games.
- e. **Parents are not allowed to stay for Open Gym or after school practices!**
- f. **Coaches may call additional required practices as deemed necessary after August 1st.**

## Games:

- a. Cheerleaders should arrive **READY to cheer 45 minutes prior to game time.**
- b. Transportation to and from games is the responsibility of the parent or guardian.
- c. Cheerleaders will maintain dignity at all time and remember that they are representing PRMS and the Athletic Booster Club.
- d. Cheerleaders will not display undesirable emotions, such as crying, anger, loudness, rage, etc. at any time while in uniform.
- e. Cheerleaders will not shout at game officials at any time.
- f. All cheerleaders must display good sportsmanship at all times.
- g. Cheerleaders will cheer during various types of weather. You will cheer if the football players are on the field playing. (Additional clothing to be worn with uniforms during cold or rainy weather will be discussed by the coaches.)
- h. Cheerleaders will follow the direction of the Captain and Co-Captain at all times during the games. **Cheerleaders may request a certain cheer or dance prior to game time, however, during the game, the Captain and Co-Captain are the only ones calling the cheers and dances and everyone must follow their lead without argument.**
- i. Cheerleaders are not allowed to leave their positions or squad to converse with spectators, friends, etc. during game times.
- j. There will be no eating or drinking refreshments during game time. Water bottles are required. Coaches will instruct on proper break times.
- k. Excused absence from a game constitutes illness, death in the family, extenuating circumstances, or a school affiliated event. Coaches should be notified as soon as possible regarding any absence.
- l. A parent should provide a physician note for any long term illness or any other situation requiring the cheerleader to miss or sit out of more than one game or practice.

## Safety:

- a. Safety should be top priority at all times!
- b. The squad will do all things as a unit at practices and games.
- c. Cheerleaders should never leave the football stadium area without a parent or coach.
- d. Coaches need to be notified by a parent or guardian prior to games and practices of someone other than the parent or guardian is picking up the cheerleader.
- e. Coaches have final discretion on all stunts. Stunting is very serious and will only be performed by the cheerleaders that demonstrate they understand the seriousness of the activity. There is some risk of injury with stunting. Stunting will only be allowed under the supervision of a coach. **Any cheerleader stunting without supervision will be subject to demerits and possible suspension from a game.**

## General Behavior:

- a. Each cheerleader is representing Porter Ridge Athletic Booster Club and PRMS at all times.
- b. Any cheerleader who smokes, drinks, or uses illegal drugs at any time will be IMMEDIATELY removed from the squad.
- c. Any cheerleader who uses Social Media to share pictures, videos, tweets or links to posts that include extreme profanity or any type of pornography will be IMMEDIATELY removed from the squad.
- d. Cheerleader will not use profanity or obscene language during practice, games or at any time while representing Porter Ridge Athletic Booster Club.
- e. All PRMS Cheerleaders are a representative of PRMS and Porter Ridge Athletic Booster Club, knowing that it is required that at all times you show respect and dignity for yourself and others at all times. This includes on any Social Media sites you may have.
- f. No public display of affection at any time while in uniform.
- g. Must show respect to coaches, Captains and all other squad members.
- h. Must follow game behavior guidelines as referenced above.
- i. Coaches have the authority to use demerits to assure that all cheerleaders abide by the rules and guidelines set forth. Captains and Co-Captains are not allowed to issue demerits.

### DEMERIT SYSTEM

Undesirable Behavior	1
Including but not limited to:	
Use of a cell phone during practice without coach's consent	
Not bringing water to practice	
Violation of uniform and or practice dress rules	
Failure to Abide by safety guidelines	2-5
Out of uniform at school	1
Out of uniform at game	2
Unexcused absence from game	4
Unexcused absence from practice or camp	2
Tardiness and/or leaving early from practice or game	1
Includes not being ready at 4:00 – water, dressed out, ready to practice	
Behavior not indicative of a school role model – determined by Coach/Commissioner at the time of the infraction	
Inappropriate Social Media – Coaches and/or Commissioner will issue demerits depending on the severity of the infraction. It may result it sitting out a game or dismissal from squad.	

Cheerleaders receiving 5 demerits will be suspended for one game. Anyone receiving 10 demerits will be dismissed from the squad. Any cheerleader suspended from cheering at a game must wear their uniform and sit with the coaches

**Please return the signed portion to your coach as soon as possible.  
Please keep the Rules and Guidelines for your reference.**

### FORMS Required for Tryouts:

- Physical Form
- Insurance Form
- Concussion Form
- Emergency Contact Form
- Rules and Guidelines Agreement

We have read and understand the Porter Ridge Middle School Football Cheerleading Rules and Guidelines. We agree to abide by these rules and guidelines.

Cheerleaders Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Cheerleaders Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# NORTH CAROLINA HIGH SCHOOL ATHLETIC ASSOCIATION SPORT PREPARTICIPATION EXAMINATION FORM

Patient's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

***This is a screening examination for participation in sports. This does not substitute for a comprehensive examination with your child's regular physician where important preventive health information can be covered.***

**Athlete's Directions:** Please review all questions with your parent or legal custodian and answer them to the best of your knowledge.

**Parent's Directions:** Please assure that all questions are answered to the best of your knowledge. If you do not understand or don't know the answer to a question please ask your doctor. Not disclosing accurate information may put your child at risk during sports activity.

**Physician's Directions:** We recommend carefully reviewing these questions and clarifying any positive or Don't Know answers.

Explain "Yes" answers below	Yes	No	Don't know
1. Does the athlete have any chronic medical illnesses [diabetes, asthma (exercise asthma), kidney problems, etc.]? List: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the athlete presently taking any medications or pills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the athlete have any allergies (medicine, bees or other stinging insects, latex)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the athlete have the sickle cell trait?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the athlete ever had a head injury, been knocked out, or had a concussion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Has the athlete ever had a heat injury (heat stroke) or severe muscle cramps with activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has the athlete ever passed out or nearly passed out DURING exercise, emotion or startle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Has the athlete ever fainted or passed out AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has the athlete had extreme fatigue (been really tired) with exercise (different from other children)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Has the athlete ever had trouble breathing during exercise, or a cough with exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Has the athlete ever been diagnosed with exercise-induced asthma ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Has a doctor ever told the athlete that they have high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Has a doctor ever told the athlete that they have a heart infection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Has a doctor ever ordered an EKG or other test for the athlete's heart, or has the athlete ever been told they have a murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Has the athlete ever had discomfort, pain, or pressure in his chest during or after exercise or complained of their heart "racing" or "skipping beats"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Has the athlete ever had a seizure or been diagnosed with an unexplained seizure problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Has the athlete ever had a stinger, burner or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Has the athlete ever had any problems with their eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Has the athlete ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injury of any bones or joints? <input type="checkbox"/> Head <input type="checkbox"/> Shoulder <input type="checkbox"/> Thigh <input type="checkbox"/> Neck <input type="checkbox"/> Elbow <input type="checkbox"/> Knee <input type="checkbox"/> Chest <input type="checkbox"/> Hip <input type="checkbox"/> Forearm <input type="checkbox"/> Shin/calf <input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Ankle <input type="checkbox"/> Hand <input type="checkbox"/> Foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Has the athlete ever had an eating disorder, or do you have any concerns about your eating habits or weight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Has the athlete ever been hospitalized or had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Has the athlete had/been: 1. Little interest or pleasure in doing things; 2. Feeling down, depressed, or hopeless for more than 2 weeks in a row; 3. Feeling bad about himself/herself that they are a failure, or let their family down; 4. Thoughts that he/she would be better off dead or hurting themselves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Has the athlete had a medical problem or injury since their last evaluation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>FAMILY HISTORY</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Has any family member had a sudden, unexpected death before age 50 (including from sudden infant death syndrome [SIDS], car accident, drowning)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Has any family member had unexplained heart attacks, fainting or seizures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Does the athlete have a father, mother or brother with sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Elaborate on any positive (yes) answers:** \_\_\_\_\_

**If additional space is needed attach a separate sheet**

***By signing below I agree that I have reviewed and answered each question above. Every question is answered completely and is correct to the best of my knowledge. Furthermore, as parent or legal custodian, I give consent for this examination and give permission for my child to participate in sports.***

Signature of parent/legal custodian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Athlete: \_\_\_\_\_ Date: \_\_\_\_\_ Phone #: \_\_\_\_\_

Athlete's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ BP \_\_\_\_\_ ( \_\_\_\_\_ % ile) / \_\_\_\_\_ ( \_\_\_\_\_ % ile) Pulse \_\_\_\_\_

Vision R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected: Y N

***Physical Examination (Below Must be Completed by Licensed Physician, Nurse Practitioner or Physician Assistant)***

These are required elements for all examinations			
	NORMAL	ABNORMAL	ABNORMAL FINDINGS
PULSES			
HEART			
LUNGS			
SKIN			
NECK/BACK			
SHOULDER			
KNEE			
ANKLE/FOOT			
Other Orthopedic Problems			

**Optional Examination Elements – Should be done if history indicates**

HEENT			
ABDOMINAL			
GENITALIA (MALES)			
HERNIA (MALES)			

- Clearance:
- A. Cleared
  - B. Cleared after completing evaluation/rehabilitation for : \_\_\_\_\_
  - \*\*\* C. Medical Waiver Form must be attached (for the condition of: \_\_\_\_\_)
  - D. Not cleared for:  Collision  Contact  
 Non-contact \_\_\_\_\_ Strenuous \_\_\_\_\_ Moderately strenuous \_\_\_\_\_ Non-strenuous

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

Additional Recommendations/Rehab Instructions: \_\_\_\_\_

Name of Physician/Extender: \_\_\_\_\_

Signature of Physician/Extender \_\_\_\_\_ MD DO PA NP

(Signature and circle of designated degree required)

Date of exam: \_\_\_\_\_

Address: \_\_\_\_\_

Phone \_\_\_\_\_

Physician Office Stamp:
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(\*\*\* The following are considered disqualifying until appropriate medical and parental releases are obtained: post-operative clearance, acute infections, obvious growth retardation, uncontrolled diabetes, severe visual or auditory impairment, pulmonary insufficiency, organic heart disease or Stage 2 hypertension, enlarged liver or spleen, a chronic musculoskeletal condition that limits ability for safe exercise/sport (i.e. Klippel-Feil anomaly, Sprengel's deformity), history of uncontrolled seizures, absence of/ or one kidney, eye, testicle or ovary, etc.)

This form is approved by the North Carolina High School Athletic Association Sports Medicine Advisory Committee and the NCHSAA Board of Directors.

**IMPORTANT: THIS NOTIFICATION MUST BE SIGNED AND RETURNED BEFORE  
YOUR SON/DAUGHTER CAN PARTICIPATE IN THIS PROGRAM**

TO: Parents of Students Participating in Athletics

DATE: \_\_\_\_\_

SUBJECT: STUDENT INSURANCE

SCHOOL: \_Porter Ridge High School\_\_\_\_\_

SPORT: \_\_\_ALL SPORTS\_\_\_

The Union County Board of Education requires that the student insurance offered will be compulsory for all students participating in junior and senior high school athletics unless a notarized insurance waiver form is signed by the parent indicating adequate personal insurance and releasing the Board of Education and its employees from responsibility for any claim due to injuries received while participating in a school sponsored athletic program. Please be sure that you understand the following before deciding whether to permit your son or daughter to participate:

1. There are limitations in the Student Accident Insurance coverage. It will not always pay all charges for every accident. Read the description of the current Student Accident Insurance carefully and be sure that you understand it.
2. Neither the Board of Education nor any of its employees will assume responsibility for claims resulting from injury to your child while he/she is participating in this program. This means that you will have to pay for any necessary medical treatment not covered by the Student Accident Insurance or any personal insurance coverage that you might have.

In view of this Board policy and the current Student Accident Insurance coverage, I wish to proceed as follows (check one, sign, No. 2 must have notary signature, and return promptly):

1. \_\_\_\_\_ I have purchased Student Accident Insurance online. I understand that I am responsible for payment for any charges not covered by this policy.
2. \_\_\_\_\_ I have adequate personal insurance and release the Board of Education and its employees from any responsibility in this matter.

SIGNED (Parent or Legal Guardian): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

STUDENT'S FULL NAME \_\_\_\_\_

DATE: \_\_\_\_\_

(if Item No. 2 is checked, the following must be completed)

I, \_\_\_\_\_, a Notary Public of \_\_\_\_\_ County and State of \_\_\_\_\_ do certify that \_\_\_\_\_ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

Each player must also receive a MEDICAL EXAMINATION by a physician licensed to practice medicine each calendar year (once every 365 days) in order to be eligible for practice or participation in interscholastic athletic contest. This verification must be in hands of Athletic Director **PRIOR** to participation.

## Gfeller–Waller NCHSAA Student–Athlete & Parent/Legal Custodian Concussion Information Sheet

**What is a concussion?** A concussion is an injury to the brain caused by a direct or indirect blow to the head. It results in your brain not working as it should. It may or may not cause you to black out or pass out. It can happen to you from a fall, a hit to the head, or a hit to the body that causes your head and your brain to move quickly back and forth.

**How do I know if I have a concussion?** There are many signs and symptoms that you may have following a concussion. A concussion can affect your thinking, the way your body feels, your mood, or your sleep. Here is what to look for:

Thinking/Remembering	Physical	Emotional/Mood	Sleep
Difficulty thinking clearly	Headache	Irritability-things bother you more easily	Sleeping more than usual
Taking longer to figure things out	Fuzzy or blurry vision	Sadness	Sleeping less than usual
Difficulty concentrating	Feeling sick to your stomach/queasy	Being more moody	Trouble falling asleep
Difficulty remembering new information	Vomiting/throwing up	Feeling nervous or worried	Feeling tired
	Dizziness	Crying more	
	Balance problems		
	Sensitivity to noise or light		

*Table is adapted from the Centers for Disease Control and Prevention (<http://www.cdc.gov/concussion/>)*

**What should I do if I think I have a concussion?** If you are having any of the signs or symptoms listed above, you should tell your parents, coach, athletic trainer or school nurse so they can get you the help you need. If a parent notices these symptoms, they should inform the school nurse or athletic trainer.

**When should I be particularly concerned?** If you have a headache that gets worse over time, you are unable to control your body, you throw up repeatedly or feel more and more sick to your stomach, or your words are coming out funny/slurred, you should let an adult like your parent or coach or teacher know right away, so they can get you the help you need before things get any worse.

**What are some of the problems that may affect me after a concussion?** You may have trouble in some of your classes at school or even with activities at home. If you continue to play or return to play too early with a concussion, you may have long term trouble remembering things or paying attention, headaches may last a long time, or personality changes can occur. Once you have a concussion, you are more likely to have another concussion.

**How do I know when it's ok to return to physical activity and my sport after a concussion?** After telling your coach, your parents, and any medical personnel around that you think you have a concussion, you will probably be seen by a doctor trained in helping people with concussions. Your school and your parents can help you decide who is best to treat you and help to make the decision on when you should return to activity/play or practice. Your school will have a policy in place for how to treat concussions. You should not return to play or practice on the same day as your suspected concussion.

***You should not have any symptoms at rest or during/after activity when you return to play, as this is a sign your brain has not recovered from the injury.***

*This information is provided to you by the UNC Matthew Gfeller Sport-Related TBI Research Center, North Carolina Medical Society, North Carolina Athletic Trainers' Association, Brain Injury Association of North Carolina, North Carolina Neuropsychological Society, and North Carolina High School Athletic Association.*

## Gfeller-Waller NCHSAA Student-Athlete & Parent/Legal Custodian Concussion Statement Form

Instructions: The student athlete and his/her parent or legal custodian, must initial beside each statement acknowledging that they have read and understand the corresponding statement. The student-athlete should initial in the left column and the parent or legal custodian should initial in the right column. Some statements are applicable only to the student-athlete and should only be initialed by the student-athlete. This form must be completed for each student-athlete, even if there are multiple student-athletes in the household.

Student-Athlete Name: (please print) \_\_\_\_\_

Parent/Legal Custodian Name(s): (please print) \_\_\_\_\_

Student-Athlete Initials		Parent/Legal Custodian(s) Initials
	A concussion is a brain injury, which should be reported to my parent(s) or legal custodian(s), my or my child's coach(es), or a medical professional if one is available.	
	A concussion cannot be "seen." Some signs and symptoms might be present immediately; however, other symptoms can appear hours or days after an injury.	
	I will tell my parents, my coach and/or a medical professional about my injuries and illnesses.	Not Applicable
	If I think a teammate has a concussion, I should tell my coach(es), parent(s)/ legal custodian(s) or medical professional about the concussion.	Not Applicable
	I, or my child, will not return to play in a game or practice if a hit to my, or my child's, head or body causes any concussion-related symptoms.	
	I, or my child, will need written permission from a medical professional trained in concussion management to return to play or practice after a concussion.	
	Based on the latest data, most concussions take days or weeks to get better. A concussion may not go away, right away. I realize that resolution from a concussion is a process that may require more than one medical visit.	
	I realize that ER/Urgent Care physicians will not provide clearance to return to play or practice, if seen immediately or shortly after the injury.	
	After a concussion, the brain needs time to heal. I understand that I or my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before concussion symptoms go away.	
	Sometimes, repeat concussions can cause serious and long-lasting problems.	
	I have read the concussion symptoms listed on the Student-Athlete/ Parent Legal Custodian Concussion Information Sheet.	
	I have asked an adult and/or medical professional to explain any information contained in the Student-Athlete & Parent Concussion Statement Form or Information Sheet that I do not understand.	

**By signing below, we agree that we have read and understand the information contained in the Student-Athlete & Parent/Legal Custodian Concussion Statement Form, and have initialed appropriately beside each statement.**

\_\_\_\_\_  
Signature of Student-Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Custodian

\_\_\_\_\_  
Date

# SOCIAL MEDIA

Social Media is here to stay. We have realized the younger the athlete, the more objectionable their Social Media is. The biggest problems we are seeing with Middle School Athletes are language and nudity.

**PRMS Cheer is adopting a “NO TOLERANCE” Policy when it comes to Social Media.** There is no way we can keep up with all of avenues of Social Media they have. We watch what we can, when we can. If it is something that we think needs to come down, we will contact you. If it is bad enough we will contact you to give demerits, have you sit out a game, or dismiss you from the squad.

In years past, we have been focused on what has been posted during season. This is no more. What you post off season may have an effect on you making a squad. You will not be given a warning that your Social Media is too inappropriate, you simply will not be on the squad. If you question whether you should post it, then the answer is probably no.

We monitor for a couple of reasons. First, to make sure our school, cheer program and athletes are being showcased in the best light. Second, to ward off potential situations which may get them in trouble with the school or worse, the law. If you are trying to open new accounts or blocking your parents, coaches etc from your Social Media, you may want to reevaluate what your goal is. We are not the enemy.

PARENTS: We hear way too often, I don't have this type of Social Media, or that. We cannot be responsible for making sure your athlete's Social Media is OK. We help where we can, but there is way too much. It takes less than 3 minutes to set up accounts for most Social Media Sites. It takes less than 10 minutes a day to monitor your athlete's daily activity. If the school system or law finds something that requires them to get involved, it is too late.

Social Media Venues that are currently Popular:

Twitter  
Vine

Instagram  
YouTube

Snapchat  
Tumblr

Social Media not Popular, but many have:

Facebook

Google+

Items you need to avoid:

Profanity –written, liked, retweeted ( watch the Names and twitter addresses). Spoken in videos. Any abbreviation of a phrase that contains profanity. If you are using an abbreviation and the letter “f” is in it, you will not convince us you are talking about fudge. “Flipping the Bird” is profanity

References or pictures or videos of drugs, alcohol, sexual acts (includes emojis)

Defamatory statements about just about any one: students, parents, teachers, coaches, administration, the School, etc

Any sort of slur: Racial, Sexual Orientation, Gender, Religious, Occupation etc

Nudity of anyone: includes pictures of men and women with their clothes below or above where it would hit if they were wearing them correctly. I.E. Shirtless guys with their pants to pulled down to “right there”. Of course they are attractive, we wouldn’t want to see the picture otherwise.

**Items that will get our immediate attention:**

- Any extreme profanity or pornography either posted, “liked”, “favorited” or “shared” in any way will result in immediate dismissal from any and all teams. You are role models for every student in the Porter Ridge Cluster. Do not encourage younger children younger to promote such things either. If you see objectionable material, report directly to the school or coaching staff.
- Any negative posting to Social Media about a particular person will result in Demerits and may result in dismissal. This includes “likes” “favorites” or “shares”. If it is a subtweet, but obvious who it is, this rule applies.
- Any negative posting specifically directed at a student, fellow athlete, teacher, coach, employee of the school, volunteer of the school, parent, administration, PRHS, or UCPS.
- Any post that would be considered poor sportsmanship.

For Example: We are going to Beat SV! (acceptable) SV Football Sucks (Unacceptable)

**BOTTOM LINE**

**Be Smart – Do not post anything that you think might be questionable. Being an athlete at Porter Ridge is a privilege. Do not jeopardize your opportunity to be an athlete with your Social Media.**

ATHLETES:

My Social Media is a reflection of me, my squad, Porter Ridge Middle School and Union County Public Schools.

I have read and understand the Social Media expectations for Porter Ridge Cheer. I know that what I post off season may affect my making the squad. I also know that what I post in season may cause me to be dismissed from the squad.

---

Athlete Name

---

Athlete Signature

---

Date

PARENTS:

I have read and understand the Social Media expectations as it pertain to my child participating in Porter Ridge Cheer. I understand what my child posts off season may affect them making the squad. I also know what they post in season may cause them to be dismissed from the squad.

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Parent Name

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Parent Signature

---

Date

# Information for Middle School Tryouts

Schedule for Tryouts – all days are Mandatory (if cannot make part of a session you cannot tryout):

Monday July 31 3:00pm – 6:00pm – wear normal practice wear

Tuesday Aug 1 3:00pm - 5:00pm – wear normal practice wear

Wednesday Aug 2 – 4:00-6:00pm TRYOUT DAY

Hair must be up in ponytail – white shirt, black shorts – running or soffee -  
NO NIKE PROS (can have white trim – but no gym affiliations on it i.e.  
Charlotte Allstars, Cheer Extreme) no jewelry, no fingernail polish. Once  
you tryout you are free to leave.

Results will be posted at [porterridgeabc.com](http://porterridgeabc.com) by 9:30 pm Wednesday Aug 2  
Under Fall Sports -> PRMS Cheer Page

\*\*\*\* THIS HAS CHANGED Please see new info below \*\*\*\*

If you are selected for a squad – there is a **mandatory parent/athlete meeting on  
Thursday Aug 3 at 7:00pm –place TBD.**

If you make a team or team(s) **all spirit wear must be purchased no later than  
Aug 4.**

We will give you info on how to order at the parent meeting or you can check  
online at [www.porterridgeabc.com](http://www.porterridgeabc.com) -> Fall Sports -> PRMS Cheer Also follow us on  
Facebook – Porter Ridge Cheer