

Pep Squad Handbook  
2018-2019  
WoodCreek Jr. High

# Dear Prospective WCJH Pep Squad Parents:

Your child has indicated an interest in becoming a member of the WoodCreek Junior High School Pep Squad for the 2018-2019 school year. Please review the following requirements with your child. After reviewing the requirements, both parent and student should sign the code of conduct form, the consent form, consent to emergency treatment form, Katy ISD Waiver form and the T-shirt order form. All forms and money must be received no later than Wednesday, September 5th, 2018 by 3:55 pm to Mrs. Berand in room 2026 or Ms. Worley in room 2024. There will be a mandatory parent meeting held in the LGI starting at **5:00 pm on Wednesday, August 29th.** We will go over our season schedule and expectations at that time.

## What is Pep Squad?

Pep Squad is a school spirit organization with the purpose of promoting school spirit by participating at athletic events. As recognized school leaders, Pep Squad members are expected to be positive role models at school and in their community. Any boy or girl interested in participating in cheerleader tryouts in the spring MUST have met their pep squad requirements (five events and good standing in academics and behavior) before being eligible for tryouts.

## Who Can Join?

Membership is open to all 6<sup>th</sup> and 7<sup>th</sup> grade boys and girls at WCJH.

## How Much?

Dues are \$50 and will be non-refundable for all members. The dues will cover the cost of the uniforms.

Please note: at any time the loss of position by a member on the squad will result in the forfeit of any dues collected previously from the squad member/parent for pep squad uniform components.

We look forward to having your child participate in pep squad for the 2018-2019 school year. Attached you will find the expectations for pep squad as well as the forms that must be completed. If you have any questions or concerns please contact us via e-mail [annasworley@katyisd.org](mailto:annasworley@katyisd.org) or [meganbberend@katyisd.org](mailto:meganbberend@katyisd.org).

Sincerely,

*Brenn Berend and Anna Worley*

Pep Squad Sponsors

# WOODCREEK JUNIOR HIGH

## PEP SQUAD RULES AND EXPECTATIONS

Please read the rules and expectations very carefully. All guidelines will be strictly enforced.

### A: Purpose

- Encouraging the spectators to become involved.
- Maintaining and promoting school spirit, loyalty and pride.
- Providing service to the team, school and community through continued support of each team.
- Encouraging and upholding of good sportsmanship on and off the field/floor.

### B: Conduct

1. Pep Squad members are expected to be school leaders at all times and to uphold the highest personal standards.
2. You must act in a respectable manner at all times, remembering that you represent WoodCreek Junior High School.
3. Pep Squad members are to practice good sportsmanship at all times, promote sportsmanship among all spectators and avoid emotional outbursts, whether the team wins or loses.
4. Be familiar with all cheers, as well as game rules and be ready to follow cheers from the cheerleaders at appropriate times.
5. You will not use CELL PHONES and/or technology, drink, eat, chew gum, comb hair, apply make-up or visit with friends during performances or games. Bathroom stops should be taken before a game or after the game.
6. Display teamwork and unity at all Pep Squad activities.
7. Follow all athletic and Pep Squad conduct rules outlined in the Katy ISD Jr. High Cheerleader Guidelines handbook.

### C: Uniforms

1. All parts of the uniform (shirt, hair accessories, etc.) shall be the same for **all** members of each squad. Hair is to be neatly groomed at all times.
2. All parts of the uniform are to be kept clean throughout the season. All cleaning and repairs will be the responsibility of each member. All squad members shall wear Pep Squad shirt and bow to ALL games.
3. Cell phones must be off and put away during game time or they will be confiscated. If you have your phone out during a game you will be asked to leave and you will not receive credit for that event.
4. When you arrive at games, at the assigned time, you **must** be dressed, fed and ready to cheer.

### D: Suspensions and Dismissal

Pep Squad members will be suspended or dismissed for one or more of the following major violations:

1. Any violation as defined in the school conduct code and/or Junior High Cheerleader handbook.
2. Use of tobacco, alcoholic beverages, or drugs at any time.
3. Use of profane or obscene language and gestures.
4. Excessive boy/girl relationships on school grounds.
5. Failure to attend practices or games.
6. Uncooperative attitude within the squad or at school.
  - a. Any problem will be discussed with coaches in private.
  - b. Concerns of any member will be solved within the group and not become a school problem.
  - c. Pep Squad members will reflect team effort rather than individual concerns.
  - d. Disrespect shown to a coach or another team member will not be acceptable and will result in disciplinary action.
  - e. Bullying another teammate or student on social media (Facebook, twitter, Instagram, etc...).
7. Unsportsmanlike behavior.
8. Leaving a game or any other event without permission.
9. Skipping a class.
10. Suspension/ISS

\*\* All suspensions and dismissals will be at the discretion and final word of the coach/advisor. Parents will be notified when a suspension or dismissal occurs.

\*\*Any school discipline policy in effect at the time that may be more restrictive will take precedence over the Pep Squad policy.

### E: Transportation

1. Pep Squad members will provide their own transportation to and from all events.
2. Pep Squad members will be picked up from events **ON TIME**. The first time you are left 10 minutes passed the pick-up time will be a warning. **The second time will be dismissal from the Squad.**

### F: Academic Requirements

1. Any Pep Squad member who receives lower than a 75 in any subject, for any grading period will be placed on Academic suspension as outlined in the Jr. High Cheerleader Handbook.

**For example:** A student accumulating two (2) or more failing grades on a report card in any class in any of the six-weeks grading periods will be dismissed from the squad.

**To be a WoodCreek Jr. High Cheerleader:** You must successfully fulfill membership in the WoodCreek Jr. High Pep-Squad. You must have an overall average of 75 in all classes as of the 4th six weeks. You must not make more than two "Ns" in conduct for any six weeks. **You must try-out for Cheerleader in the Spring, enrolling in Pep Squad DOES NOT guarantee you a spot on the Cheer squad.**

# WoodCreek Jr. High Pep Squad Constitution

## Consent Form

### Prospective Member:

I have read the constitution and fully understand the rules and regulations. I agree to abide by all the rules and regulations, if not, my position as a pep squad member may be terminated and I will forfeit the opportunity to be WoodCreek Jr. High Cheerleader.

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Student Name

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Student Signature

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Date

### Parent of Prospective Member:

I have read the constitution and fully understand the rules and regulations. I understand that my child must abide by all the rules and regulations, or his/her position as a pep squad member may be terminated, along with the opportunity to become a WoodCreek Jr. High Cheerleader.

I understand that I will have to provide transportation to and from all games and functions that will be held in Katy, TX.

I understand that there is a dues obligation of **\$50.00 to be paid when forms are turned in.** (Checks can be made out to WCJH Pep Squad).

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Parent Signature

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Date

### T-Shirt:

Circle the size of t-shirt needed (standard cotton t-shirt)

YM YL YXL AS AM AL AXL

If your shirt, bow or poms are lost you will be responsible for paying for a replacement. There are extra fees for reprinting shirts.

# Pep Squad Code of Conduct

Please review and sign after THOROUGHLY reading. This has been taken directly from the Pep Squad Handbook. Remember, your actions and leadership abilities at each event will be taken into account at you tryouts for WCJH Cheer.

## **B: Conduct**

1. Pep Squad members are expected to be school leaders at all times and to uphold the highest personal standards.
2. You must act in a respectable manner at all times, remembering that you represent WoodCreek Junior High School.
3. Pep Squad members are to practice good sportsmanship at all times, promote sportsmanship among all spectators and avoid emotional outbursts, whether the team wins or loses.
4. Be ready to follow cheers from the cheerleaders at appropriate times.
5. You will not use CELL PHONE and/or technology, drink, eat, chew gum, comb hair, apply make-up or visit with friends during performances or games. Bathroom stops should be taken before a game or after the game.

**If you have your phone out during a game you will be asked to leave and you will not receive credit for that event**

7. When you arrive at games, you must be dressed, fed, and ready to cheer.
6. Display teamwork and unity at all Pep Squad activities.

## **F: Academic Requirements**

1. Any Pep Squad member who receives lower than a 75 in any subject, for any grading period will be placed on Academic suspension as outlined in the Jr. High Cheerleader Handbook.

Also, a student accumulating two (2) or more failing grades on a report card in any class in any of the six-weeks grading periods will be dismissed from the squad.

I have read and fully understand the rules and regulations required to be a member of the WoodCreek Jr. High Pep Squad. I agree to abide by all the rules and regulations. If not, my position as a pep squad member may be terminated and I will forfeit the opportunity to be a WoodCreek Jr. High Cheerleader.

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Student Signature

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Date

# WCJH PEP SQUAD

## FOOTBALL SCHEDULE 2018

Date	Time	Location
9/10 (Mon)	6:15-7:15	@Rhodes Stadium Vs. CRJH
9/17 (Mon)	7:15-8:15	@ Tompkins HS Vs. BDJH
9/24 (Mon)	6:15-7:15	@ Katy HS Vs. KJH
10/15 (Mon)	5:15-6:15	@ Tompkins HS Vs. SLJH

\*\* You must provide your own transportation to each event. Please arrive promptly at event start time. Drop off is at the school football field listed for each game. Pick up is immediately at scheduled event end time.

\*\*Please, remember to wear your pep squad shirt and bow to all games. Also, you must bring your pom poms to all events.

\*\* Pep Squad members will be picked up from events **ON TIME**. The first time you are left 10 minutes passed the pick-up time will be a warning. The second time will be dismissal from the Squad.

\*\* If an event is cancelled or changed you will be notified on **REMIN** 101.

Katy Independent School District

## Parent Authorization to Consent to Emergency Treatment of Student

Name of Student: (Last)	(First)	(Middle)	Date of Birth (mm/dd/yyyy)	Grade Level
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As the parent(s)/guardian(s) of the above-named student, a minor, I/we do hereby authorize a Katy Independent School District staff member(s), to act as my/our agent(s), to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and/or hospital care which is deemed advisable by, and is to be rendered under, the general or special supervision of any licensed physician/surgeon, whether such diagnosis or treatment is rendered at the office of said physician/surgeon or at a hospital. Parents/guardians will be notified by the district, by the contact information below, of any treatment rendered to the student.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician/surgeon, in the exercise of his/her best judgment, may deem advisable, prior to any treatment being rendered.

I/We hereby authorize any hospital which has provided treatment to the above-named minor to surrender physical custody of such minor to the agent(s) upon completion of treatment.

It is understood that I/we must assume legal responsibility for any expenses incurred for medical treatment which may not be covered by my/our personal insurance, Medicaid, or Medicare.

Name of Father/Guardian: (Last)			(First)	(Middle)
Father's Home Phone	Father's Work Phone	Father's Cell Phone		
Name of Mother/Guardian: (Last)			(First)	(Middle)
Mother's Home Phone	Mother's Work Phone	Mother's Cell Phone		

I/We have read and understand the extent of this authorization and that it shall remain effective until the end of the current school year, from August 1, 20\_\_ through July 31, 20\_\_.

Signature of Parent/Guardian:	Date
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### Insurance Information

Name of Insured Policyholder: Last			First	Middle
Billing Address of Policyholder: Street		City	State	Zip
Insurance Company				
Group No.:			Certificate or Policy No.:	
Type of Insurance Plan				
<input type="checkbox"/> HMO	<input type="checkbox"/> PPO	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicare	<input type="checkbox"/> Other: _____

Please note my child has the following allergies/medical conditions and/or is currently taking the following medications:
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This form to be completed only if medical/health insurance is unavailable

### Katy ISD Waiver

I, the undersigned, being the individual, parent, or legally authorized guardian of \_\_\_\_\_,

agree to hold the Katy Independent School District, its Board of Trustees, Administration, and/or Faculty, harmless from all liability for any injuries which my child may receive while participating in any activities associated with the Cheerleading Squad or utilizing the Katy Independent School District facilities. I herewith authorize the Director, supervisor and/or district employee to secure medical services for any family member if necessary, and I agree to pay directly through my own personal means, all medical and/or hospital costs.

Signature or parent or legal guardian \_\_\_\_\_ Date \_\_\_\_\_

### Emergency Information

Father's place of employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Cell: \_\_\_\_\_

Mother's place of employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Cell: \_\_\_\_\_

Family physician: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Name and phone number of relative who can be contacted if parent or guardian cannot be reached:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Note: If medical/health insurance is attained during the course of the school year, please submit all information directly to the Cheerleading Sponsor as soon as possible.