Welcome 2016-2017 Tulpehocken Jr. High Cheerleaders!

My name is Dominique Alspaugh, but most people call me Nikki! I am a graduate of Tulpehocken and I’m currently a dental assistant at Mangat Family Dentistry. I was a gymnast for 7 years and a cheerleader for 9. I cheered at Conrad Weiser before cheering for Tulpehocken in 7th grade. My senior year, I was the captain for both fall and winter seasons and was on an all-star squad. I am an All American cheerleader and got offered to do UCA my senior year. Although this will be my first year coaching, I am confident that we can work together to make this season successful! I hope you girls are as excited as I am for this coming season!

**Rules/Regulations**

* No jewelry may be worn for any practice or games.
* Attendance at every game or practice is required by all cheerleaders.

(exceptions: illness, death in the family, grades, doctor appointments)

* Any appointment that causes an absence from practice will require a note at least 2 days prior to that day- this gives me time to re-plan the practice schedule for that day.
* All grade requirements given by the Tulpehocken Area School District must be met. (Cheerleading is important, but your grades come first!)
* School attendance requirements by the Tulpehocken Area School District must be met. (If you do not come to school, you cannot come to practice.)
* No PDA while in uniform or at practice- Remember that you’re representing your school.
* No gum- An obvious choking hazard and distraction at practice.
* Be prepared- bring all necessary uniform or practice articles. It not only affects yourself, but it also effects your team. (example: if a flyer forgets her shoes, there is no stunting)
* Communicate with your team, coach, parents and teachers - if you’re concerned, nervous or need help with anything from cheerleading to school work, ASK FOR HELP.
* Appropriate Dress is required for all practices and games. No tank tops or spandex may be worn by themselves, but under other clothes will be acceptable.

\*\*\*Part of being on the team requires you to purchase the necessary items of the uniform. If finances are an issue, talk to me and we can work something out. Some items that may or may not be needed include: body liner, spanks, socks, sneakers and bow.

Our season will be run on a points system. If any member of the team either gets 10 points or misses 3 unexcused practices may be removed from the team.

*Point System*

Wearing jewelry- 1

Chewing Gum- 1

Being disrespectful to any person or property- 2

Being late for practice- 1

Being late for a game- 2

Forgetting any part of the uniform- 1

Complaining- 1

Unexcused absence (did not give 2 days’ notice)- 2

**Purpose**

* Promoting school Spirit
* Team work
* Improving physical fitness

**Goals**

* Fun (and friendships, too!)
* Fitness (be ready to exercise!)
* To reach your personal AND team goals!
* To become a stronger and closer squad!

*CONTACT INFORMATION:*

**Cell:** 717-639-1336

**Email:** [dominiquealspaugh@gmail.com](mailto:dominiquealspaugh@gmail.com)

**CHEERLEADER RULES & REGULATIONS CONFIRMATION**

I, the student has read the Tulpehocken Jr. High cheerleading rules and regulations carefully and thoroughly. I agree to fully abide by the rules stated in the rules and regulations at all times. I understand the responsibilities of being a Tulpehocken cheerleader and will do my best to uphold the high standards of the squad. I will accept the decisions of the coach and the administration as well.

Cheerleader’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the parent, has read the Tulpehocken Jr. High cheerleading rules and regulations carefully and thoroughly. I agree to help my child comply with all policies, rules and regulations set forth. I understand the responsibilities of being a Tulpehocken cheerleader and will abide by the decisions of the coach and the administration as well.

Parent’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FIRST AID INFORMATION**

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents Names \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies to medications \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any known allergies or conditions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact if parents cannot be reached:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_

I GIVE PERMISSION FOR COACHES OR ADMINISTRATION TO TAKE MY CHILD TO THE EMERGENCY ROOM IF THE NEED ARISES.

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_