Inspire Homeschool Academy
Middle School and High School Cheerleading
2026-2027 Fall Registration

HOW TO REGISTER

Fill out your paperwork and either drop off at the office OR scan and email your forms and any needed documents to the school.
EMAIL to inspirehsa@gmail.com SUBJECT LINE – "Cheerleading"
Once your paperwork is received, we will send you a secure link via Square to pay fees by credit card, or you may pay in person by check/cash.

SPORTS REGISTRATION BASICS

- There are no tryouts. We are a no-cut team. All who sign up for the team will be on the team and all get to cheer. No experience is necessary. Teams will be divided up based upon skill level. Expected to have Middle, JV and High School Cheer Squad.
- **Registration Deadline: Sept 28th**
- Cost is $400 per year
- Ages/Grades – Starting with 4th grade (or 9 years old) through 12th grades.
- You do not have to attend Inspire to play. Available Non-Inspire slots may be limited.

CHEERLEADING

Practice times 4:30-6:00, Monday and Tuesday

- **GAMES START IN OCTOBER**
- We will play both at home and away
- We play area Christian Schools and Homeschool Groups
- **We are limiting each team to 8 members this year. (MS, JV, Varsity) 24 total spots will be reserved on a first paid basis.**
- **Registration may close early if all the slots are filled early.**
- **Teams will be divided by grade and/or skill level.**

UNIFORMS: Please measure your child and make sure their measurements are on the form. Omitting this will hold up ordering uniforms. **In order to receive your uniform, you must be PAID IN FULL for your registration.**

REGISTRATION FEES: Your team placement is not confirmed until registration forms are received and ALL fees have been paid in full.

- **Payment must be made on or before October 1st.**
- Cost covers cheerleading uniform, socks, shoes and poms, which the athlete gets to keep.
- All players must have their own water bottle.
- Once an athlete registers, they are signed up for the season. A partial refund will be provided for athletes who withdraw from team on, or before, practice ends on Monday, October 5, 2026 One hundred dollars ($100) will be retained from the registration fee. The partial refund is necessary in recognition that the team acquires uniforms, equipment and supplies based upon total number of registrants as well as the costs associated with insurance premiums and administrative fees.
- No refunds will be provided for those who withdraw from the team after practice ends on MONDAY, OCTOBER 5, 2026.
- A small number of NEEDS BASED scholarships are available. Proof of Financial need is required. Ask about them.

SPORTS MEDICAL EXAM: All players must have a CURRENT medical exam/release from the doctor (dated less than 9 months old). This is due by Oct. 19. Players will not be allowed to play without this form.

PARENT VOLUNTEERS: Parents of athletes will be required to volunteer during the sports season at home games. This will include but not limited to set up and clean up on practices and games, working concessions, scorekeeping, etc. Significant planning takes place to ensure that the parents of each participant are scheduled to work. The team manager will assist in scheduling volunteers. When you are asked to work, please do so cheerfully and take the opportunity to meet other members of the Inspire family!

ADMISSION FEES: Parents are put on notice there is an admission fee to all Basketball Games. All parents, siblings and guests should expect that they will be required to pay the fee to get in and watch their child. This fee can range around/between $3 to $8 dollars depending on the facility.

IMPORTANT DATES TO NOTE:

Season starts 9/28 and runs through 1/30

Forms Due: Monday 9/28 – the earlier these are handed in the better.

Payment Due: Thursday 10/1

Physicals Due: Monday 10/19

Other dates

November 5th -7th – BB Tournament (Note: Cheerleaders DO NOT attend this with the players)

November 19th - Homecoming Game

November 19th – Homecoming Dance

December 15th - Basketball and Cheer Christmas Party

Blackout dates that we will not be practicing:

- Anytime the school is closed for holiday, breaks, or if we are closed for weather, we cancel practice as well
- October 12th - 16th - Fall Break for Inspire
- November 9th- Election Day
- November 23rd - 27th - Thanksgiving Break
- December 21st - Jan 3rd - Christmas Break
- January 18th - MLK Day

INSPIRE HOMESCHOOL ACADEMY

2026-2027 MS AND HS CHEERLEADING PARTICIPANT INFORMATION FORM

Student's Name:_____

Name student prefers to be called by (if any):_____Sex: MALE FEMALE

Street Address:_____ City: _____ Zip:_____

Home Phone: _____

Student's Date of Birth:_____Age:_____Student's 2026-2027 Grade: _____

Parents Names:_____

Mom Cell: _____ Dad Cell:_____

Parent's E-mail address that is checked regularly: _____

Student's Email address that is checked regularly:_____

Does your child currently attend Inspire Homeschool Academy? Yes ___No___

Are there any medical, mental, emotional, social, or academic issues of which we should be aware? If so, please list.

_____

Allergies:_____

_____

Does your child require the use of an Epi-Pen?_____ If so, Anaphylaxis Action Plan MUST be filled out and kept on file.

Emergency Contact (other than parent) Name:_____Number: _____

Relationship to child/parent:_____

Does your child have any experience in basketball? If so, please tell us about it. (note: experience is not necessary)_____

_____

Uniforms - Please take a tape measure and give us the following measurements so we can order the correct size uniform:					
WAIST (inches)		**HIPS (Inches)**		**CHEST (inches)**	

CHEER ONLY: If you have cheered before – what size bloomer do you normally wear?

Child Adult Bloomer Size_____

Please check that I have:

- ☐ Measured my child for their uniform (above)
- ☐ Filled out this Participant Information Form
- ☐ Filled out and signed the Release of Liability for Minor Participants in Sports Form
- ☐ Scanned copy of Birth Certificate * _____ Check if on file already (not needed if already on file with Inspire)
- ☐ Non-Inspire Students Only - Scanned copy of your most recent Letter of Intent/DOI* (Only if you do not attend Inspire)
- ☐ *Sport Exam and Medical Release – Copy Due to school by 10/19 ("minute-clinic" sports physicals accepted)

REFERRAL: I have been referred by:_____

INSPIRE HOMESCHOOL ACADEMY
RELEASE OF LIABILITY FOR MINOR PARTICIPANTS IN SPORTS

READ BEFORE SIGNING

IN CONSIDERATION OF (minor child's name)_____, my child/ward, being allowed to participate in any way in the (sport)_____related events and activities with Inspire Homeschool Academy, the undersigned acknowledges, appreciates, and agrees that:

The risk of injury to my child from the activities involved in these programs is significant, including the potential for illness including Covid-19, permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

- FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES or others, and assume full responsibility for my child's participation; and,

- I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and,

- I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Inspire Homeschool Academy; Sunset Hills Baptist Church, First Evangelical Baptist Church, its owners, directors, officers, officials, agents, employees, contractors, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

- I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

- I, the parent/guardian, assert that I have explained to my child/ward: the risks of the activity, his/her responsibilities for adhering to the rules and regulations, and that my child/ward understands this agreement.

- In case of a medical emergency, I hereby give permission to Inspire Homeschool Academy Staff, Coaches, Trainers and Volunteers to order treatment for my child, including any necessary medical treatment and x-rays. I also hereby give permission to Inspire Homeschool Academy Staff and Volunteers to disclose the information contained on his/her forms to medical personnel. I agree to pay all medical, hospital, or other expenses which my child or I may incur as a result of such treatment. Inspire Homeschool Academy also does not provide any medical or other insurance protection or benefits for those who participate in their sports program.

- Insurance Waiver - **I understand that my child must be covered by medical and/or accident insurance in order to participate in sports** and hereby certify that my child is covered for injuries and/or death occurring as a result of participation in, or the practice for, all athletic events as a student in the Inspire Homeschool Academy sports program during the current school year. I also certify that said insurance will be kept in force during the full time that my child engages in the practice for or participation in athletic events during the current school year. **If I am self-pay due to lack of insurance, I will be personally responsible for any and all medical costs arising from participation in sports program.**

  Name of Insurance Company _____

I, FOR MYSELF, MY SPOUSE, AND CHILD/WARD, HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

_____ _____ _____

(PARENT/GUARDIAN SIGNATURE) (PRINT NAME) (DATE SIGNED)

UNDERSTANDING OR RISK

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

_____ _____ _____

(STUDENT PARTICIPANT SIGNATURE) (PRINT NAME) (DATE SIGNED)

PREPARTICIPATION PHYSICAL EVALUATION
HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

_____

_____

_____

Do you have any allergies? ☐ Yes ☐ No If yes, please identify specific allergy below.
☐ Medicines ☐ Pollens ☐ Food ☐ Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: ☐ Asthma ☐ Anemia ☐ Diabetes ☐ Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	**Yes**	**No**
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: ☐ High blood pressure ☐ A heart murmur ☐ High cholesterol ☐ A heart infection ☐ Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	**Yes**	**No**
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	**Yes**	**No**
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

_____

_____

_____

_____

_____

_____

_____

_____

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

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HE0503 9-2681/0410

PREPARTICIPATION PHYSICAL EVALUATION

THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

1. Type of disability		
2. Date of disability		
3. Classification (if available)		
4. Cause of disability (birth, disease, accident/trauma, other)		
5. List the sports you are interested in playing		
	Yes	**No**
6. Do you regularly use a brace, assistive device, or prosthetic?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or any other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

Explain "yes" answers here

Please indicate if you have ever had any of the following.

	Yes	**No**
Atlantoaxial instability		
X-ray evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

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Preparticipation Physical Evaluation
PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

1. Consider additional questions on more sensitive issues
   - Do you feel stressed out or under a lot of pressure?
   - Do you ever feel sad, hopeless, depressed, or anxious?
   - Do you feel safe at your home or residence?
   - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
   - During the past 30 days, did you use chewing tobacco, snuff, or dip?
   - Do you drink alcohol or use any other drugs?
   - Have you ever taken anabolic steroids or used any other performance supplement?
   - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
   - Do you wear a seat belt, use a helmet, and use condoms?
2. Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION		
Height Weight ☐ Male ☐ Female		
BP / (/) Pulse Vision R 20/ L 20/ Corrected ☐ Y ☐ N		
MEDICAL	**NORMAL**	**ABNORMAL FINDINGS**
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart[a] • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only)[b]		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic[c]		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

[a]Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
[b]Consider GU exam if in private setting. Having third party present is recommended.
[c]Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

☐ Cleared for all sports without restriction

☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

_____

☐ Not cleared

- ☐ Pending further evaluation
- ☐ For any sports
- ☐ For certain sports _____

Reason _____

Recommendations _____

_____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

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Preparticipation Physical Evaluation
CLEARANCE FORM

Name _____ Sex ☐ M ☐ F Age _____ Date of birth _____

☐ Cleared for all sports without restriction

☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

_____

☐ Not cleared

- ☐ Pending further evaluation
- ☐ For any sports
- ☐ For certain sports _____

  Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

EMERGENCY INFORMATION

Allergies _____

Other information _____

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