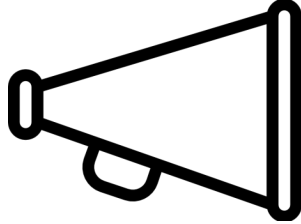


Austin Academy Cheerleading



Tryout Packet 2022-2023

Checklist:

- ☐ Physical Evaluation Form
- ☐ GISD Cheer Application
- ☐ Concussion Acknowledgement Form
- ☐ GISD Fine Arts Handbook Signature Page
- ☐ GISD Media Release Form

DUE FRIDAY, APRIL 15TH

Turn in your completed packet to Ms. Blaies (Room 1)

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Physical Evaluation Form (Spanish)	5	
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GISD Cheer Application	7	April 15th
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Concussion Acknowledgement Form (English)	9	April 15th
Concussion Acknowledgement Form (Spanish)	10	<i>(Choose one)</i>
Tryout Scoring Criteria (Cheer, chant, dance, jumps)	11	-
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GISD Fine Arts Handbook Signature Page	13	April 15th
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GISD Media Release Form (Spanish)	16	<i>(Choose one)</i>

2022-2023 Calendar / Timeline (*Tentative*)

Pre-Tryout Meeting	April 7th
Tryout Packet Due	April 15th
Tryout Clinics	April 18th - April 22nd
Tryouts	April 23rd
Tryout Results Posted	April 23rd (by 9 p.m.)
New Cheerleader & Parent Meeting	April 28th
Uniform Fitting	April 30th
<i>*Payment due</i>	<i>April 30th</i>
<i>*NCA Cheer Camp</i>	<i>July 22nd - July 24th</i>
Practices begin	July 28th (<i>TENTATIVE Schedule: weekly Thursday practice until April, 2023</i>)
Football Games	Late August/Early September - Late October/Early November
Basketball Games	November - December
GISD Cheer Classic	February
Uniforms due	March 1st

Cheer Clinic Information

Dates:

- April 18th - April 22nd

Location:

- Austin Academy Competition Gym

What to Wear to Clinics:

- White shoes / Cheer shoes
- Athletic clothing

What to Wear to Tryouts:

- Black shorts
- Solid white shirt
- Solid white shoes
- Hair in a high ponytail
- NO jewelry

Agenda:

- April 18 - Learn tryout material
- April 19 - Learn tryout material
- April 20 - Learn tryout material
- April 21 - Learn tryout material
- April 22 - Mock Tryouts

Cost and Payment

Current Total = \$205 (ANTICIPATED DECREASE)

NCA Cheer Camp = \$175 per cheerleader (*Maximum price, subject to change*)

*** Currently finding fundraising opportunities to lower this price.*

*Possible GISD camp created at no cost as an alternative.***

- 3 day camp run by NCA and hosted at John Horn High School (Mesquite, TX)
- Daily instruction from 9-5
- Email sminier@varsity.com for further information

Uniforms = \$30

- Shell and skirt provided by GISD at no cost *if returned at the end of the season*
- T-shirts for camp/practices

PREPARTICIPATION PHYSICAL EVALUATION – MEDICAL HISTORY

2020

This **MEDICAL HISTORY FORM** must be completed **annually** by parent (or guardian) and student in order for the student to participate in activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an event.

Student's Name: (print) _____ Sex _____ Age _____ Date of Birth _____

Address _____ Phone _____

Grade _____ School _____

Personal Physician _____ Phone _____

In case of emergency, contact:

Name _____ Relationship _____ Phone (H) _____ (W) _____

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

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or physical?	<input type="checkbox"/>	<input type="checkbox"/>	13. Have you ever gotten unexpectedly short of breath with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been hospitalized overnight in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had prior testing for the heart ordered by a physician?	<input type="checkbox"/>	<input type="checkbox"/>	14. Do you use any special protective or corrective equipment or devices that aren't usually used for your activity or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	15. Have you ever had a sprain, strain, or swelling after injury?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you broken or fractured any bones or dislocated any joints?	<input type="checkbox"/>	<input type="checkbox"/>
Do you get tired more quickly than your friends do during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, check appropriate box and explain below:		
Have you had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head <input type="checkbox"/> Elbow <input type="checkbox"/> Hip		
Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Neck <input type="checkbox"/> Forearm <input type="checkbox"/> Thigh		
Has any family member or relative died of heart problems or of sudden unexplained death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Knee		
Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelopathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chest <input type="checkbox"/> Hand <input type="checkbox"/> Shin/Calf		
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shoulder <input type="checkbox"/> Finger <input type="checkbox"/> Ankle		
Has a physician ever denied or restricted your participation in activities for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Upper Arm <input type="checkbox"/> Foot		
4. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	16. Do you want to weigh more or less than you do now?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>	17. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how many times? _____			18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
When was your last concussion? _____			<i>Females Only</i>		
How severe was each one? (Explain below)			19. When was your first menstrual period? _____		
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	When was your most recent menstrual period? _____		
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	How much time do you usually have from the start of one period to the start of another? _____		
Have you ever had numbness or tingling in your arms, hands, legs or feet?	<input type="checkbox"/>	<input type="checkbox"/>	How many periods have you had in the last year? _____		
Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	What was the longest time between periods in the last year? _____		
5. Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>	<i>Males Only</i>		
6. Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>	20. Are you missing a testicle? _____		
7. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>	21. Do you have any testicular swelling or masses? _____		
8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>	<p>An electrocardiogram (ECG) is not required. I have read and understand the information about cardiac screening on the UIL Sudden Cardiac Arrest Awareness Form. By checking this box, I choose to obtain an ECG for my student for additional cardiac screening. I understand it is the responsibility of my family to schedule and pay for such ECG.</p> <p>EXPLAIN "YES" ANSWERS IN THE BOX BELOW (attach another sheet if necessary):</p>		
9. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>			
10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>			
11. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>			
12. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>			

It is understood that even though protective equipment is worn by athletes, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the school assumes any responsibility in case an accident occurs.

If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student.

If, between this date and the beginning of participation, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful responses could subject the student in question to penalties determined by the UIL.

Student Signature: _____ Parent/Guardian Signature: _____ Date: _____

Any Yes answer to questions 1, 2, 3, 4, 5, or 6 requires further medical evaluation which may include a physical examination. Written clearance from a physician, physician assistant, chiropractor, or nurse practitioner is required before any participation in UIL practices, games or matches. **THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE, PERFORMANCE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.**

For School Use Only:

This Medical History Form was reviewed by: Printed Name _____ Date _____ Signature _____

PREPARTICIPATION PHYSICAL EVALUATION – PHYSICAL EXAMINATION

Student's Name _____ Sex _____ Age _____ Date of Birth _____

Height _____ Weight _____ % Body fat (optional) _____ Pulse _____ BP ____/____ (____/____, ____/____)
brachial blood pressure while sittingVision: R 20/____ L 20/____ Corrected: ☐ Y ☐ N Pupils: ☐ Equal ☐ Unequal

As a minimum requirement, this **Physical Examination Form** must be completed prior to junior high participation and again prior to first and third years of high school participation. It **must** be completed if there are yes answers to specific questions on the student's MEDICAL HISTORY FORM on the reverse side. ** Local district policy may require an annual physical exam.*

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine position.			
Heart-Auscultation of the heart in the standing position.			
Heart-Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only) if indicated			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

*station-based examination only

CLEARANCE☐ Cleared☐ Cleared after completing evaluation/rehabilitation for: _____☐ Not cleared for: _____ Reason: _____

Recommendations: _____

The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner, will not be accepted.

Name (print/type) _____ Date of Examination: _____

Address: _____

Phone Number: _____

Signature: _____

Must be completed before a student participates in any practice, before, during or after school, (both in-season and out-of-season) or performance/games/matches.

EVALUACIÓN FÍSICA PREVIA A LA PARTICIPACIÓN: HISTORIAL MÉDICO

2020

El padre (o tutor) y el estudiante deben completar este **FORMULARIO DE HISTORIAL MÉDICO** *cada año* para que el estudiante pueda participar en las actividades. Estas preguntas están diseñadas para determinar si el estudiante ha desarrollado alguna condición que haga que su participación en un evento sea riesgosa.

Nombre del estudiante: (letra imprenta) _____ Sexo: _____ Edad: _____ Fecha de nacimiento: _____

Dirección: _____ Teléfono: _____

Grado: _____ Escuela: _____

Médico personal: _____ Teléfono: _____

En caso de emergencia, comuníquese con:

Nombre: _____ Parentesco: _____ Teléfono: (C) _____ (T) _____

	Si	No		Si	No
1. ¿Ha tenido una enfermedad o lesión desde su última revisión médica o examen físico?	<input type="checkbox"/>	<input type="checkbox"/>	13. ¿Alguna vez le ha faltado el aire de manera inesperada mientras hacía ejercicio?	<input type="checkbox"/>	<input type="checkbox"/>
2. ¿Ha estado hospitalizado durante al menos una noche en el último año?	<input type="checkbox"/>	<input type="checkbox"/>	¿Tiene asma?	<input type="checkbox"/>	<input type="checkbox"/>
¿Alguna vez se ha sometido a una cirugía?	<input type="checkbox"/>	<input type="checkbox"/>	¿Tiene alergias estacionales que requieren un tratamiento médico?	<input type="checkbox"/>	<input type="checkbox"/>
3. ¿Alguna vez un médico le ha solicitado que se realice pruebas cardíacas previas?	<input type="checkbox"/>	<input type="checkbox"/>	14. ¿Utiliza algún equipo correctivo o de protección especial, o dispositivos que no suelen utilizarse para su actividad o posición (por ejemplo, rodilleras, un rollo especial para el cuello, aparatos ortopédicos para los pies, retenedores en los dientes o audífonos)?	<input type="checkbox"/>	<input type="checkbox"/>
¿Alguna vez se ha desmayado mientras hacía ejercicio o después de hacerlo? ¿Alguna vez ha experimentado un dolor en el pecho mientras hacía ejercicio o después de hacerlo?	<input type="checkbox"/>	<input type="checkbox"/>	¿Alguna vez ha tenido un esguince, distensión o hinchazón después de una lesión? ¿Se ha roto o fracturado algún hueso, o dislocado alguna articulación?	<input type="checkbox"/>	<input type="checkbox"/>
¿Se cansa más rápido que sus amigos durante el ejercicio?	<input type="checkbox"/>	<input type="checkbox"/>	15. ¿Ha tenido algún otro problema de dolor o hinchazón en los músculos, tendones, huesos o articulaciones?	<input type="checkbox"/>	<input type="checkbox"/>
¿Alguna vez ha tenido latidos cardíacos acelerados o intermitentes? ¿Ha tenido presión arterial alta o colesterol alto?	<input type="checkbox"/>	<input type="checkbox"/>	En caso afirmativo, marque la casilla correspondiente y explique en el cuadro de abajo:		
¿Alguna vez le han dicho que tiene un soplo cardíaco?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Cabeza	<input type="checkbox"/> Codo	<input type="checkbox"/> Pie
¿Algún miembro de su familia o pariente ha muerto por problemas cardíacos o por muerte súbita e inesperada antes de los 50 años?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Cuello	<input type="checkbox"/> Antebrazo	<input type="checkbox"/> Muslo
¿Algún miembro de su familia tiene un diagnóstico de agrandamiento del corazón (miocardiopatía dilatada), miocardiopatía hipertrófica, síndrome del QT largo u otra canalopatía iónica (como el síndrome de Brugada, entre otros), síndrome de Marfan o ritmo cardíaco anormal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Espalda	<input type="checkbox"/> Muñeca	<input type="checkbox"/> Rodilla
¿Ha tenido una infección viral grave (por ejemplo, miocarditis o mononucleosis) en el último mes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Pecho	<input type="checkbox"/> Mano	<input type="checkbox"/> Tobillo
¿Alguna vez un médico le ha negado o restringido su participación en actividades debido a un problema cardíaco?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hombro	<input type="checkbox"/> Canilla/Pantorrilla	<input type="checkbox"/> Dedo
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Brazo		
4. ¿Alguna vez ha sufrido una lesión en la cabeza o una conmoción cerebral?	<input type="checkbox"/>	<input type="checkbox"/>	16. ¿Quiere pesar más o menos de lo que pesa ahora?	<input type="checkbox"/>	<input type="checkbox"/>
¿Alguna vez lo han noqueado, ha quedado inconsciente o ha perdido la memoria?	<input type="checkbox"/>	<input type="checkbox"/>	17. ¿Se siente estresado?	<input type="checkbox"/>	<input type="checkbox"/>
En caso afirmativo, ¿cuántas veces? _____			18. ¿Alguna vez le han diagnosticado o ha recibido tratamiento para el rasgo de células falciformes o la enfermedad de células falciformes?	<input type="checkbox"/>	<input type="checkbox"/>
¿Cuándo fue su última conmoción cerebral? _____	<input type="checkbox"/>	<input type="checkbox"/>	<i>Solo mujeres</i>		
¿Qué tan severa fue cada una? (Explique en el cuadro de abajo)	<input type="checkbox"/>	<input type="checkbox"/>	19. ¿Cuándo tuvo su primer periodo menstrual? _____		
¿Alguna vez ha convulsionado?	<input type="checkbox"/>	<input type="checkbox"/>	¿Cuándo tuvo su periodo menstrual más reciente? _____		
¿Tiene dolores de cabeza frecuentes o intensos? ¿Alguna vez ha sentido entumecimiento u hormigueo en los brazos, manos, piernas o pies?	<input type="checkbox"/>	<input type="checkbox"/>	¿Cuánto tiempo suele pasar desde el inicio de un periodo hasta el inicio del otro? _____		
¿Alguna vez ha tenido un nervio oprimido, irritado o pinchado?	<input type="checkbox"/>	<input type="checkbox"/>	¿Cuántos periodos ha tenido en el último año? _____		
5. ¿Le falta algún órgano par?	<input type="checkbox"/>	<input type="checkbox"/>	¿Cuál fue el tiempo más largo que pasó entre un periodo y el otro en el último año?		
6. ¿Se encuentra bajo el cuidado de un médico?	<input type="checkbox"/>	<input type="checkbox"/>	<i>Solo hombres</i>		
7. ¿En la actualidad, toma algún medicamento o píldora con receta médica o sin ella (de venta libre), o utiliza un inhalador?	<input type="checkbox"/>	<input type="checkbox"/>	20. ¿Tiene dos testículos? _____		
8. ¿Tiene alguna alergia (por ejemplo, al polen, a medicamentos, alimentos o insectos que pican)?	<input type="checkbox"/>	<input type="checkbox"/>	21. Tiene hinchazón o masas en los testículos? _____		
9. ¿Alguna vez se ha mareado mientras hacía ejercicio o después de hacerlo?	<input type="checkbox"/>	<input type="checkbox"/>			
10. ¿Tiene algún problema cutáneo actual (por ejemplo, picazón, sarpullidos, acné, verrugas, hongos o ampollas)?	<input type="checkbox"/>	<input type="checkbox"/>	No es necesario que se realice un electrocardiograma (ECG). He leído y entiendo la información sobre el examen cardíaco en el Formulario de concientización sobre paro cardíaco repentino de la UIL. Al marcar esta casilla, elijo que se le realice un ECG a mi estudiante para un examen cardíaco adicional. Entiendo que es responsabilidad de mi familia programar y pagar dicho ECG.		
11. ¿Alguna vez se ha enfermado por hacer ejercicio en el calor?	<input type="checkbox"/>	<input type="checkbox"/>	EXPLIQUE SUS RESPUESTAS "SÍ" EN EL CUADRO DE ABAJO (adjunte otra hoja si es necesario)		
12. ¿Ha tenido algún problema con sus ojos o visión?	<input type="checkbox"/>	<input type="checkbox"/>			

Se entiende que, a pesar de que los atletas usan un equipo de protección siempre que es necesario, la posibilidad de un accidente sigue existiendo. Ni la Liga Interscholástica Universitaria ni la escuela asumen ninguna responsabilidad en caso de que ocurra un accidente. Si, a juicio de cualquier representante de la escuela, el estudiante mencionado anteriormente necesitase atención y tratamiento inmediatos como resultado de cualquier lesión o enfermedad; por la presente solicito, autorizo y consiento que cualquier médico, entrenador deportivo, enfermero o representante de la escuela le provea tal atención y tratamiento a dicho estudiante. Por la presente acepto indemnizar y mantener indemne a la escuela y a cualquier representante de la escuela u hospital ante cualquier reclamo de cualquier persona a causa de tal atención y tratamiento de dicho estudiante.

Si, entre esta fecha y el comienzo de la participación, el estudiante manifestase alguna enfermedad o sufriera alguna lesión que pudiese limitar su participación, acepto notificar a las autoridades escolares sobre dicha enfermedad o lesión.

Por la presente declaro que, a mi leal saber y entender, mis respuestas a las preguntas anteriores son completas y correctas. No proporcionar respuestas veraces podría someter al estudiante en cuestión a las sanciones que determine la UIL.

Firma del alumno: _____ Firma del padre o tutor: _____ Fecha: _____

Cualquier respuesta afirmativa a las preguntas 1, 2, 3, 4, 5 o 6 requiere una evaluación médica adicional que puede incluir un examen físico. Se requiere una autorización por escrito de un médico, asistente médico, quiropráctico o enfermero practicante antes de participar en prácticas, juegos o partidos de la UIL. ESTE FORMULARIO DEBE ESTAR EN EL ARCHIVO ANTES DE LA PARTICIPACIÓN EN CUALQUIER ENTRENAMIENTO, PRACTICA, PRESENTACIÓN

Solo para uso de la escuela:

Este formulario de historial médico fue revisado por: Nombre en letra imprenta: _____ Fecha: _____ Firma: _____

EVALUACIÓN FÍSICA PREVIA A LA PARTICIPACIÓN: EXAMEN FÍSICO

Nombre del estudiante: _____ Sexo: _____ Edad: _____ Fecha de nacimiento: _____

Talla: _____ Peso: _____ Porcentaje de grasa corporal (opcional): _____ Pulso: _____ PA: _____ / _____ (____ / ____ , ____ / ____)
Presión arterial braquial mientras está sentadoVisión: D 20/ _____ I 20/ _____ Corregida: ☐ Sí ☐ No Pupilas: ☐ Iguales ☐ Desiguales

Como requisito mínimo, este **formulario de examen físico** debe completarse antes de la participación en la escuela intermedia y otra vez antes del primer y tercer año de participación en la escuela secundaria. Asimismo, *debe* completarse si hay respuestas afirmativas a las preguntas específicas del FORMULARIO DEL HISTORIAL MÉDICO del estudiante que se encuentra en el reverso. * *La política del distrito local puede requerir un examen físico anual.*

	NORMAL	HALLAZGOS ANORMALES	INICIALES*
EXAMEN MÉDICO			
Apariencia			
Ojos/oidos/nariz/garganta			
Ganglios linfáticos			
Corazón: auscultación del corazón en posición supina			
Corazón: auscultación del corazón de pie			
Corazón: pulsos de las extremidades inferiores			
Pulsos			
Pulmones			
Abdomen			
Genitales (solo hombres)			
Piel			
Estigmas de Marfan (aracnodactilia, pectus excavatum, hiper movilidad articular, escoliosis)			

EXAMEN MUSCULOESQUELÉTICO			
Cuello			
Espalda			
Hombro/brazo			
Codo/antebrazo			
Muñeca/mano			
Cadera/muslo			
Rodilla			
Pierna/tobillo			
Pie			

* Solo para los exámenes que se realizan en estaciones

AUTORIZACIÓN

☐ Autorizado
☐ Autorizado después de completar una evaluación o rehabilitación para: _____

☐ No autorizado para: _____ Razón: _____

Recomendaciones: _____

Un médico, un asistente médico que cuente con la autorización de una Junta del Estado de Examinadores Asistentes Médicos, un enfermero registrado que cuente con el reconocimiento de la Junta de Enfermeros Examinadores, como un enfermero de prácticas avanzado, o un doctor en Quiropráctica debe completar y firmar la siguiente información. No se aceptarán los formularios de examen que tengan la firma de cualquier otro médico.

Nombre (letra imprenta) _____ Fecha del examen: _____

Dirección: _____

Número de teléfono: _____

Firma: _____

Debe completarse antes de que un estudiante participe en cualquier práctica, antes, durante o después de la escuela (tanto durante la temporada como fuera de la temporada), o en cualquier presentación, juego o partido.

Garland Independent School District Cheer Application

Name _____ ID# _____

Grade Next

Yr. _____ Age _____ Phone _____

Address _____

City _____ Zip _____

Email _____

School Enrolled for Next Yr. _____

Participation in the GISD cheerleading program carries both a significant time and financial commitment. Each cheerleader is expected to meet all financial responsibilities identified by their specific campus. Dedication to, and the prioritization of, cheerleading is obligatory from all cheerleaders to meet the objectives of the program. Candidates selected to be a member of the squad are expected to maintain their commitment to the activity for the full cheerleading year.

Prior to making commitments to be involved in other school activities, cheerleaders should carefully consider specific program requirements, as involvement in other activities may cause participation and time conflicts with cheerleading duties. Any cheerleader who voluntarily quits the squad before the end of the cheerleading year without the approval of the principal and sponsor will not be allowed to try out for the next year on any GISD campus.

I understand the above and confirm that I have not voluntarily quit any cheerleading squad at any GISD campus.

Student
Signature _____

Parent/Guardian _____

For parents/guardians:

I understand that I/we will not be allowed in the building on the day of the tryouts.

Parent/Guardian _____

The following items must be returned to the sponsor before clinics begin:

_____ Application

_____ Fine Arts Handbook Signature Pages

The GISD Fine Arts Handbook will be available online.

<https://garlandisd.net/media/15517/download?inline>

_____ Pre-Participation Form (see link below)

_____ UIL Concussion Acknowledgement Form

The following form must be completed online prior to tryout clinics:

Complete the Pre-Participation Physical forms:

<https://www.garlandisd.net/content/athletics-spirit-groups>



CONCUSSION ACKNOWLEDGEMENT FORM

Name of Student _____

Definition of Concussion - means a complex pathophysiological process affecting the brain caused by a traumatic physical force or impact to the head or body, which may: (A) include temporary or prolonged altered brain function resulting in physical, cognitive, or emotional symptoms or altered sleep patterns; and (B) involve loss of consciousness.

Prevention - Teach and practice safe play & proper technique.

- Follow the rules of play.
- Make sure the required protective equipment is worn for all practices and games.
- Protective equipment must fit properly and be inspected on a regular basis.

Signs and Symptoms of Concussion - The signs and symptoms of concussion may include but are not limited to: Headache, appears to be dazed or stunned, tinnitus (ringing in the ears), fatigue, slurred speech, nausea or vomiting, dizziness, loss of balance, blurry vision, sensitive to light or noise, feel foggy or groggy, memory loss, or confusion.

Oversight - Each district shall appoint and approve a Concussion Oversight Team (COT). The COT shall include at least one physician and an athletic trainer if one is employed by the school district. Other members may include: Advanced Practice Nurse, neuropsychologist or a physician's assistant. The COT is charged with developing the Return to Play protocol based on peer reviewed scientific evidence.

Treatment of Concussion - The student-athlete/cheerleader shall be removed from practice or participation immediately if suspected to have sustained a concussion. Every student-athlete/cheerleader suspected of sustaining a concussion shall be seen by a physician before they may return to athletic or cheerleading participation. The treatment for concussion is cognitive rest. Students should limit external stimulation such as watching television, playing video games, sending text messages, use of computer, and bright lights. When all signs and symptoms of concussion have cleared and the student has received written clearance from a physician, the student-athlete/cheerleader may begin their district's Return to Play protocol as determined by the Concussion Oversight Team.

Return to Play - According to the Texas Education Code, Section 38.157:

A student removed from an interscholastic athletics practice or competition (including per UIL rule, cheerleading) under Section 38.156 may not be permitted to practice or participate again following the force or impact believed to have caused the concussion until:

- (1) the student has been evaluated, using established medical protocols based on peer-reviewed scientific evidence, by a treating physician chosen by the student or the student's parent or guardian or another person with legal authority to make medical decisions for the student;
- (2) the student has successfully completed each requirement of the return-to-play protocol established under Section 38.153 necessary for the student to return to play;
- (3) the treating physician has provided a written statement indicating that, in the physician's professional judgment, it is safe for the student to return to play; and
- (4) the student and the student's parent or guardian or another person with legal authority to make medical decisions for the student:
 - (A) have acknowledged that the student has completed the requirements of the return-to-play protocol necessary for the student to return to play;
 - (B) have provided the treating physician's written statement under Subdivision (3) to the person responsible for compliance with the return-to-play protocol under Subsection (c) and the person who has supervisory responsibilities under Subsection (c); and
 - (C) have signed a consent form indicating that the person signing:
 - (i) has been informed concerning and consents to the student participating in returning to play in accordance with the return-to-play protocol;
 - (ii) understands the risks associated with the student returning to play and will comply with any ongoing requirements in the return-to-play protocol;
 - (iii) consents to the disclosure to appropriate persons, consistent with the Health Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191), of the treating physician's written statement under Subdivision (3) and, if any, the return-to-play recommendations of the treating physician; and
 - (iv) understands the immunity provisions under Section 38.159.

Parent or Guardian Signature

Date

Student Signature

Date



FORMULARIO DE ACUSE DE RECIBO DE CONMOCIÓN CEREBRAL

Nombre de estudiante _____

Definición de conmoción cerebral: significa un proceso fisiopatológico complejo que afecta al cerebro y es causado por una fuerza física traumática o un impacto en la cabeza o el cuerpo que puede: (A) incluir una función cerebral alterada temporal o prolongada que resulta en síntomas físicos, cognitivos o emocionales o patrones de sueño alterados; e (B) implicar pérdida de conciencia.

Prevención: enseñar y practicar el juego seguro y la técnica adecuada.

- Siga las reglas del juego.
- Asegúrese de que se use el equipo de protección requerido para todas las prácticas y los juegos.
- El equipo de protección debe caber correctamente y ser inspeccionado regularmente.

Signos y síntomas de la conmoción cerebral: los signos y síntomas de la conmoción cerebral pueden incluir, entre otros: Dolor de cabeza, parecer estar aturdido o atontado, tinnitus (zumbido en los oídos), fatiga, dificultad para hablar, náuseas o vómitos, mareos, pérdida de equilibrio, visión borrosa, sensibilidad a la luz o al ruido, sensación de mareo o borroso, pérdida de memoria o confusión.

Supervisión: cada distrito designará y aprobará un Equipo de Supervisión de Conmociones cerebrales (COT). El COT debe incluir al menos un médico y un entrenador atlético si uno es empleado del distrito escolar. Otros miembros que pueden incluir: Enfermera de práctica avanzada, neuropsicólogo o asistente de médico. El COT se encarga de desarrollar el protocolo Regreso al Juego basado en evidencia científica revisada por pares.

El tratamiento de la conmoción cerebral: el estudiante-atleta/porrista deberá ser retirado de la práctica o participación de inmediato si se sospecha que tiene una conmoción cerebral. Todo estudiante-atleta/porrista sospechoso de sufrir una conmoción cerebral deberá ser visto por un médico antes de que puedan regresar a la participación de atletas o porristas. El tratamiento para la conmoción cerebral es el descanso cognitivo. Los estudiantes deben limitar la estimulación externa, como mirar televisión, jugar videojuegos, enviar mensajes de texto, usar computadora y las luces brillantes. Cuando todos los signos y síntomas de la conmoción cerebral se hayan despejado y el estudiante haya recibido la autorización escrita de un médico, el estudiante-atleta/porrista podrá comenzar el protocolo de Regreso al Juego de su distrito, según lo determinado por el Equipo de supervisión de conmociones cerebrales.

Regreso al juego: según el Código de Educación de Texas, sección 38.157:

A un estudiante retirado de una práctica o competencia interescolar de atletismo (incluidos, por regla de la UIL, los porristas) bajo la Sección 38.156 se le puede no permitir practicar o participar nuevamente después de la fuerza o el impacto que se cree que ha causado la conmoción cerebral hasta que:

(1) el estudiante haya sido evaluado, usando protocolos médicos establecidos basados en evidencia científica revisada por pares, por un médico tratante elegido por el estudiante o el padre o el tutor del estudiante, u otra persona con autoridad legal para tomar decisiones médicas por el estudiante;

(2) el estudiante haya completado con éxito cada requisito del protocolo de regreso al juego establecido en la Sección 38.153 necesaria para que el estudiante regrese a jugar;

(3) el médico tratante haya proporcionado una declaración por escrito que indique que, según juicio profesional del médico, es seguro para el estudiante para volver a jugar; y

(4) que el estudiante y el padre o el tutor del estudiante, u otra persona con autoridad legal para tomar decisiones médicas para el estudiante:

(A) haya reconocido que el estudiante ha completado los requisitos del protocolo de regreso al juego necesarios para que el estudiante vuelva a jugar;

(B) haya proporcionado la declaración escrita del médico tratante bajo la Subdivisión (3) a la persona responsable del cumplimiento del protocolo de regreso al juego bajo la Subsección (c) y la persona que tiene responsabilidades de supervisión bajo la Subsección (c); y

(C) haya firmado un formulario de consentimiento que indique que la persona que firma:

(i) haya sido informado y consiente que el estudiante participe en regresar a jugar de acuerdo con el protocolo de regreso al juego;

(ii) entiende los riesgos asociados con el regreso del estudiante a jugar y cumplirá con todo requisito continuo en el protocolo de regreso al juego;

(iii) aprueba la divulgación a las personas apropiadas, de conformidad con la Ley de Portabilidad y Responsabilidad del Seguro Médico de 1996

(Pub. L. No. 104-191), de la declaración escrita del médico tratante bajo la Subdivisión (3) y, en su caso, las recomendaciones de regreso al juego del médico tratante; y entiende las disposiciones de inmunidad bajo la Sección 38.159.

Firma del padre o el tutor

Fecha

Firma del estudiante

Fecha

GISD Cheerleader Tryout Scoring Criteria

ENTRANCE			JUMPS				CHEER			CHANT			DANCE	
Presence/ Poise	Tumbling (during Run-in)	Spirit/ Enthusiasm	Toe Touch	Left Hurdler	Right Hurdler	Optional Jump	Motion Technique	Voice Projection	Incorporation	Motion Technique	Timing	Projection	Motion Technique	Timing
5	10	5	10	5	5	5	10	5	5	10	5	5	10	5
Presence/Poise *Start at 5 points and for each item missing or lacking, knock down a point Shirt tucked in Shoes tied Proper Grooming Hair pulled out of face Energetic/Upright walk Positive Posture			Toe Touch <u>Left Hurdler</u> <u>Right Hurdler</u> <u>Optional Jump</u> *The Optional Jump may be any jump that the tryout candidate chooses to execute				Motion Technique 1-3 Motion levels off, lacking in sharpness, missed motions 4-7 Average Motion levels, needing more sharpness (placing motions) 8-10 Good motion levels, sharp			Motion Technique 1-3 Motion levels off, lacking in sharpness, missed motions 4-7 Average Motion levels, needing more sharpness (placing motions) 8-10 Good motion levels, sharp			Motion Technique 1-3 Motion levels off, lacking in sharpness, missing motions 4-7 Average Motion levels, needing more sharpness (placing motions) 8-10 Good motion levels, sharp, popping dance, exhibits individuality	
Tumbling *Refer to the GISD Jump/Tumbling Scoring Criteria			** Refer to the GISD Jump/Tumbling Scoring Criteria				Voice Projection 1 Soft 2 Speaking Words 3 Saying Words Loud 4 Yelling words but lacks tone changes/ enthusiasm 5 YELLING words with tone changes/ enthusiasm			Timing 1-2 Timing off throughout (unable to pick up or threw off rest of the group) 3 Ok Timing (able to pick up) 4-5 Good timing with group			Timing 1-2 Timing off throughout (unable to pick up or threw off rest of the group) 3 Ok Timing (able to pick up) 4-5 Good timing with group	
Spirit/Enthusiasm 1-3 No Energy / No Smile / No Spirit 3-5 Energetic / Smiling / Loud Spirit			** Refer to the GISD Jump/Tumbling Scoring Criteria				Voice Projection 1 Soft 2 Speaking Words 3 Saying Words Loud 4 Yelling words but lacks tone changes/ enthusiasm 5 YELLING words with tone changes/ enthusiasm			Voice Projection 1 Soft 2 Speaking Words 3 Saying Words Loud 4 Yelling words but lacks tone changes/ enthusiasm 5 YELLING words with tone changes/ enthusiasm			Voice Projection 1 Soft 2 Speaking Words 3 Saying Words Loud 4 Yelling words but lacks tone changes/ enthusiasm 5 YELLING words with tone changes/ enthusiasm	
Incorporation *Refer to the GISD Jump/Tumbling Scoring Criteria			** Refer to the GISD Jump/Tumbling Scoring Criteria				Voice Projection 1 Soft 2 Speaking Words 3 Saying Words Loud 4 Yelling words but lacks tone changes/ enthusiasm 5 YELLING words with tone changes/ enthusiasm			Voice Projection 1 Soft 2 Speaking Words 3 Saying Words Loud 4 Yelling words but lacks tone changes/ enthusiasm 5 YELLING words with tone changes/ enthusiasm			Voice Projection 1 Soft 2 Speaking Words 3 Saying Words Loud 4 Yelling words but lacks tone changes/ enthusiasm 5 YELLING words with tone changes/ enthusiasm	

GISD Cheerleader Tryout Scoring Criteria

TUMBLING		JUMPS		INCORPORATION																																							
*If a skill is not executed properly, then points may be deducted into a lower scale																																											
<table><tr><th colspan="2">Running</th></tr><tr><td>0</td><td>None</td></tr><tr><td>1</td><td>Cartwheel</td></tr><tr><td>1-2</td><td>Round Off</td></tr><tr><td>3-4</td><td>Round Off BHS</td></tr><tr><td>5</td><td>Round Off 2 BHS</td></tr><tr><td>6</td><td>Series (3 or more BHS)</td></tr><tr><td>7</td><td>Round Off BHS Back</td></tr><tr><td>8</td><td>Series to Back</td></tr><tr><td>9</td><td>Layout or Whip to Back</td></tr><tr><td>10</td><td>Full or Specialty full</td></tr></table>		Running		0	None	1	Cartwheel	1-2	Round Off	3-4	Round Off BHS	5	Round Off 2 BHS	6	Series (3 or more BHS)	7	Round Off BHS Back	8	Series to Back	9	Layout or Whip to Back	10	Full or Specialty full	<table><tr><th colspan="2">Standing</th></tr><tr><td>0</td><td>None</td></tr><tr><td>1-2</td><td>Back/Front Walkover or Cartwheel or Aerial</td></tr><tr><td>3-4</td><td>BHS</td></tr><tr><td>5-6</td><td>BHS x 2</td></tr><tr><td>7-8</td><td>Good motion levels, sharp</td></tr><tr><td>8-9</td><td>BHS Back</td></tr><tr><td>10</td><td>Standing Full</td></tr></table>		Standing		0	None	1-2	Back/Front Walkover or Cartwheel or Aerial	3-4	BHS	5-6	BHS x 2	7-8	Good motion levels, sharp	8-9	BHS Back	10	Standing Full		
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		<table><tr><td>1-3</td><td>Below Level Jumps</td></tr><tr><td>4-6</td><td>Level Jumps</td></tr><tr><td>7-10</td><td>Above Level Jumps</td></tr></table>		1-3	Below Level Jumps	4-6	Level Jumps	7-10	Above Level Jumps	<table><tr><td>1</td><td>Jump of Choice</td></tr><tr><td>2</td><td>Toe Touch</td></tr><tr><td>3</td><td>Double Toe Touch</td></tr><tr><td>4</td><td>BHS</td></tr><tr><td>5</td><td>Toe BHS Back or Better</td></tr></table>		1	Jump of Choice	2	Toe Touch	3	Double Toe Touch	4	BHS	5	Toe BHS Back or Better																						
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5	Toe BHS Back or Better																																										
* BHS = Back Hand Spring		*Jump scoring can drop to the point category below if feet are flexed, if knees are bent or if landings are with feet apart																																									

Fine Arts Handbook Link (Also Available in Canvas): <https://garlandisd.net/programs-services/fine-arts/cheerleading>

Garland Independent School District Fine Arts Handbook
Cheerleading, Drill Team, Step, and World Dance Company
Permission, Commitment, and Signature Page

Student Name (Please Print) _____

Legal Parent/Guardian (Please Print) _____

Check the Fine Arts Group you are auditioning for/joining:

Cheer _____ Junior Varsity Drill Team _____ Varsity Drill Team _____

Step Team _____ World Dance Company _____

Please read each statement and initial. A candidate/member and a legal parent/guardian signature and date is required at the end of the statements.

Candidate/Member:

_____ I have received, read, and understand all of the information in this tryout packet and agree to abide by all rules and regulations regarding tryouts.

_____ I understand that the judges' decision is final.

_____ I have received, read, and understand the Fine Arts Handbook and agree to abide by all rules and regulations of the Fine Arts Group.

_____ I have received, read and understand the GISD District Code of Conduct and agree to abide by all rules and regulations. (Internet access www.garlandisd.com)

_____ I have received, read and understand the financial obligation involved with being a member. I also understand that I will not receive any items, but I must still attend any events/performances, if I have not fulfilled my financial contract.

_____ I have received, read and understand that in addition to yearly tryouts, to remain on the team, there may be weekly tryouts conducted by the teacher (coach, director, and sponsor).

_____ I have received, read and understand that I must pass all of my classes, with the exception of waived classes, to be eligible to perform. (Refer to TEA/UIL Regulations).

_____ I have read and understand my behavior and conduct will be held to a higher standard on this team, both in and out of school.

_____ I have read and understand that I am required to attend all mandatory practices, performances, contest(s), and events. An unexcused absence will receive consequences.

_____ I understand that I may be required to ride to and from some events and performances on school transportation with my team. All members are to be picked up from the school after games/competitions/performances/events no later than 20 minutes after being dismissed by the teacher.

_____ I understand and agree to abide by the Standard of Uniformity (hair, makeup, and nails) that was established by a committee of my peers.

_____ I understand that I will be responsible for returning all uniforms, poms, props etc. in good condition. Uniforms must be cleaned according to the instructions given by the director/coach. A cleaning receipt attached to the uniform may be required.

Legal Parent/Guardian:

_____ I have received, read, and understand all of the information in this tryout packet and agree to abide by all rules and regulations regarding tryouts.

_____ I understand the judges' decision is final.

_____ I have received, read, and understand the Fine Arts Handbook and agree to abide by all rules and regulations of the Fine Arts Group.

_____ I have received, read and understand the GISD District Code of Conduct and agree to abide by all rules and regulations. (Internet access www.garlandisd.net)

_____ I have received, read and understand the financial obligation and payments involved with my student being a member. I also understand that my student will not receive any items, but must still attend any events/performances, if I have not fulfilled my financial contract.

_____ I have received, read and understand that in addition to yearly tryouts, to remain on the team, there may be weekly tryouts conducted by the teacher (coach, director, and sponsor).

_____ I have received, read and understand that my student must pass all classes, with the exception of waived classes, to be eligible to perform. (Refer to TEA/UIL Regulations).

_____ I have read and understand that my student's behavior and conduct will be held to a higher standard on this team, both in and out of school.

_____ I have read and understand that my student is required to attend all mandatory practices, performances, contest(s), and events.

_____ I understand that my student may be required to ride to and from some events and performances on school transportation with my team. All members are to be picked up from the school after games/competitions/performances/events no later than 20 minutes after being dismissed by the teacher.

_____ I understand and agree to the Standard of Uniformity (hair, makeup, and nails) that was established by a committee within the Fine Arts Group.

_____ I understand that I will be responsible for returning all uniforms, poms, props etc. in good condition. Uniforms must be cleaned according to the instructions given by the director/coach. A cleaning receipt attached to the uniform may be required.

Candidate/Member Printed Name _____

Candidate/Member Signature _____

Date _____

Legal Parent/Guardian Printed Name _____

Legal Parent/Guardian Signature _____

Date _____

Notice



Regarding **Directory Information** and **Parent's Response** Regarding Release of Student Information

State law requires the district to give you the following information:

Certain information about district students is considered directory information and will be released to anyone who follows the procedures for requesting the information unless the parent or guardian objects to the release of the directory information about the student. If you do not want Garland ISD to disclose directory information from your child's education records without your prior written consent, you must notify the district in writing within ten school days of your child's first day of instruction for this school year.

This means that the district must give certain personal information (called "directory information") about your child to any person who requests it, unless you have told the district in writing not to do so. In addition, you have the right to tell the district that it may, or may not, use certain personal information about your child for specific school-sponsored purposes. The district is providing you this form so you can communicate your wishes about these issues.

[See *Directory Information* in the Student Handbook for more information.]

Garland Independent School District has designated the following information as directory information:

- Student's name
- Address
- Telephone listing
- E-mail address
- Photograph
- Date and place of birth
- Major field of study
- Degrees, honors, and awards received
- Dates of attendance
- Grade level
- Most recent school previously attended
- Participation in officially recognized activities and sports
- Weight and height, if a member of an athletic team

Parent/guardian: Please select one of the choices below

- ☐ I want directory information about my child released to the public. Anyone requesting directory information for GISD students may receive it.
- ☐ I want directory information about my child released only for district publicity. This could include, but is not limited to: extracurricular activity publications, yearbooks, district/campus newsletters, campus directories, news releases to local media, media coverage, district/campus websites, district/campus videos, district/campus publications, district/campus social media and public recognitions.
- ☐ I do not want directory information about my child released. By marking this box, I understand that my child's name, photograph, etc., will NOT be included in district/school publications—including the yearbook—or released to the media. I also understand that this request must be made annually to be valid for each school year.

Student Name (please print)

Last	_____	First	_____	Middle Initial	_____
Student ID#	_____	Grade	_____		
Parent signature	_____			Date	_____

If this form is not returned within the specified timeframe above, the district will assume that permission has been granted for the release of this information.

Aviso



Sobre los datos de directorio y la respuesta de los padres sobre la divulgación de datos estudiantiles

La ley estatal requiere que el distrito le provea la siguiente información:

Cierta información acerca de los alumnos del distrito es considerada como datos de directorio y se divulgará a cualquier persona que siga los procedimientos de solicitud de información, a menos que el padre o tutor objete la divulgación de los datos de directorio del alumno. Si usted no desea que Garland ISD divulgue los datos de directorio del expediente educativo de su hijo sin su consentimiento escrito previo, deberá notificar al distrito por escrito dentro de diez días escolares del primer día de clases de su hijo para este año escolar.

Esto significa que el distrito se verá obligado a revelar ciertos datos personales de su hijo (conocidos como "datos de directorio"), a cualquier persona que los pida, a menos que usted haya ordenado al distrito, por escrito, no hacerlo. Además, usted tiene el derecho de indicar al distrito que puede, o no puede, usar ciertos datos personales de su hijo para efectos específicos auspiciados por la escuela. El distrito le ofrece este formulario para que usted le pueda comunicar sus deseos en relación con estos temas.

(Para más información, vea datos de directorio en el Manual Estudiantil.)

Garland Independent School District ha designado la siguiente información como datos de directorio:

- Nombre del alumno
- Fecha y lugar de nacimiento
- Escuela más recientemente asistida
- Domicilio
- Campo principal de estudios
- Participación en actividades y deportes oficialmente reconocidas
- Teléfono
- Títulos, honores y premios recibidos
- Peso y estatura, si es miembro un equipo deportivo
- Dirección de correo electrónico
- Fechas de asistencia
- Fotografía
- Nivel académico

Padre/Tutor: Por favor señale una de las siguientes opciones

- ☐ **SÍ - Permito divulgar al público los datos de directorio de mi alumno.** Cualquier persona que solicite datos de directorio de alumnos de GISD los puede recibir.
- ☐ **SÍ - Permito divulgar los datos de directorio de mi alumno solamente para fines de publicidad distrital.** Esto puede incluir, pero no se limita a: publicaciones de actividades extracurriculares, anuarios, boletines del distrito/campus, directorios de campus, comunicados de prensa para los medios locales, cobertura por los medios de comunicación, sitios web distritales/de campus, videos distritales/de campus, publicaciones distritales/de campus, redes sociales distritales/de campus y reconocimientos públicos.
- ☐ **NO - No permito divulgar los datos de directorio de mi alumno.** Al señalar esta casilla, confirmo que entiendo que el nombre de mi alumno, su fotografía, etc., no se incluirán en las publicaciones distritales/escolares - entre ellas, el anuario - ni se divulgarán a los medios de comunicación. Entiendo además que es necesario presentar esta solicitud anualmente para que tenga validez en cada año escolar.

Nombre del alumno (en letra de molde)

Apellido Primer Nombre Inicial

ID Escolar Grado

Firma del Padre/Tutor Fecha

De no entregarse este formulario en el plazo especificado arriba, el distrito supondrá que se ha dado permiso para divulgar esta información.