

Crenshaw Cardinals Parent Information

Facebook, emails and the team App is essential to keeping yourself up to date on all events and changes within the association and your team. Everything you see here is subject to change.

PRACTICE TIMES & WEATHER:

- 📌 Communication is done primarily through Facebook or the team app. We are always very in tune to the weather during practice days and game days.
- 📌 All of the directors/coaches work full time jobs so the app or text is an easier way to communicate if you need something outside of practice. You can ask your coach which they prefer.
- 📌 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. (A water bottle is now required for every practice & game.)
- 📌 Tuesday & Thursday from 6:30pm-7:30pm are practice days (this is subject to change depending on parks & rec availability). Please make sure your child uses the facilities prior to practice, has water and a towel for stretches. Additional practices may be added (per coach's discretion). During practice, parents drop off their child with their coach or one of the directors to check-in for practice and return at the end of practice or stay in your vehicle for the duration of practice. Children will not be released from practice UNTIL a parent is present and checks out with their child's coach.
- 📌 No parents are allowed on the field during the duration of practice; practices are closed practices no matter what.
- 📌 First practice is 07/26/2022 from 6:30pm-7:30pm at Crenshaw Elementary. *Practice will run until 8pm for Minors, Jr's & Sr's games as we get closer to competition time.

ATTENDANCE:

- 📌 If you are going to miss ANY practice, please contact your coach ASAP.
- 📌 Not knowing if our cheerleaders are going to be at practice or not creates confusion not only with the coaches, but for the cheerleaders as well because the routine has to be practiced differently then what it is supposed to be. 📌 Each cheerleader is allowed **4 unexcused** absences from practices, games and events. If your child reaches the four absences they will be removed from participating in the next game after the 4th absence. Each absence after the fourth one will result in suspension from competition. Parents and cheerleaders will have to sign an attendance form at the time of registration.

PAYMENTS, DEADLINES:

- 📌 Registration/Uniform fees are required at the time of sign up. This ensures that the uniforms are ordered in a timely fashion.
- 📌 There is a registration fee of \$120.00 per athlete for the registration fees. \$155.00 for the uniform.

DRESS CODE:

Practice: Tee-shirt or tank top, Shorts (appropriate length) leggings or sweatpants. No PJ pants allowed unless the coach plans a special event. Sports bras can not be worn alone. They must be covered by a tank top or tee shirt. Any color tennis shoes must be worn to practice. No other footwear is acceptable. Please try to have the child's hair out of their face in a ponytail, bun, braid(s) or clipped back.

Games: Cheer uniform which consists of top, bottom, long sleeve crop top & shorts. (parents will be notified before games when the crop top is required to be worn) Cheer Bow is to be worn at all games. Coaches will notify which bow parents which bow is to be worn. White Cheer shoes with white no show white socks. When the weather is cold we understand that the child may need to wear a jacket and or leggings underneath the uniform. This year we are requiring that they wear a black, red or white jacket. If leggings are worn then they should be black. No athletic pants, sweatpants or PJ pants for games. Pom Pom's are included in this year's uniform package - they are to be brought to every game.

*If the dress code is violated you will be asked to leave or sit out practice, game or competition.

*If you lose an item there will be a charge for replacement this year. If your child's bow breaks please see Mandy for repairs.

FUNDRAISERS: Fundraisers are TBA.

****Any information on this page is subject to change. Please continue to check emails, the team app, & Facebook for updates.**All of your cheerleading coaches have passed a background check through Chesterfield County as well as mandatory Concussion**

training through the CDC. **Any additional questions can be answered via e-mail @ caacheerlife@gmail.com or via text to Mandy (Director) 804.928.4043 or Ryann (Assistant Director & VP of CAA) 804.677.5303

Crenshaw Cheerleading Registration

Year _____

Player Name: _____ Date of Birth: _____

Home Phone: _____ Squad (check one):

- Wiggler/Flag (5,6 & 7)
- Minor (8 & 9)
- Junior (10 & 11)
- Senior (12, 13, & 14)

Street Address: _____ City: _____

Zip: _____ Home School: _____

Parent's Name: _____ Cell Phone: _____

Email Address:

_____ Parent's

Name: _____ Cell Phone: _____ Email

Address: _____

I would like to help with: _____ Coaching _____ Team Mom _____ Special Events

Food Allergies: _____ No _____ Yes; If Yes, please list _____

T-shirt Size: _____

I, _____, the parent(s)/guardian of _____
Agree information above is correct and the best way to contact regarding changes in practices, games, competitions, etc.

Parent/Guardian Signature: _____



CAA 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# _____ Cell # _____
Work # _____

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

Medical Contact Info:

Doctor Name. _____ Phone # _____ Blood Type _____
Medical Allergies _____ Date of Minor's Last Tetanus _____
Shot: _____ Hospital Preference: _____
Any 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
CHEERLEADING SCHOOL POLICY*

I understand as the Parent, Cheerleader and/or Legal Guardian of _____ that my child(ren) will maintain a C average throughout the school year. Every report card will be presented to the cheer director for confirmation of grades in order to continue to cheer. It is our responsibility as the cheerleaders, the parents, & the volunteers involved that we are putting education first and outside activities second.

I understand that the cheerleader is to maintain this average throughout the season/school year and not abiding by these rules will result in the cheerleader being removed from participating in the next TWO games after that report card. If the grades are not brought up to standards by the next report card the cheerleader will be removed from participation in all competitions going forward.

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 Athletic Association Picture Release and Contact Information

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(s):

Email Address: _____
Registered under the name of _____
Email Address: _____
Registered under the name of _____
Child's Name _____
Sport: _____

Parent/Guardian Signature: _____ Date _____

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)

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 respect at all times; ■ I pledge not to use abusive or profane language or be physically abusive toward anyone 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 assisting in fundraising efforts.
- I fully understand that all comments made on/off the field/gym should only be positive. I understand that if I am caught talking negatively about the association, my teammates, parents or coaches/directors that I may be required to leave practice/games/competition or be removed completely from the program.

Player Signature: _____ Date _____

Parent/Guardian Signature: _____ Date _____

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: (____) _____ Business Phone: (____) _____

If this person cannot be reached, please contact: _____

Relationship: _____ Home Phone: (____) _____ 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 the 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