

Cheerleader Information Packet

Dear Parents/Guardians of Cheerleader Candidates,

Your child has expressed an interest in becoming a member of the Jackson Technology Center 7th or 8th grade cheerleading squad for the 2022-2023 school year. If selected, there are certain personal and financial responsibilities and obligations, which you and your child must assume in order to qualify and remain a member in good standing. This packet contains all of the information that you will need to know before making the decision on whether or not to allow your child to try out. We hope that you, as a parent of a prospective cheerleader, are aware of the time and energy it takes to be an effective student leader at Jackson.

Because we believe our students and school are “better than the best!” we expect that cheerleaders set a good example of student conduct at all times. We have set forth guidelines that will make our cheerleaders role models at our school. We want our cheerleaders to be exemplary citizens exhibiting high moral and academic standards.

It is our intention that after reading through this pack with your child, you will discuss the expectations and obligations of being a cheerleader with your child. Cheerleading helps students form friendships, improve communication skills, and develop leadership skills that will prove to be beneficial later in life.

We wish all candidates the best of luck. Please read this packet carefully and be sure you fully understand each rule and procedure **BEFORE** signing. The stapled packet forms must be signed and returned by **April 14, 2022**. No late applications will be accepted.

Katie Wilson
Cheerleading Coach
krwilson2@garlandisd.net

Megan Dunakey
Cheerleading Coach
medunake@garlandisd.net

Calendar of Upcoming Events

April 4 - Pre-tryout parent meeting

Where: Jackson Cafeteria

Time: 6:00-6:30 pm

April 14- Application Due date

Turn in to Ms. Dunakey room 209 or Mrs. Wilson room 162

April 18-19 Cheer clinics - CLOSED sessions

Where: Jackson competition gym

Time: 4:15-5:30 pm

Attire: athletic wear of any kind, athletic shoes (no crop tops, spaghetti straps or spandex shorts - no jewelry of any kind) hair pulled back in ponytail

-Tryout clinic is only open to candidates and is not mandatory for tryouts. The chant, cheer and dance will be taught at clinics.

April 21 - Mock tryouts - CLOSED session

Where: Jackson competition gym

Time: 4:15-5:30 pm

Attire: solid shirt with solid shorts, athletic shoes, hair pulled back

-No parents will be permitted at mock tryouts

April 23 - Tryouts

Where: Memorial Pathways

Time: warm up - 2:30-3:00 Tryouts 3:00-4:15

Attire: solid black shorts, solid white polo shirt or solid fitted t-shirt, athletic shoes, hair pulled back (no jewelry or bows)

-Candidates will be assigned a tryout number on day of tryouts. Do not switch numbers! Parents will not be permitted inside the building during tryouts.

Results will be announced: April 23 by 8 pm

Calendar of Upcoming Events

April 28- Newly Elected Cheerleader and Parent Meeting

Where: Jackson cafeteria

When: 6:00-7:00 pm

What to bring: Potluck! Bring something to munch on!

May 20 - Teamleader Payment Deadline

***estimate of \$375**

Summer Camp - TBD July 2022

Uniform Fitting - at camp

February 2023 - Cheer Classic Competition

Cheerleader Expectations

Expectations for cheerleaders and other student leaders at Jackson are extremely high. Please make sure you read your tryout packet VERY carefully, as it describes the schedule requirements and rules for elected cheerleaders. If you cannot abide by the schedule requirements and/or rules, please reconsider trying out.

Grades: Cheerleaders must maintain passing grades or risk extended probation/termination. Cheerleading squads follow the UIL eligibility guidelines.

Time: If elected, plan to spend an average of 3 hours a week practicing for performances, as well as 2-3 hours a week for games.

Transportation: Each parent/guardian must arrange for his/her own child's ride to and from **all** practices and functions. Cheerleaders will ride the bus to the games with football players. You will be given a calendar for all cheerleader functions; therefore, parents are responsible for their child's timely arrival to events and prompt pick-up after events.

Attendance: Do not plan to try out for cheerleader unless you plan to attend **all** games, practices and cheerleader functions. (All-star practices and doctor's appointments are **not excused**. Please make sure you let the coach know with plenty of time.) See new demerit system set by the district in the handbook.

Rules: Keep in mind that being a cheerleader is a privilege to which one is elected. The strictest consideration for, and adherence to all rules is mandatory.

The Garland ISD Fine Arts Handbook States:

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 cheerleading 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 approval of principal and sponsor will not be allowed to try out for the next year on any GISD campus.

Middle School Cheerleader Tryout Sequence of Events

Date: April 23, 2022

Time: Warm-up 2:30-3:00 Tryout 3:00-4:15

Location: Memorial Pathways

FULL GROUP PERFORMANCE: All candidates should walk in and perform chant, dance and cheer as a group. Full-out jumps and tumbling is not necessary but certainly welcome during this demonstration.

GROUP CHANT: Groups will consist of 3-4 candidates. They should enter the gym so that they are in numeric order. There should be no tumbling or spirit during this time, only uniform walking. Once the nod has been given, the designated candidate will call for the group chant to begin. Upon completion, the candidates should wait for judges to finish scoring.

GROUP DANCE: Once the nod has been given, the school representative will begin the music. Once the dance has been completed, the candidates should remain in their spots until they are told to leave.

INDIVIDUAL ENTRANCE: Candidate #1 should enter the gym and wait for notification from the judges that show they are ready. After the judges have nodded, the candidates should run in showing and soliciting spirit and enthusiasm, including tumbling. Once they reach the center of the gym, they should wait for the notification that the judges are ready for the next step. Judges will score tumbling, spirit/enthusiasm, and the candidate's presence/poise (hair being out of face, shirts tucked in, shorts not too short, proper shoes, facial expressions, etc.)

INDIVIDUAL JUMPS: Once the nod has been given, the candidates should do whatever jump they wish to do first and then wait for a second nod before doing their second and third jumps giving the judges time to score each one.

*each middle school candidate must perform a toe touch, left OR right hurdler, and a jump of their choice.

INDIVIDUAL CHEER: When the nod is given, the candidate should begin the cheer. The cheer will have a section incorporating jumps. Candidates will be scores based on difficulty and execution. Candidates will also be judged on their smile, motion technique and voice projection during this time. When the candidate has completed their cheer, they should exit the gym.

Cheerleaders selected for the 2022-2023 Jackson Cheerleading squad will be announced **April 23, 2022 by 8 pm** in the Canvas course for tryouts.



Scan QR code for complete GISD Fine Arts handbook

Cheerleader Tryout Scoring Rubric

GISD Cheerleader Tryout Scoring Criteria

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

The following benching guidelines will be used:

1-4 Demerits	Warning by the Coach
5-10 Demerits	Conference/Warning/Benching
11-16 Demerits	3 Week Probation
17-21 Demerits	6 Week Probation
22 +	Removal from Team

RULE INFRACTION	DEMERIT(S)
Incorrect practice uniform	1 per item
Failure to dress out for practice	3
Chewing gum during practice or performance	2
Not returning an item within a due date	1 by each day late
Leaving a mess in practice, performance, or dressing area	2
Unexcused tardy	Practice 2 Performance 3
Wearing any jewelry during practice **no visible piercings**	2
Approved Merits (discretion by coach)	Merit(s)
conditioning	1
10 sets of 10 kicks or 30 jumps	1
Creating posters/signs for events/fundraisers	1-3 per poster
Attending and helping at GISD events	1 per hour
Attending and supporting VAPA group performances	1
Extra shift at team community service	1 per hour
Teacher assistant by appointment for 1 hour	1
Extra shift at team fundraiser	1 per hour
Greeter at school function	1 per hour
Volunteer to organize closet, clean locker room, dance area, etc.	1 per hour
Assist with faculty dance, school talent show, etc.	1 per hour
Volunteer to bring supplies for events	1
Team bonding game winner	1
After school technique/tutoring team members	1 per hour
Attending and supporting other school events to promote unity	1
Volunteer for other community service (must be approved)	1 per hour

DEMERIT GUIDE - These demerits may NOT earn merits

Moving or talking in performance line	1
Not following instructions for stands, sidelines, and entering/exiting venue	1
Any inappropriate behavior (in uniform) as outlined in the GISD/Fine Arts Student Code of Conduct	5
Wearing unacceptable nail length (safety) to a practice *Nails should be worn in a "sports length". Acceptable colors: clear, French, or neutral **After first occurrence, performance, based on campus Standard of Uniformity, dress code should be used	3
Not notifying coach when going to be absent & not bringing a note upon return from absence	2 per infraction *after first occurrence, benching
Wearing any jewelry to a performance **no visible piercings, refer to performance dress code	3
Lending uniform, sweats, t-shirts, or jackets to non-team members	5
Wearing uniform to non-team function	5
Failing to bring all required items to practice/performance	2 per item
Having a cell phone or smartwatch in practice or performance area without permission	2
Leaving any group activity without permission from coach	10
Insubordination (eye rolling, arguing, not responding, negative body language, ranting, using phone/watch without permission, etc.)	10
Violating school rules, dress code, policis, etc. established by the campus principal	10
Non-compliance with VAPA standards of conduct and GISD student Code of Conduct (Ex. lying to teacher, PDA, cursing, disrespectful to teacher and teammates, public displays of inappropriate conduct, ect.)	5 per occurrence
Unexcused absence from class period, practice outside school hours or required function	10
Failing to respect all teachers and staff	10
Office referral by staff member	2 *coach review
Reassignment Room	5, refer to GISD policies
Suspension from school	20, refer to GISD policies

Cheerleader Tryout Application

Due Date: **April 14, 2022**

Turn in to Ms. Dunakey in room 209 or Mrs. Wilson in room 162.

No late applications will be accepted under any circumstances.

Please print.

Candidate's Name: _____

ID#: _____

D.O.B.: _____

Grade level you are trying out for: 7th 8th

Home address:

Cheerleader's cell: _____

Mother's Name: _____ Resides w/ Y N

Mother's cell: _____

Mother's email address: _____

Father's Name: _____ Resides w/ Y N

Father's cell: _____

Father's email address: _____

As candidate for cheerleader, I have read and understand the tryout regulations, as well as the expectations for an elected cheerleader, and I will abide by them. I also understand that a violation of any of these regulations will disqualify me from the tryout process.

Student Signature: _____

Date: _____

Cheerleader Tryout Application

Candidate Agreement: The Garland ISD Fine Arts Handbook states: *Participation in the GISD cheerleading program carries both a significant 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 cheerleading 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 cheerleading duties. Any cheerleader who voluntarily quits the squad before the end of the cheerleading year without the campus 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 portion of the handbook and confirm that I have not voluntarily quit any cheerleading squad at any GISD campus.

Student Signature: _____

Parent Signature: _____

(Candidate: Please initial in spaces provided)

_____ I am interested in being a cheerleader at Jackson Technology Center. I understand the risks inherent to this sport. If elected, I promise to abide by the rules and regulations set forth by the sponsor and principal of Jackson Technology Center. I promise to cooperate and follow the instructions of the cheerleading sponsor at all times.

_____ I understand that cheerleaders and spirit groups exist to promote good sportsmanship, good citizenship, wholesome and enthusiastic school spirit, and cooperation both within the schools and among schools. Members of these groups have a fundamental responsibility to play a leadership role in helping the school to achieve the worthwhile objectives of the schools activities.

_____ Further, I understand that I am to behave in a manner that is becoming to me as an individual, as well as the organization I represent. I am aware that in or out of uniform, I am a representative of the cheerleading squad of Jackson Technology Center, and I agree to act accordingly.

I will:

- Be a leader and set an example for those around me.
- Remember SAFETY FIRST! NO COACH - NO PRACTICE!
- Follow a workout program designed for the development of strength in order to: prevent injury, increase strength and coordination, endurance, flexibility and confidence.
- Keep track of my academic progress (know when I need help or attend tutorials). I know that if I am not passing my classes, I am placing an undue burden on the rest of my squad.
- Attend and be ON TIME to all practices and games.
- Promote school spirit.
- Give respect to ALL adults (including but not limited to coaches, teachers, staff, parents, etc.) at all times.

Candidate's signature _____

Date _____

Cheerleader Tryout Application

Parent/Cheerleader Release Form

My child, _____, has my permission to be a cheerleader at Jackson Technology Center.

Please initial in the spaces provided.

_____ I have read the rules and regulations set forth by the sponsor and principal of Jackson Technology Center, as well as the Garland Independent School District. I understand that he/she must abide by the rules and regulations, and a violation of any of these rules may lead to a temporary or permanent suspension from the squad.

_____ I understand that he/she is expected to be present for all practices and games. It is my responsibility to have my child at all functions on time.

_____ I understand that qualified judges will evaluate my daughter/son and we agree to abide by the decision of the judges.

_____ I understand that if I have any concerns about the decisions made by the sponsor, I will contact the sponsor first. Only after contacting the sponsor may I contact the principal.

_____ I understand the costs involved as stated in this packet and that any and all payments made are non-refundable. In the event that we cannot pay for 100% of the cheerleader costs by the deadlines set, we will forfeit our position on the JTC cheerleading squad.

_____ I understand that by the very nature of the activity, cheerleading and gymnastics carry a risk of injury. Cheerleading activities require learned skills and behaviors. These will be taught, practice, and documented as each participant achieves mastery prior to the performance of each skill. It should be made clear that even though mastery of objectives and skills has been reached, and safety precautions enforced, accidents may still occur. No matter how careful the participants and coach are, how many spotters are used, and what landing surface is used, the risk cannot be eliminated. The risk of injury includes minor injuries such as muscle pulls, dislocation and broken bones. The risk also includes catastrophic injuries such as permanent paralysis or even death from landing or falls on the back, neck or head. I understand these risks and do hereby release Garland ISD and its employees from any liability due to accident, injury or illness should it occur.

_____ I understand I have been encouraged to have my own insurance.

_____ Upon making cheerleader, my child must acquire a medical/physical examination. This physical must be obtained **before attending camp**. Please note that if you will be in athletics, you will need your physical to be **obtained after April 1st**.

_____ I also confirm that my child has chosen Jackson Technology Center for the 2020-2021 school year on their choice of school form.

As a parent of a candidate for cheerleader, I have read and understand the expectations and regulations for cheerleaders. I also understand that a violation of the tryout process or failure to abide by the regulations will disqualify my child.

Parent/Guardian Signature _____ Date _____

Cheerleader Tryout Application

Candidate Statement:

I, _____, am trying out the position of cheerleader. I am aware of the time involved in being a JTC cheerleader. I am prepared to give 100% and have a positive attitude throughout the year. I understand that my obligations as a cheerleader do not begin and end with football seasons, but begin with cheerleader tryouts and continue through the entire school year. Furthermore, I understand that it is my responsibility to provide my own transportation to and from cheerleader practices and events unless is provided under GISD guidelines. I understand that as a cheerleader I am expected to behave in a manner that is becoming to me, as well as, my squad. I also realize that grades are very important and that it is my responsibility to remain eligible. It wastes time, money and energy when I am unable to perform. I have read and understand the attached information packet and GISd cheerleading handbook and rules. I agree to the follow and abide by all of these rules and regulations.

Student Name (print)

Student Signature

Date

Parent Permission Statement:

I, _____, have read the attached information packet and cheerleading handbook and rules. I also understand that every member of the cheerleading squad will be expected to follow these rules and regulations. I understand I will not be allowed in the building on the day of tryouts. I understand that it is my responsibility to provide transportation to and from cheerleader practices and events. I understand that it is my financial obligation to meet deadlines set forth by Jackson Technology Center. Furthermore, I understand that being a cheerleader involves inherent risks, which could cause serious or catastrophic injuries or even death. I have also read and understand the GISD insurance disclaimer. I understand that if I have any questions or concerns regarding cheerleading at Jackson, I should contact the appropriate sponsor. I understand and agree to abide by the GISD cheerleader handbook. Furthermore, I give my consent for the above named student to represent Jackson as a cheerleader and participate in extracurricular activities with knowledge of responsibilities, conduct expectations and risks involved with being a JTC cheerleader.

Parent Name (print)

Parent Signature

Date

Cheerleader Tryout Application

For parents/guardians:

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

Parent Signature _____

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

- Application packet with all signatures complete
- Pre-participation physical

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.

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/UIIL 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/UII 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 _____

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"/>	<input type="checkbox"/> 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.		
9. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):		
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 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 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.



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