



J.W. O'Banion Middle School

OMS CHEER

O'Banion Middle School

Application due: April 1, 2022

Cheerleading Tryouts are April 23, 2022 at Memorial Pathways Academy.

Step one: read this packet in its entirety.

Step two: sign all forms included in this packet!

UNDER NO CIRCUMSTANCES WILL LATE OR INCOMPLETE APPLICATIONS BE ACCEPTED AFTER April 1st!!

If you need any additional information, please contact:

Ms. Hardy in room 174

ahardy@garlandisd.net

Ms. Parker in portable 5

rparker@garlandisd.net

8th grade returning packet

YOU WILL NOT BE ALLOWED TO TRYOUT AGAIN UNLESS ALL PREVIOUS CHEER COSTS HAVE BEEN PAID!

Tryout Candidate and Parents,

We are excited for the upcoming year and pleased to see you are interested in becoming a part of the cheerleading squad at O'Banion Middle School. Cheerleading is a big commitment because cheer is a year-round sport. We cheer both semesters at the football and basketball games. In addition to cheering at the games, we attend camp in July, participate in parades, organize school pep rallies, promote school spirit, and welcome guests at O'Banion Middle School. Towards the end of the season, we will compete in the GISD Cheer Classic Competition against all the middle schools in GISD!

You are a student first and a cheerleader second. The rules of O'Banion Middle School apply to you the same way they apply to students who aren't cheerleaders. You are expected to follow all school rules and policies. As an O'Banion Middle School cheerleader, we expect you to be a role model for the student body. Cheerleaders written up for any offense will have consequences as designated in the cheerleading Handbook or decided upon by sponsors and principals. We also expect cheerleaders to hold themselves to a high academic standard. We expect passing grades in all classes so that you may remain eligible to cheer throughout the year. We take pride in our program and want the cheerleaders to represent O'Banion Middle School in a positive light.

We hope you will discuss the expectations and obligations of being an O'Banion Middle School cheerleader with your son/daughter, and agree that O'Banion Middle School Cheerleading is a worthwhile organization. Cheerleading helps students to form friendships, enrich communication, and develop group dynamics skills and responsibility. It also gives them countless opportunities to foster leadership skills that will prove beneficial later in life. With your support, we can work together to make this year at O'Banion Middle School a successful and memorable one. We look forward to meeting each of you during the coming year. If at any time you have questions, please do not hesitate to email one of me.

Sincerely,

Coach Hardy

ahardy@garlandisd.net

Coach Parker

rparker@garlandisd.net

Our Expectations

Before trying out for cheerleading, it's imperative that everyone is well aware of what we expect and the standards that we hold our cheerleaders to. The three most important requirements that both the candidate and his/her parents need to take into consideration for the duration of the '22-'23 year are good character, financial deadlines, and our districts handbook. If for some reason, you feel that you or your son/daughter cannot meet these expectations, you should reconsider trying out.

Displaying Exemplary Character

It is the belief of our administrators and myself that being a cheerleader is not only an honor; it's a privilege as well. Therefore, should you be chosen to represent O'Banion Middle School, it's imperative that you follow all school rules and regulations, as disrespect for authority, school personnel, school policy, fellow students, etc. will not be tolerated and may result in temporary or permanent dismissal from the squad.

Paying All Financial Obligations

Upon becoming a cheerleader, it is your responsibility to purchase camp attire that has been selected by the sponsor, as well as pay for summer camp tuition. These fees need to be paid in full by cash or money order. (Refer to the calendar for specific amounts.) If you need to setup a payment plan with the coaches, please don't hesitate to ask.

Reading and Abiding by the Garland Independent School District's Middle School Cheerleader Handbook

The Garland Independent School District's middle school cheerleader Handbook makes you aware of your rights, discusses our objectives, our philosophy and purpose, and specifically states what's expected of every cheerleader in its domain. To avoid future conflicts, it is **YOUR** responsibility to become well acquainted with the contents of this document, because it will be strictly enforced and anyone who chooses not to abide will be held accountable. In addition, cheerleaders must adhere to the Garland Independent School District's middle school cheerleader handbook which can be found at: <https://garlandisd.net/programs-services/fine-arts/cheerleading>

Items You Will Receive Free Of Charge!

The following items will be loaned out to each cheerleader free of charge. With that being said, take care of them! If you damage them in anyway, you will have to pay for the damages. You will return each item at the end of the cheer season. Please do NOT write or alter any item unless given permission by the coaches. Each item is numbered and loaned out to you. Do NOT let anyone borrow or utilize your stuff because you will be fully responsible for it.

Item

Duffle bag

Uniform [shell & skirt]

Sweat pants

Pom poms

Candidate Signature

Date

Parent/Guardian Signature

Date

Breakdown of Required Costs

All costs must be paid in full in order to attend NCA Camp. Once items are ordered, the payment is non-refundable.

The total cost to be an 8th grade OMS cheerleader is \$245

This includes:

- Game-day items: A custom bow
- Practice items: 1 pair of shorts [black], 2 t-shirts
- Cheer camp

<u>Payment amount</u>	<u>Date</u>
<u>\$175</u>	<u>April 26th</u>
<u>\$25</u>	<u>May 10th</u>
<u>\$25</u>	<u>May 24th</u>
<u>\$20</u>	<u>June 7th</u>

*We will have a fundraiser starting in April. Depending on how much you sell, it could lower your cost.

Candidate Signature

Date

Parent/Guardian Signature

Date

Breakdown of Optional Costs

These are items in which your cheerleader can CHOOSE to buy. They are not required. Depending on what you choose, your final price may differ and therefore, your monthly payment may be different.

<u>Payment amount</u>	<u>Item</u>	<u>Purpose</u>
<u>\$42.99</u>	<u>Duffle bag</u>	If you would like to purchase your own bag, that comes with your name.
<u>\$85</u>	<u>Letterman jacket</u>	Special lettermen jacket that is nice for cold days. Will come customized.
<u>\$29.99</u>	<u>Sweat pants</u>	If you would like to purchase your own pair of sweat pants.

Candidate Signature

Date

Parent/Guardian Signature

Date



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



Parents & Student Athletes

There are a variety of forms that must be completed before a student can participate in school athletics. These forms must be complete by both the parent and the student.

The Garland ISD Athletic Department has transitioned to online system to streamline the process of completing and submitting this pre-participation paperwork.

Be sure to read all information on the instructions page to help minimize any delay of your son/daughter's participation in the athletic program. All forms must be submitted and hard copy of the physical/Medical History turned in to your school's Athletic Trainer or coach

The online system is being used by the Garland ISD is Rank One Sport. You will find a link on the Garland ISD website that will take you directly to the page to fill out your son/daughter's paperwork.

Instructions to Rank One Sport link and online pre-participation forms:

1. Go to: Garlandisd.net
2. Click on: "Departments & Programs"
3. Click on: "Athletics" in the list of departments and programs
4. Click on: "Athletic Forms"
5. Click on: "Athletic forms system"
6. Read Instructions
7. Click on: "Electronic Participation Forms"
8. Choose a form and complete (all forms must be completed).

or

1. Go to: Garlandisd.rankonesport.com
2. Click on: "Instructions" Read instructions.
3. Follow steps 7-8 above!

Other Features that may be of interest to you on Rank One Sport:

You as a parent can use Rank One for the following:

- View your son/daughter's game/practice schedule(s)
- View results of contest.
- Receive email or text alerts on schedule changes.
- Complete yearly forms in a timely fashion.

We hope that you find the Rank One Sport online system beneficial in many ways and begin to utilize it to keep with your son/daughters athletic teams.

Thanks
GISD Athletics

PREPARTICIPATION PHYSICAL EVALUATION — MEDICAL HISTORY

REVISED 12-4-14

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

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

Address _____ Phone _____

Grade _____ School _____ Phone _____

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 sports 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 sport 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 unexpected 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 sports 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 weight 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 cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
When was your last concussion? _____					
How severe was each one? (Explain below)			<i>Females only</i>		
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	19. When was your first menstrual period? _____		
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	When was your most recent menstrual period? _____		
Have you ever had numbness or tingling in your arms, hands, legs or feet?	<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 a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	How many periods have you had in the last year? _____		
5. Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>	What was the longest time between periods in the last year? _____		
6. Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>			
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"/>			
8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>			
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"/>			

An individual answering in the affirmative to any question relating to a possible cardiovascular health issue (question three above), as identified on the form, should be restricted from further participation until the individual is examined and cleared by a physician, physician assistant, chiropractor, or nurse practitioner.

**EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):

It is understood that even though protective equipment is worn by the athlete, 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 athletic competition, 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 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 sitting

Vision: 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 athletic participation and again prior to first and third years of high school athletic 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)			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			
MUSCULOSKELETAL			
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 games/matches.

Important Mandatory Dates

- March 31st Mandatory Parent meeting for tryout candidates
- April 1st Forms due by 4:00pm to Ms. Hardy or Ms. Parker.
- April 18-21 **REQUIRED PRACTICE** to learn the tryout material. Times are on the calendar.
- April 22nd Mock tryouts in the Big Gym 5:00 until finished. Wear your polo and blue soffee shorts
- April 23rd Cheer tryouts at Memorial Pathways
- April 24th tryout results will be revealed
- April 26th First practice for candidates who made the team. ****First payment due****
- **We will have practice in April, May, and July****
- **We will NOT have any practice in the month of June****
- April/May Uniform fitting TBD
- July 22-24 Cheer Camp – John Horn High School (Mesquite, TX)

JULY AND AUGUST CALENDARS WILL BE RELEASED IN MAY!

March				
Monday	Tuesday	Wednesday	Thursday	Friday
	1	2	3	4
21	22	23	24	25
28 Cheer clinic 4:00-5:00 [not mandatory]	29	30 Cheer clinic 4:00-5:00 [not mandatory]	31 Parent info meeting at 4:30 in the cafeteria	1 Tryout packet due!

April						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1 Packets due	2
3	4 Cheer clinic 4:00-5:00 [not mandatory]	5	6 Cheer clinic 4:00-5:00 [not mandatory]	7	8	9
10	11 Cheer clinic 4:00-5:00 [not mandatory]	12	13 Cheer clinic 4:00-5:00 [not mandatory]	14	15	16
17	18 Cheer clinic 4:00-5:00 [required]	19 Cheer clinic 7:30-8:15 [required]	20 Cheer clinic 4:00-5:00 [required]	21 Cheer clinic 7:30-8:15 [required]	22 Mock tryouts	23 Cheer tryouts
24 Tryout results will be revealed	25	26 First team practice 7:30-8:15 First payment due \$175	27	28 Practice 4:00-5:00	29	30

Pre-participation medical evaluation form [page] must **be signed**, and **grades must be submitted** before the candidate may participate in clinics. The sooner all paperwork is in; the sooner you will get into clinics. **YOU MUST SUBMIT BOTH IN ORDER TO TRYOUT!**

Candidate Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Cheer Clinic Information

- What: for candidates interested in learning proper cheer technique and material! *not mandatory but highly encouraged*
- When: March 28th - April 13th
- Where: Gym
- Time: 4:00pm-5:00pm
- Attire: Athletic shorts and shirts, and tennis shoes are acceptable. If you just bought shoes for tryouts, bring those so you can break them in. No half shirts or bra tops. No Nike Pros. No jewelry of any kind - including belly button rings, nose rings, etc. Hair should be up and secure.

Tryout Clinic Information

- What: candidates will be learning actual tryout material. Required.
- When: April 18-April 21st
- Where: Gym
- Time: 4:00pm-5:00pm / 7:30-8:15
- Attire: Athletic shorts and shirts, and tennis shoes are acceptable. If you just bought shoes for tryouts, bring those so you can break them in. No half shirts or bra tops. No Nike Pros. No jewelry of any kind - including belly button rings, nose rings, etc. Hair should be up and secure.

Mock Tryout Information

- What: we will be doing a run through of what tryouts will look like. Former OMS cheerleaders will be judging. This is just a practice tryout. Closed to parents.
- When: April 22nd
- Where: Gym
- Time: Warm-ups will begin at 4:30.
- Attire: White polo, blue soffee shorts, hair in ponytail, no jewelry, white socks, no nail polish, and white shoes.

Tryout Information

- What:** Tryouts will be closed to everyone except judges, sponsors/coaches, principals, and Fine Arts designees. There will be no students, parents, or existing cheerleaders who are not part of the audition in the tryout room/area, nor will they be involved in the collection or tabulation of scores. PARENTS will not be allowed in the building during any phase of the tryouts.
- When:** April 23rd
- Where:** Memorial Pathway Academy HS *2825 S First St, Garland, Texas 75041*
- Time:** Warm-ups will begin at 8:45. Please arrive by 8:15. Our tryouts will conclude around 10:30
- Attire:** White polo, blue soffee shorts, hair in ponytail, no jewelry, white socks, no nail polish, and white shoes.

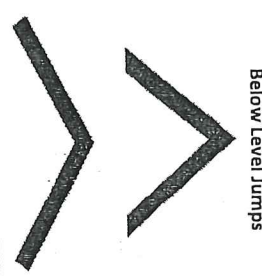
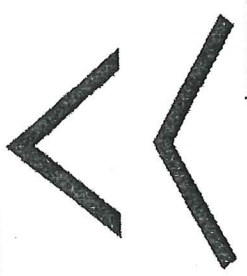
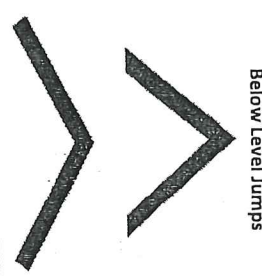
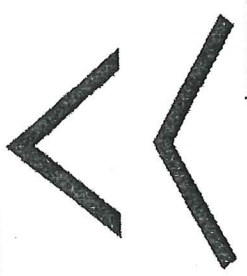
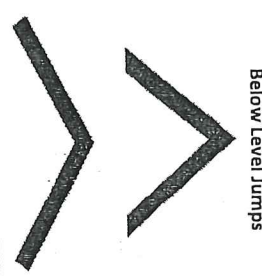
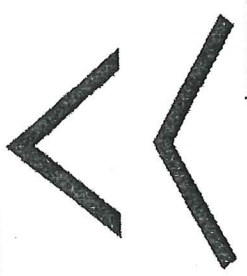
Scoring - Each of the judges will enter each candidate's scores into a spreadsheet. At the conclusion of the tryouts, a technical assistant will download all of the judge's individual score sheets into a master database.

The score sheet will have a possible of 100 points and each candidate will be judged in following areas:

- **Entrance (20pts)**
- **Jumps (25pts)**
- **Cheer (20pts)**
- **Chant (20pts)**
- **Dance (15pts)**

Results: Tryout results will be posted at each school in a designated area and online. A school designated area and an online address will be given to each candidate prior to leaving the tryout location. Requests for scores should be made through the school principal's office.

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 border="1"> <thead> <tr> <th>Running</th> <th>Standing</th> </tr> </thead> <tbody> <tr> <td>0 None</td> <td>0 None</td> </tr> <tr> <td>1 Cartwheel</td> <td>1-2 Back/Front Walkover or Cartwheel or Aerial</td> </tr> <tr> <td>1-2 Round Off</td> <td>3-4 BHS</td> </tr> <tr> <td>3-4 Round Off BHS</td> <td>5-6 BHS x 2</td> </tr> <tr> <td>5 Round Off 2 BHS</td> <td>7-8 Good motion level, sharp</td> </tr> <tr> <td>6 Series (3 or more BHS)</td> <td>8-9 BHS Back</td> </tr> <tr> <td>7 Round Off BHS Back</td> <td>10 Standing Full</td> </tr> <tr> <td>8 Series to Back</td> <td></td> </tr> <tr> <td>9 Layout or Whip to Back</td> <td></td> </tr> <tr> <td>10 Full or Specialty Full</td> <td></td> </tr> </tbody> </table>		Running	Standing	0 None	0 None	1 Cartwheel	1-2 Back/Front Walkover or Cartwheel or Aerial	1-2 Round Off	3-4 BHS	3-4 Round Off BHS	5-6 BHS x 2	5 Round Off 2 BHS	7-8 Good motion level, sharp	6 Series (3 or more BHS)	8-9 BHS Back	7 Round Off BHS Back	10 Standing Full	8 Series to Back		9 Layout or Whip to Back		10 Full or Specialty Full		<table border="1"> <thead> <tr> <th>1-3</th> <th>Below Level Jumps</th> </tr> </thead> <tbody> <tr> <td>4-6</td> <td>Level Jumps </td> </tr> <tr> <td>7-10</td> <td>Above Level Jumps </td> </tr> </tbody> </table>		1-3	Below Level Jumps	4-6	Level Jumps 	7-10	Above Level Jumps 	<table border="1"> <tbody> <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> </tbody> </table>		1	Jump of Choice	2	Toe Touch	3	Double Toe Touch	4	BHS	5	Toe BHS Back or Better
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*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																																											

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

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

- SÍ - Permiso 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 - Permiso 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, vídeos distritales/de campus, publicaciones distritales/de campus, redes sociales distritales/de campus y reconocimientos públicos.
- NO - No permiso 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.

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/UII 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/UIIL 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

Legal Parent/Guardian Printed Name

Candidate/Member Signature

Legal Parent/Guardian Signature

Date

Date

Parent Permission Form

- My son/daughter, _____ has my permission to be a cheerleader at O'Banion Middle School. I understand that he/she must abide by the rules and regulations set forth by the sponsor and the principal of O'Banion Middle School and be present for all practices and games. I have read the rules and regulations and understand that the violation of any of these rules may lead to probation, temporary suspension, or removal from the squad. I understand and give my permission to my son/daughter to ride with the sponsor and/or other parents when necessary. I understand that all forms must be completed and turned in by 4:00 pm on April 1st or my son/daughter will not be allowed to tryout. (You may turn in forms any time before April 1st)
- I understand all estimated costs described in this packet. I understand that it is my responsibility to meet all financial obligations by the deadlines set forth by O'Banion Middle School.
- I understand no parents will be allowed inside O'Banion Middle School during tryouts.
- As a cheerleader, your son/daughter is covered by the school insurance providing that the proper GARLAND INDEPENDENT SCHOOL DISTRICT channels are followed. However, you are encouraged to have your own insurance or to take additional school insurance.
- My child has submitted a signed choice of school statement for the 2021-2022 school year selecting O'Banion Middle School as his/her choice.

Candidate Signature

Date

Parent or Guardian Signature

Date





4 TEACHER RECOMMENDATION LETTERS - DUE APRIL 1ST!

You will need to have 4 different teachers write you a letter of recommendation.

Please give them your Student I.D # and your first and last name. You will receive an email when they complete the google form!

It is your responsibility to turn the recommendation letters in. We will not accept any handed to us by a teacher.

It is important that your teachers see you as an example of OMS Cheerleading.

 <p>Cheerleader name:</p> <p>Student ID without the "s":</p> <p>Teachers you can scan the QR code to find the google form!</p>	 <p>Cheerleader name:</p> <p>Student ID without the "s":</p> <p>Teachers you can scan the QR code to find the google form!</p>
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