

# Coyle Middle School

## Cheerleading 2024-2025

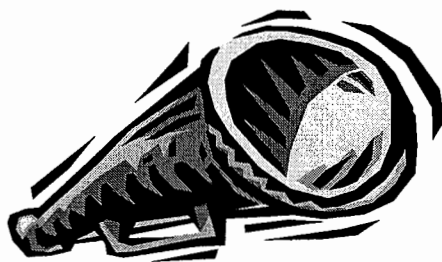
Step One: Read this packet in its entirety

Step Two: Sign all forms included within

- Cardiac Arrest Form
- Confirmation of Understanding
- GISD Cheer Application
- GISD Release Form
- Fine Arts Signature Page
- Information Sheet
- Preparticipation Physical Evaluation
- UIL Concussion Acknowledgement Form

Step Three: Return all the requested information to Ms. McGill in Room 141 by 4:15 P.M. Thursday, March 28<sup>th</sup>.

\*These forms can be turned in as early as Monday, March 4<sup>th</sup> at Open Gym.



**NOTE: IF THESE FORMS ARE NOT COMPLETE AND  
TURNED IN PRIOR TO THE CLINIC, YOU WILL NOT  
BE ALLOWED TO TRY OUT.**

If you need any additional information, contact:

Meredith McGill [mmmcgill@garlandisd.net](mailto:mmmcgill@garlandisd.net)

Taylor Carn [tcarn@garlandisd.net](mailto:tcarn@garlandisd.net)

**BRING THIS PACKET AND ALL FORMS  
TO THE PARENT MEETING  
THURSDAY, FEBRUARY 29, 2024**

## *Disclaimers*

### *Judges:*

*Every attempt is made to hire judges that have not worked with students in the Garland area. However, with the hundreds of camps in the state of Texas, attended by thousands of cheerleaders and taught by hundreds of instructors, it may be possible at some time that a member of the judging panel may have had some contact with a candidate who is trying out.*

*Professional judges with outstanding credentials and references will be hired for all tryouts. They will be instructed to judge the candidates based only on the mastery of the skills they see during the tryouts. Tryout results will not be challenged because of prior knowledge of judges and candidates.*

### *Judges' Scoring*

*Scores and final results tabulated by a district-wide, computer-generated program will be non-debatable as every attempt of fairness has been attempted by having an administrator present at each phase of the tryout process.*

### *Insurance:*

*As a cheerleader, your child is covered by the school insurance, providing that the proper GISD channels are followed. However, you are encouraged to have your own insurance or to take the additional school insurance.*

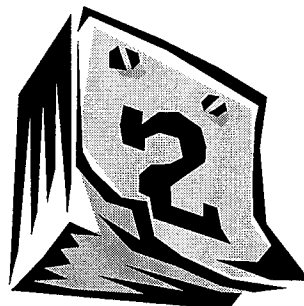
### *Parent Meeting:*

*Unless **prior arrangements** have been made with a sponsor, all candidates and parents are to attend the meeting on February 29<sup>th</sup>. Failure to attend this meeting or schedule another one before school at the sponsors' convenience will affect a potential candidate's ability to try out.*

### *Candidate Eligibility:*

*Even if a candidate cannot attend the Cheer Clinic due to ineligibility, they can however participate in the Panel of Judges portion of the tryout process.*

# MARK YOUR CALENDAR



**Thursday, February 29<sup>th</sup>**  
Mandatory Parent Meeting  
C.M.S. Cafeteria  
6:00 - 6:45 P.M.

*Check in beginning at 5:45 P.M.*

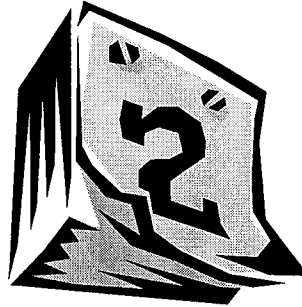
*Unless **prior arrangements** have been made with a sponsor, all candidates and parents are to attend the meeting on February 23<sup>rd</sup>. Failure to attend this meeting or schedule another one before school at the sponsors' convenience will affect a potential candidate's ability to try out.*

**Monday, March 4<sup>th</sup>, 18<sup>th</sup>, and 25<sup>th</sup>**  
Open Gym  
Old Gym  
4:15-5:30 P.M.

- **ALL POTENTIAL CANDIDATES ARE REQUIRED TO ATTEND AT LEAST TWO OUT OF THE THREE OPEN GYM SESSIONS THAT ARE OFFERED. FAILURE TO DO SO FORFEITS HIS/HER RIGHT TO BE CONSIDERED FOR A POSITION ON THE SQUAD. NEW ENROLLEES AND TRANSFERS WILL BE GIVEN SPECIAL CONSIDERATION IN REGARDS TO THE PARENT MEETING AND OPEN GYMS.**
- **OPEN GYMS AND TRYOUT WEEK ACTIVITIES ARE FOR POTENTIAL CANDIDATES ONLY!!! AT NO TIME ARE PARENTS, FRIENDS, OR SIBLINGS ALLOWED IN THESE SESSIONS.**

**Thursday, March 28<sup>th</sup>**  
Application Deadline  
4:15 P.M.

# MARK YOUR CALENDAR



**Tuesday, April 2<sup>nd</sup>**

Clinic

C.M.S. Old Gym

4:15-6:30 P.M.

**Wednesday, April 3<sup>rd</sup> & Thursday, April 4<sup>th</sup>**

Open Gym

C.M.S. Old Gym

4:15-5:30 P.M.

**Friday, April 5<sup>th</sup>**

Mandatory Mock Tryouts

C.M.S. Old Gym

4:15-6:00 P.M.

**Saturday, April 6<sup>th</sup>**

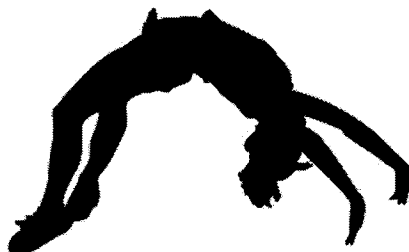
Tryouts

Garland High School

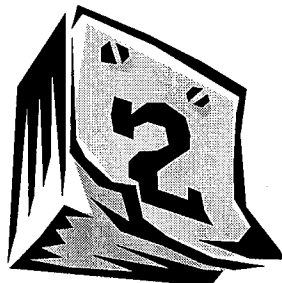
310 S Garland Avenue, Garland, TX 75040

7:30-9:00 A.M.

*Arrive by 7:15 A.M.*



# MARK YOUR CALENDAR



**Monday, April 8<sup>th</sup>, 15<sup>th</sup>, 22<sup>nd</sup>, & 29<sup>th</sup>  
Monday, May 6<sup>th</sup> & 13<sup>th</sup>**

Practice  
Old Gym  
Tryout Attire  
4:15-5:30 P.M.

**Tuesday, April 9<sup>th</sup>**

Physicals (The Blue Print Chiropractors)  
Old Gym/Girls' PE Locker Room  
4:30-6:00 P.M.  
\$10.00 cash

**Friday, April 12<sup>th</sup>**

Uniform Fitting  
Room 141  
4:15-5:45 P.M.

(A parent or guardian needs to be present to approve sizing. Ordering and payments will be made online using a debit or credit card.)

- **Champion \$50**
- **SimplyAng \$95**
- **TeamLeader \$17 (returning cheerleader)  
\$65 (new cheerleader)**
- **Varsity \$40**
- **Amazon \$25\* (backpack can be purchased at any time prior to camp)**

**\$400**  
*Budget*

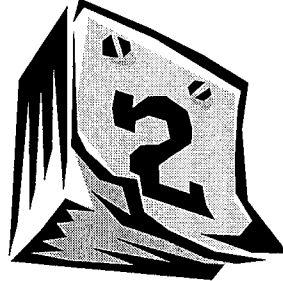
- 3 camp outfits
- sweatshirt/hoodie
- long sleeve tee
- 2 bows
- poms
- briefs
- backpack

Note: Additional optional items will be available for purchase through Champion and Varsity.

*Other*  
*Miscellaneous*  
*Expenses*

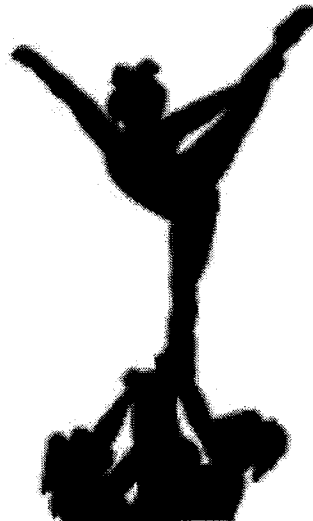
- Camp Gifts \$30-\$50
- Camp Lunch \$25
- Mums \$30-\$50
- Spirit Sticks \$10-\$15
- Paint/Brushes \$15-\$20
- Holiday Dinner \$15-\$25
- Secret Santa \$25
- Teacher Appreciation Snack Bar \$10-\$20
- 5-on-5 Tournament \$10-\$15
- Fall Festival \$25
- End of Year Banquet (\$20 per additional guest)

# MARK YOUR CALENDAR



**Thursday, July 18<sup>th</sup> – Saturday, July 20<sup>th</sup>**  
District Camp (Optional)  
Garland High School  
10:00 A.M. – 4:00 P.M.

**Monday, July 22<sup>nd</sup> – Wednesday, July 24<sup>th</sup>**  
Home Camp (Mandatory)  
CMS New Gym  
9:00 A.M. – 3:00 P.M.



# Our Expectations

Before signing up 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 potential cheerleaders and their parents need to take into consideration for the entire year are good character, financial deadlines, and the expectations set forth in the district's Fine Arts Handbook as well as those in the CMS Cheerleading Rules & Guidelines. If for some reason you feel that you or your son/daughter cannot meet these expectations, you should reconsider becoming a part of the team.

## Displaying Exemplary Character

It is the belief of both coaches and our administrators that being a cheerleader is not just an honor; it's a **privilege** as well. Therefore, should you be chosen to represent Coyle 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. **Note:** Office referrals may result in temporary or permanent dismissal from the squad.

## Paying All Financial Obligations

Upon becoming a cheerleader, it is your responsibility to purchase the attire and accessories that have been selected by the sponsors, as well as pay for summer camp tuition (if applicable). These fees **HAVE TO BE** paid in full by the specified dates. Failure to do so will result in the cheerleader forfeiting his/her position on the squad. (Refer to "Mark Your Calendar" for specific dates and fees.)

## GISD Fine Arts Handbook CMS Cheerleading Rules & Guidelines

*The GISD Fine Arts Handbook* makes you aware of your rights, discusses our objectives as well as our philosophy and purpose, and specifically states what's expected of every cheerleader in its domain. It, along with the *CMS Cheerleading Accountability System*, determines how infractions will be handled. To avoid future conflicts, it is **YOUR** responsibility to become well acquainted with the contents of these documents, particularly the "Demerit System" because all rules will be **strictly enforced**. <https://garlandisd.net/programs-services/fine-arts/cheerleading>

# Our Expectations

-continued-

## Responsibilities

In addition to cheering for games, which include both football and basketball, other mandatory events include 6<sup>th</sup> Grade Orientation, parades, public appearances, and any fundraising activities scheduled by the sponsors.

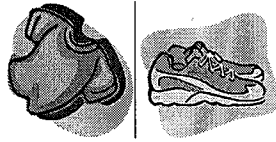
During football season, 7<sup>th</sup> grade games are Monday nights, and practices are on Tuesdays. The 8<sup>th</sup> graders practice Mondays and cheer Tuesdays. During basketball season, 7<sup>th</sup> grade cheers Mondays, and 8<sup>th</sup> grade cheers Thursdays. However, some game nights are subject to change and may take place on Wednesdays.

## Special Notes

- Depending on numbers, 7<sup>th</sup> & 8<sup>th</sup> Grade may combine and cheer as one squad instead of two separate entities.
- All cheerleaders will be required to have a physical AFTER April 1<sup>st</sup> and must submit a copy on or before the second practice Monday, April 15<sup>th</sup>.
- Everyone is responsible for his/her own ride to football games and must arrive no later than 5:00 P.M. Failure to do so will result in a 3-point deduction. During basketball season, the squad cheers at Home games and stays together after school.
- While we encourage participation in other extracurricular activities on campus such as Band, Choir, Theater, and Athletics, basketball is a direct conflict with cheer. Consequently, cheerleaders are NOT allowed to try out unless those games do not coincide with our schedule; trying out without prior approval will be considered resignation from the squad.



## Selection Apparel



### Cheer Clinic/Open Gym

April 2<sup>nd</sup>, 3<sup>rd</sup>, & 4<sup>th</sup>

PONYTAIL

NO JEWELRY

T-shirt

Knit Shorts

White socks

Tennis shoes

### Mock Tryouts/Tryouts

April 5<sup>th</sup> & 6<sup>th</sup>

PONYTAIL

NO JEWELRY

White T-shirt

SOLID Black knit shorts

White socks

SOLID white tennis shoes

## Cheer Clinic

Although it is not a mandatory event, we highly recommend everyone attend. If for some reason a candidate chooses not to participate, he/she will have to rely on another candidate to teach him/her the material (cheer, chant, and dance) that will be scored by the panel of judges and determines who makes the squad.

*Cameras, phones, etc. must be kept in the locker room at all times.*

## Parent Participation/Involvement

Parents are **not** allowed in the building at any time on April 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, or 5<sup>th</sup> while the candidates are assembled in the gym learning, preparing, or practicing their routines. This also applies to the actual tryout day itself on Saturday, April 6<sup>th</sup> at Garland High School. **Anyone choosing to enter the premises in spite of this warning will immediately be escorted out by a sponsor, administrator, or the police.**

**Note: Some situations may require further action(s).**

# Day of Tryout Procedures



## Morning

All candidates should be dressed in the specified attire and report to Garland High School by 7:15 A.M. (If a candidate shows up after tryouts have already begun, he/she will not be allowed to try out.)

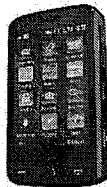
## Notification

Once all candidates have had the opportunity to try out, everyone will be dismissed and can find the final results posted in Canvas later that afternoon.



## Parent/Sponsor Communication

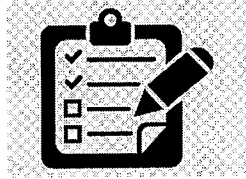
If your son/daughter is selected as a 2024-2025 CMS cheerleader, you will need to download the GroupMe app if you do not already have it. This is how all information will be communicated from the sponsors throughout the year.



## Additional Information

All candidates who make the squad will be required to have a physical AFTER April 1<sup>st</sup> and must submit a copy of the results to the appropriate coach no later than Monday, April 15<sup>th</sup> prior to the start of practice.

# Judging



A panel of three professional judges will be hired by the Garland ISD Fine Arts Department to score the candidates. These scores are FINAL and cannot be changed by any district employee.

## Performance: Sequence of Events

Before any judging will take place, all candidates will perform the cheer and dance together, so the judges have the opportunity to see what the material should look like. Afterwards, the contestants will exit the gym and tryouts will proceed in groups of three. The candidates will individually perform their jumps and tumbling (if applicable) and then the cheer and the dance as a group.

## Who Will Make the Squad?

All candidates will be scored according to the Garland ISD Middle School Tryout Criteria. (For more specific information such as categories and point values, refer to the next page.) Also note, each candidate will receive a coach's score based on his/her effort, leadership, and dedication as well as his/her ability to be a good role model. This score will be averaged along with each of the three judges' scores to determine who will represent Coyle as its 2024-2025 7<sup>th</sup> and 8<sup>th</sup> Grade Coyle Cheerleaders!!!

Note: We are only looking to take the top 10-12 per grade level who can average 50 points or more. However, this may be impacted by the natural break.

# Garland ISD Middle School Cheer Tryout Criteria

<b>Tumbling</b> 10 pts.	<b>Jumps</b>	<b>Incorporation</b> 10 pts.																																																
*If a skill is not executed properly, then points may be deducted into a lower scale.																																																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">0</td><td style="text-align: center;">None</td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">Cartwheel</td></tr> <tr><td style="text-align: center;">1-2</td><td style="text-align: center;">Round off</td></tr> <tr><td style="text-align: center;">3-4</td><td style="text-align: center;">Round off BHS</td></tr> <tr><td style="text-align: center;">5</td><td style="text-align: center;">Round off 2 BHS</td></tr> <tr><td style="text-align: center;">6</td><td style="text-align: center;">Series 3 or more BHS</td></tr> <tr><td style="text-align: center;">7</td><td style="text-align: center;">Round off BHS back tuck</td></tr> <tr><td style="text-align: center;">8</td><td style="text-align: center;">Series to back tuck</td></tr> <tr><td style="text-align: center;">9</td><td style="text-align: center;">Layout or whip to back tuck</td></tr> <tr><td style="text-align: center;">10</td><td style="text-align: center;">Full or specialty full</td></tr> </table>	0	None	1	Cartwheel	1-2	Round off	3-4	Round off BHS	5	Round off 2 BHS	6	Series 3 or more BHS	7	Round off BHS back tuck	8	Series to back tuck	9	Layout or whip to back tuck	10	Full or specialty full	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">1-3</td> <td style="text-align: center;">Below level jumps Λ</td> </tr> <tr> <td style="text-align: center;">4-6</td> <td style="text-align: center;">Level jumps —</td> </tr> <tr> <td style="text-align: center;">7-10</td> <td style="text-align: center;">Above level jumps V</td> </tr> </table> <p style="text-align: center;">Toe touch- 10 pts. Right Hurdler/Herkie- 10 pts. Left Hurdler/Herkie- 10 pts.</p>	1-3	Below level jumps Λ	4-6	Level jumps —	7-10	Above level jumps V	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">0</td><td style="text-align: center;">No incorporation</td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">Other jump poor</td></tr> <tr><td style="text-align: center;">2</td><td style="text-align: center;">Other jump good</td></tr> <tr><td style="text-align: center;">3</td><td style="text-align: center;">Toe touch poor</td></tr> <tr><td style="text-align: center;">4</td><td style="text-align: center;">Toe touch good</td></tr> <tr><td style="text-align: center;">5</td><td style="text-align: center;">Double toe touch poor</td></tr> <tr><td style="text-align: center;">6</td><td style="text-align: center;">Double toe touch good</td></tr> <tr><td style="text-align: center;">7</td><td style="text-align: center;">Tuck poor</td></tr> <tr><td style="text-align: center;">8</td><td style="text-align: center;">Tuck good</td></tr> <tr><td style="text-align: center;">9</td><td style="text-align: center;">Back handspring to tuck poor</td></tr> <tr><td style="text-align: center;">10</td><td style="text-align: center;">Back handspring to tuck poor</td></tr> </table>	0	No incorporation	1	Other jump poor	2	Other jump good	3	Toe touch poor	4	Toe touch good	5	Double toe touch poor	6	Double toe touch good	7	Tuck poor	8	Tuck good	9	Back handspring to tuck poor	10	Back handspring to tuck poor
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# Note to Parents...

It's our sincere hope to have a successful and stress-free year. However, without your cooperation, it won't be possible. Therefore, we ask that you be mindful and respectful of the following:

1. Practices are closed events. The only people who need to be there are the athletes and their coaches.
2. Before, during, or after a game is not the time, nor the place to approach a coach to discuss an issue. If you find yourself unhappy about something that has occurred, immediately text or e-mail your concern to the sponsor(s), and if need be, schedule a conference.
3. Familiarize yourself with the Fine Arts Demerit Guide as well as the Coyle Middle School Cheerleading Accountability System. All rules will be strictly enforced.
4. Contact the sponsor as soon as you know your son/daughter will miss a practice, game, or event. Failure to do so on your part will result in your child being benched or receiving a 2-5pt. deduction.
5. Any question that pertains to a child other than your own will not be addressed.

Thank you in advance for your cooperation,

Ms. McGill (7<sup>th</sup> Grade Cuties)

Ms. Carn (8<sup>th</sup> Grade Tradition)

- K. Any student removed from the team must also be removed from the class. Students will not be removed until all financial obligations are met and all uniforms and equipment are returned in good condition.
- L. A member who has been removed from the squad or voluntarily quits on any GISD campus will not be eligible to participate in the next tryouts without approval from the principal and teacher. Areas to be reviewed will include, but not be limited to, the reasons for the removal, academic grades, other discipline records, student attitude, and any other factors deemed relevant by the principal and the teacher.

**DEMERIT SYSTEM**

The following are considered rule infractions. Demerits are strictly used only to determine disciplinary probation periods and are not used for grading purposes. Demerits are given for one school year, tryout to tryout. After tryouts, each member’s record is cleared. The only exception is if a disciplinary action (benching, probation) has been determined in the previous year but not yet served. In this case, the disciplinary action will become active on the first day of school of the next year, and then that student’s record will be cleared.

- A. Benching: Member attends functions in uniform but will not take part in the team performance. With regard to pep rallies, football and basketball games, the member may perform in the stands with the team but may not perform in pre-game, half-time, or post-game performances or festivities. A benched member will be required to remain in the stands or in an area designated by the teacher. A member may participate in group fundraisers and banquets.
- B. Probation: Member is not allowed to participate in auditions or performances of the team or of specialty groups. The member is not allowed to travel with the team for any reason. The member may not wear the team uniform. The member must continue to attend classes, work periods, and practices as scheduled during and before/after school hours. A member may participate in group fundraisers and banquets.
- C. If a member is academically ineligible at the time of benching due to disciplinary probation, the penalty will be served after the academic probation has been served.
- D. A member may be required to have a parent/guardian and teacher conference after the first 10 demerits.
- E. If a student receives an excessive amount of demerits that moves them to an advanced disciplinary level, they will also receive the consequence(s) from the level(s) they may have skipped.
- F. A parent contact may be by phone, letter, or email. It is the parent’s/guardian’s responsibility to check for these notifications.
- G. The following benching/probation guidelines will be used:

<b>5</b>	<b>Warning</b>	<b>Document and Parent Contact</b>	
<b>10+</b>	<b>Benched from Next Performance</b>	<b>Document and Parent Contact</b>	<b>1 benching until student reaches 15</b>

15+	3 Week Probation	Document and Parent Contact	1 probation until student reaches 20
20+	6 Week Probation	Document and Parent Contact	1 probation until student reaches 22
22	Removal from Team		

### DEMERIT/MERIT GUIDE

The following demerit/merit guide will be used:

RULE INFRACTION	DEMERIT(s)
Incorrect practice uniform	1 per item
Failure of student to dress out for practice	3
Chewing gum during practice or performance	2
Not returning any item with a due date	1 each day
Leaving a mess in practice, performance, or dressing area	2
Tardies to practice, performance/function/area ** Excessive tardies (3 or more) can receive benching	Practice 1 Performance 3
Wearing any jewelry (including clear spacers) during <b>practice</b> and after a warning	1 per item
Moving or talking in performance line	2

### DEMERIT GUIDE - These demerits may not be erased with merits.

Not following instructions for stands, sidelines, and entering/exiting venue	1
Any inappropriate behavior, at school or school events, as outlined in the GISD/Fine Arts Student Codes of Conduct and campus expectations	5 out of uniform 10 in uniform
Wearing unacceptable nail length (safety issue) and hair to a <b>practice</b> *Nails should be worn in a "sports length" *Nails should be barely visible from palm angle. This is in accordance with NFHS Safety Guidelines. See page 4, Practice and Performances, I.	1 per item first offense 2 per item 2nd offense

Wearing nail polish or unacceptable nail length (safety) to a <b>performance</b> *Nails should be worn in a "sports length", nails should be barely visible from palm angle. Acceptable colors: clear, French, or neutral	2 first offense 4 2nd offense
Not notifying the teacher when of absences or not bringing a note upon return from absence. The manner of communication is determined by the teacher.	2 per infraction **
Wearing any jewelry to a <b>performance</b> including clear spacers. Benched until corrected.	2 per item
Lending uniform, sweats, t-shirts, or jackets to non-team members	5
Wearing uniform to non-team function without teacher approval	5
Failing to bring all required items to a practice/performance. This includes game day attire See page 3, Practice and Performances	practice 1 per item game day attire 1 per item performance 2 per item
Having a cell phone, earbuds or a smart watch in practice or performance area without permission from the teacher	2
Leaving any practice/performance early without permission from teacher	5
Insubordination (eye rolling, arguing, disrespect to faculty/staff, not responding, negative body language, ranting, repeated use of cell phone/smart watch w/out permission, non-compliance), leaving any group activity without permission	5 minor infraction 10 major infraction
Office referral	10
Letting a non-member into locker room without teacher's permission	10
Unexcused absence from class period, practice outside school hours, or required performance/function	Practice 2 Performance 5 plus possible benching for next game
Reassignment Room **review and refer to GISD Policies	15 **
N in conduct **review and refer to GISD Policies	15 **
U in conduct **review and refer to GISD Policies	20 **
Suspension from school **review and refer to GISD Policies	20 **



**MERIT GUIDE**

- A. Merits must be acquired prior to any demerit listed above. See the chart below.
- B. One merit will remove one demerit.
- C. It is up to the student to request possible merit earning opportunities and to provide proof as requested.

<b>Approved Merits (approval of the teacher)</b>	<b>Merit (s)</b>
Parent /Guardian Attending Booster Meetings	1 per meeting, Max 6
Conditioning	1
10 sets of 10 kicks/10 jumps	1
Creating posters/signs for events/fundraisers	1 per poster
Attending and helping at GISD events (literacy, back to school, etc)	2 per hour
Attending and supporting Fine Arts Group performances	1
Extra shift at team community service	2 per hour
Teacher assistant by appointment for 1 hour	2
Extra shift at a team fundraiser	2 per hour, max 3 hrs per event
Greeter at after school functions	2 per hour, max 3 hrs per event
Volunteer to organized closet, clean locker room, dance area, etc	2 per hour, max 3 hrs per event
Assist with faculty dance, school talent show, etc	2 per hour, max 3 hrs per event
Volunteer to bring supplies for events	1 per item
Team bonding game winners	1
After school technique/tutoring team members	2 per hour, max 3 hrs per event
Attending and supporting other school events to promote unity	2

Volunteer for outside community service (must be approved)	2 per hour, max 3 hrs per event
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## HANDBOOK CHANGES

The GISD Fine Arts Handbook is subject to change at any time due to court rulings, Texas Education Agency rulings or Garland Independent School District policy changes.

## Appendix A: High School Cheer

### SELECTION PROCESS

- A. The procedures for selection are based on the Board Policies of the Garland Independent School District and from the guidelines in this handbook. At the time of tryouts, one of two conditions must be met. The student must be enrolled in the Garland Independent School District and trying out at the school where the student is registered to attend for the next school year or if the student is currently not enrolled in GISD, but is registered at attend a GISD campus for the next school year, the student may try out at that campus. A student may only try out for one GISD school.
- B. Each sponsor/coach will be responsible for the preparation and distribution of a packet of information to be made available to all candidates. A MANDATORY parent meeting will be called by the sponsor/coach prior to tryouts. This information will include specific tryout dates, times, attire, and procedures. This information must be approved by the building principal and the Fine Arts Department prior to distribution. Candidates and parents must sign a form stating that they understand and will comply with all information in the packet before the student is allowed to participate in the tryout process.
- C. Cheerleader candidates are required to submit the Pre-participation Medical Evaluation-Medical History form prior to tryouts. If the candidate answers yes to the questions outlined on this form, then the candidate must also complete the physical exam form. Once a candidate is selected as a member of the cheerleading squad, the member will be required to complete the physical form before the first practice but no earlier than April 1st. All members must complete this form each year. Most schools will offer low cost physicals through the athletic department.
- D. Potential candidates that have been assigned ISS, Suspension, or AEC the year prior to tryouts, must have director/coach and principal approval.
- E. All cheerleaders will be required to try out for the team each year. All candidates must be physically present at the tryouts. An individual's video can only be used in the case of injury. (see Injury and Use of Video, page 3)
- F. The Garland Independent School District will hold a tryout for the selection of high school cheerleaders. The goal of the tryout will be to provide a consistent, equitable and monitored tryout process for all high school cheer candidates across the district. Tryouts will be held during a designated week, Spring semester, as determined by the Director of Fine Arts, principals and sponsors/coaches. The date will not be during the week of six weeks and/or state-mandated testing. Every student wishing to try out must do so on this

# Coyle Middle School

## *Cheerleading Rules and Guidelines*

### **Expectations**

The Coyle Middle School Cheerleading Program has a rich tradition of producing athletes who succeed academically, excel on the field, and exhibit exemplary citizenship. Consequently, all members selected to represent our school are held to the highest of standards. In addition to adhering to the rules outlined in the *GISD Fine Arts Handbook*, members of our squad must also abide by the expectations set forth by our campus administrators and sponsors in the *CMS Cheerleading Rules and Guidelines*.

### **Eligibility**

Students who have received more than one office referral resulting in disciplinary action being taken by administration are NOT allowed to try out. Furthermore, maintaining eligibility is difficult for those who have a history of not being academically responsible or who don't conduct themselves in acceptable ways. Misconduct, disregard for authority, mistreatment of others, etc., will NOT be tolerated and will result in benching/probation and/or removal from the squad. Failure to maintain passing grades in all classes will result in academic probation which means no performing and no uniform.

### **Respect**

The success of our program is dependent on one thing- respect. Respect for rules, respect for self, respect for others, respect for time, and respect for our mission and purpose.

# Coyle Middle School

## *Accountability System*

### **Attendance**

- Unexcused absences from practices and games result in 2pt. and 5pt. deductions. Absences are only excused for the following: personal illness with a doctor's note, death in family, illness in family that required out of town travel, funeral, approved college days, mandatory court appearance, and religious holidays. Demerits will also be given if prior notice is not given for an absence.
- Cheerleaders are expected to stay for the duration of all cheer activities.
  1. Leaving practice early with permission may result in being benched for one quarter depending upon the reason and the amount of time.
  2. Leaving any practice or game early without permission will result in a 5 pt. deduction
- Unless excused, cheerleaders cannot miss the last practice before a game. Doing so will result in being benched for that game.

### **Punctuality**

Cheerleaders are expected to be at all practices, games, and events at the time specified by the sponsor. Arriving late will result in a 1pt. (practice) or 3 pt. (game/performance) demerit.

### **Uniformity**

- All members of the squad are required to wear what the sponsor/head cheerleader designates to practice and on game days. Failure to do so will result in a 1 pt. or 3 pt. demerit.

- Nails are to be of modest length (“sport length”) and color. If not, 1pt., 2pt., and 4 pt. demerits will be issued per event until the nails are in compliance. When in uniform, nails must be clear, French, American, or neutral.

## **Conduct**

- Maintaining a higher standard of conduct will also include ensuring the GISD/Fine Arts Students’ websites are appropriate. The internet is a worldwide, publicly accessible form of communication. Therefore, any communication such as Twitter, YouTube, Instagram, SnapChat, Vines, Tumbler, or any other photo/video sharing or social media site, etc. appearing on the internet is public domain, even if it is marked private. Per the GISD Code of Conduct, students are responsible for their personal websites and postings on others’ websites. The areas of appropriateness will include, but not limited to, the following: language, sexual or other (abbreviated or alluding to); pictures, reference to sexually explicit conduct or content, bullying/harassment within school and to other campuses, clothing, alcohol, drugs, and/or tobacco, which includes e-cigs and vapes. Excessive amounts of postings during the school day and posting updates in the middle of the school day is unacceptable and will be considered if a principal/teacher review takes place. Messages, Snap Chats, pictures, etc. sent via text messages or any other form of communication can be used as a screenshot and therefore can be considered public domain. By sending any content electronically to someone else, you are giving them permission to use that information as they see fit so please be aware of what you are sending and to whom you are sending it to at any time. Any question of appropriateness will be decided by the principal and coach and may result in 5pt. or 10 pt. deductions, benching, probation, or removal from the squad.
- Social media posts that contain negative commentary about Coyle Tech or that do not reflect positively on the campus are also subject to disciplinary action(s). Any question of appropriateness

will be decided by the principal and coach and may result in 5pt. or 10 pt. deductions, benching, probation, or removal from the squad.

- Office referrals immediately result in a principal/sponsor review. Depending upon the severity of the situation, a parent meeting may be called to discuss probation and/or termination from the squad.
- Cheerleaders will comply with directives from the sponsor as well as the head cheerleader(s). Any member who does not follow the instructions given by the head cheerleader(s) will be benched one quarter if the infraction occurs at a game. If it occurs at practice, the sponsor will assign a workout or benching for the next event.
- Cheerleaders are expected to behave in a respectful manner during practice and at events. Consequently, they will not:
  1. argue amongst themselves
  2. disrespect one another verbally or nonverbally (e.g. eye-rolling, silent treatment, name-calling)
  3. speak in a negative manner regarding the team, its members, or assigned tasks

*Note: Depending on the infraction, a workout or 5 point demerit will be issued.*

## **Miscellaneous**

- Coyle Middle School cheerleaders are expected to yell the cheers/chants as well as perform with sharp, crisp motions and smiles. Failure to do so will result in immediate benching for the duration of the event (pep rally, performance, game, etc.)

# Candidate Information



ID #: \_\_\_\_\_

WIN Teacher: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City Zip Code

Home # (\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_

Date of Birth \_\_\_\_\_  
Month Day Year

T-Shirt Size: YM YL XS S M L XL 2XL

## PARENT/GUARDIAN INFORMATION

Mother: \_\_\_\_\_  
Last First

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Father: \_\_\_\_\_  
Last First

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Family E-mail Address: \_\_\_\_\_

# Garland Independent School District Cheer Application

Name \_\_\_\_\_ ID# \_\_\_\_\_

Grade Next

Yr. \_\_\_\_\_ Age \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

School Enrolled for Next Yr. \_\_\_\_\_

Participation in the GISD cheerleading program carries both a significant time and financial commitment. Each cheerleader is expected to meet all financial responsibilities identified by their specific campus. Dedication to, and the prioritization of, cheerleading is obligatory from all cheerleaders to meet the objectives of the program. Candidates selected to be a member of the squad are expected to maintain their commitment to the activity for the full cheerleading year. **Prior to making commitments to be involved in other school activities, cheerleaders should carefully consider specific program requirements, as involvement in other activities may cause participation and time conflicts with cheerleading duties.** Any cheerleader who voluntarily quits the squad before the end of the cheerleading year without the approval of the principal and sponsor will not be allowed to try out for the next year on any GISD campus.

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

Student

Signature \_\_\_\_\_

Parent/Guardian \_\_\_\_\_



For parents/guardians:

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

Parent/Guardian\_\_\_\_\_

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

\_\_\_\_\_Application

\_\_\_\_\_Fine Arts Handbook Signature Pages

The GISD Fine Arts Handbook will be available online.

[Cheerleading | Garland Independent School District \(garlandisd.net\)](http://garlandisd.net)

\_\_\_\_\_Preparticipation Form (physical)

\_\_\_\_\_UIL Concussion Acknowledgement Form

\_\_\_\_\_Media Release Form

**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](http://www.garlandisd.com) )

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

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

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

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

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

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

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

\_\_\_\_\_ I understand that GISD Fine Arts groups will take precedence over any outside non-district group. This includes rehearsals and performances.

\_\_\_\_\_ 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](http://www.garlandisd.net) )

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

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

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

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

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

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

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

\_\_\_\_\_ I understand that GISD Fine Arts groups will take precedence over any outside non-district group. This includes rehearsals and performances.

\_\_\_\_\_ 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** \_\_\_\_\_

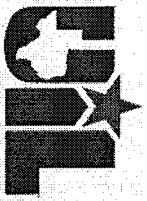
**Candidate/Member Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Legal Parent/Guardian Printed Name** \_\_\_\_\_

**Legal Parent/Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_



# SUDDEN CARDIAC

# ARREST (SCA) AWARENESS FORM

## The Basic Facts on Sudden Cardiac Arrest

### Website Resources:

American Heart Association:  
[www.heart.org](http://www.heart.org)

**Lead Author:** Arnold Fenrich, MD  
and Benjamin Levine, MD

**Additional Reviewers:** UIL Medical  
Advisory Committee

Revised 2016

### What is Sudden Cardiac Arrest?

- Occurs suddenly and often without warning.
- An electrical malfunction (short-circuit) causes the bottom chambers of the heart (ventricles) to beat dangerously fast (ventricular tachycardia or fibrillation) and disrupts the pumping ability of the heart.
- The heart cannot pump blood to the brain, lungs and other organs of the body.
- The person loses consciousness (passes out) and has no pulse.
- Death occurs within minutes if not treated immediately.

### What causes Sudden Cardiac Arrest?

**Inherited** (passed on from family) conditions present at birth of the heart muscle:

**Hypertrophic Cardiomyopathy** – hypertrophy (thickening) of the left ventricle; the most common cause of sudden cardiac arrest in athletes in the U.S.

**Arrhythmogenic Right Ventricular Cardiomyopathy** – replacement of part of the right ventricle by fat and scar; the most common cause of sudden cardiac arrest in Italy.

**Marfan Syndrome** – a disorder of the structure of blood vessels that makes them prone to rupture; often associated with very long arms and unusually flexible joints.

**Inherited conditions present at birth of the electrical system:**

**Long QT Syndrome** – abnormality in the ion channels (electrical system) of the heart.

**Catecholaminergic Polymorphic Ventricular Tachycardia and Brugada Syndrome** – other types of electrical abnormalities that are rare but run in families.

**Noninherited** (not passed on from the family, but still present at birth) conditions:

**Coronary Artery Abnormalities** – abnormality of the blood vessels that supply blood to the heart muscle. This is the second most common cause of sudden cardiac arrest in athletes in the U.S.

**Aortic valve abnormalities** – failure of the aortic valve (the valve between the heart and the aorta) to develop properly; usually causes a loud heart murmur.

**Non-compactation Cardiomyopathy** – a condition where the heart muscle does not develop normally.

**Wolf-Parkinson-White Syndrome** – an extra conducting fiber is present in the heart's electrical system and can increase the risk of arrhythmias.

**Conditions not present at birth but acquired later in life:**

**Commotio Cordis** – concussion of the heart that can occur from being hit in the chest by a ball, puck, or fist.

**Myocarditis** – infection or inflammation of the heart, usually caused by a virus.

**Recreational/Performance-Enhancing drug use.**

**Idiopathic:** Sometimes the underlying cause of the Sudden Cardiac Arrest is unknown, even after autopsy.

### What are the symptoms/warning signs of Sudden Cardiac Arrest?

- Fainting/blackouts (especially during exercise)
- Dizziness
- Unusual fatigue/weakness
- Chest pain
- Shortness of breath
- Nausea/vomiting
- Palpitations (heart is beating unusually fast or skipping beats)
- Family history of sudden cardiac arrest at age < 50

**ANY of these symptoms and warning signs that occur while exercising may necessitate further evaluation from your physician before returning to practice or a game.**

### What is the treatment for Sudden Cardiac Arrest?

- Time is critical and an immediate response is vital.
- CALL 911
- Begin CPR
- Use an Automated External Defibrillator (AED)

### What are ways to screen for Sudden Cardiac Arrest?

The American Heart Association recommends a pre-participation history and physical including 14 important cardiac elements.

**The UIL Pre-Participation Physical Evaluation – Medical History form includes ALL 14 of these important cardiac elements and is mandatory annually.**

**What are the current recommendations for screening young athletes?**

The University Interscholastic League requires use of the specific Preparticipation Medical History form on a yearly basis. This process begins with the parents and student-athletes answering questions about symptoms during exercise (such as chest pain, dizziness, fainting, palpitations or shortness of breath); and questions about family health history.

It is important to know if any family member died suddenly during physical activity or during a seizure. It is also important to know if anyone in the family under the age of 50 had an unexplained sudden death such as drowning or car accidents. This information must be provided annually because it is essential to identify those at risk for sudden cardiac death.

The University Interscholastic League requires the Preparticipation Physical Examination form prior to junior high athletic participation and again prior to the 1<sup>st</sup> and 3<sup>rd</sup> years of high school participation. The required physical exam includes measurement of blood pressure and a careful listening examination of the heart, especially for murmurs and rhythm abnormalities. If there are no warning signs reported on the health history and no abnormalities discovered on exam, no additional evaluation or testing is recommended for cardiac issues/concerns.

**Are there additional options available to screen for cardiac conditions?**

Additional screening using an electrocardiogram (ECG) and/or an echocardiogram (Echo) is readily available to all athletes from their personal physicians, but is not mandatory, and is generally not recommended by either the American Heart Association (AHA) or the American College of Cardiology (ACC). Limitations of additional screening include the possibility (~10%) of "false positives", which leads to unnecessary stress for the student and parent or guardian as well as unnecessary restriction from athletic participation. There is also a possibility of "false negatives", since not all cardiac conditions will be identified by additional screening.

**When should a student athlete see a heart specialist?**

If a qualified examiner has concerns, a referral to a child heart specialist, a pediatric cardiologist, is recommended. This specialist may perform a more thorough evaluation, including an electrocardiogram (ECG), which is a graph of the electrical activity of the heart. An echocardiogram, which is an ultrasound test to allow for direct visualization of the heart structure, may also be done. The specialist may also order a treadmill exercise test and/or a monitor to enable a longer recording of the heart rhythm. None of the testing is invasive or uncomfortable.

**Can Sudden Cardiac Arrest be prevented just through proper screening?**

A proper evaluation (Preparticipation Physical Evaluation – Medical History) should find many, but not all, conditions that could cause sudden death in the athlete. This is because some diseases are difficult to uncover and may only develop later in life. Others can develop following a normal screening evaluation, such as an infection of the heart muscle from a virus. This is why a medical history and a review of the family health history need to be performed on a yearly basis. With proper screening and evaluation, most cases can be identified and prevented.

**Why have an AED on site during sporting events**

The only effective treatment for ventricular fibrillation is immediate use of an automated external defibrillator (AED). An AED can restore the heart back into a normal rhythm. An AED is also life-saving for ventricular fibrillation caused by a blow to the chest over the heart (commotio cordis).

Texas Senate Bill 7 requires that at any school sponsored athletic event or team practice in Texas public high schools the following must be available:

- An AED is in an unlocked location on school property within a reasonable proximity to the athletic field or gymnasium
- All coaches, athletic trainers, PE teacher, nurses, band directors and cheerleader sponsors are certified in cardiopulmonary resuscitation (CPR) and the use of the AED.

➤ Each school has a developed safety procedure to respond to a medical emergency involving a cardiac arrest.

The American Academy of Pediatrics recommends the AED should be placed in a central location that is accessible and ideally no more than a 1 to 1 1/2 minute walk from any location and that a call is made to activate 911 emergency system while the AED is being retrieved.

**Student & Parent/Guardian Signatures**

I certify that I have read and understand the above information.

Parent/Guardian Signature

Parent/Guardian Name (Print)

Date

Student Signature

Student Name (Print)

Date



Date \_\_\_\_\_

Dear Parent/Guardian,

I, the undersigned, hereby grant permission to Garland ISD to use my child's photograph, name, and likeness in connection with their participation in GISD Fine Arts.

I understand that the photographs and/or videos, along with my child's name and likeness, may be used in various promotional materials, including but not limited to:

- Printed materials, such as brochures and flyers
- Digital media, including the organization's website, billboards and social media platforms
- Press releases and other public relations efforts

I acknowledge that using my child's photograph, name, and likeness is voluntary and that no compensation will be provided for such use. I further understand that once the materials are publicly available, Garland ISD cannot control their use by individuals or entities unrelated to the organization.

**Garland ISD Release**

**By signing this release form, I acknowledge that I have read and understood its contents and agree to the terms outlined herein.**

\_\_\_\_\_  
**Student's Name(s)**

\_\_\_\_\_  
**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, chiropractor, physical therapist, 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

**PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY**

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.

<p>1. Have you had a medical illness or injury since your last check up or physical? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Have you been hospitalized overnight in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Have you ever had prior testing for the heart ordered by a physician? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever passed out during or after exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had chest pain during or after exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you get tired more quickly than your friends do during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had racing of your heart or skipped heartbeats? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you had high blood pressure or high cholesterol? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been told you have a heart murmur? <input type="checkbox"/> Yes <input type="checkbox"/> No Has any family member or relative died of heart problems or of sudden unexplained death before age 50? <input type="checkbox"/> Yes <input type="checkbox"/> No 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"/> Yes <input type="checkbox"/> No Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? <input type="checkbox"/> Yes <input type="checkbox"/> No Has a physician ever denied or restricted your participation in activities for any heart problems? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Have you ever had a head injury or concussion? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been knocked out, become unconscious, or lost your memory? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many times? _____ When was your last concussion? _____ How severe was each one? (Explain below) _____ Have you ever had a seizure? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have frequent or severe headaches? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had numbness or tingling in your arms, hands, legs or feet? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had a stinger, burner, or pinched nerve? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Are you missing any paired organs? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Are you under a doctor's care? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Have you ever been dizzy during or after exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Have you ever become ill from exercising in the heat? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12. Have you had any problems with your eyes or vision? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>13.</p> <p>14.</p> <p>15.</p> <p>16.</p> <p>17.</p> <p>18.</p>	<p>Have you ever gotten unexpectedly short of breath with exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have asthma? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have seasonal allergies that require medical treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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"/> Yes <input type="checkbox"/> No</p> <p>Have you ever had a sprain, strain, or swelling after injury? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you broken or fractured any bones or dislocated any joints? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check appropriate box and explain below:</p> <table border="0" style="width:100%;"> <tr> <td><input type="checkbox"/> Head</td> <td><input type="checkbox"/> Elbow</td> <td><input type="checkbox"/> Hip</td> </tr> <tr> <td><input type="checkbox"/> Neck</td> <td><input type="checkbox"/> Forearm</td> <td><input type="checkbox"/> Thigh</td> </tr> <tr> <td><input type="checkbox"/> Back</td> <td><input type="checkbox"/> Wrist</td> <td><input type="checkbox"/> Knee</td> </tr> <tr> <td><input type="checkbox"/> Chest</td> <td><input type="checkbox"/> Hand</td> <td><input type="checkbox"/> Shin/Calf</td> </tr> <tr> <td><input type="checkbox"/> Shoulder</td> <td><input type="checkbox"/> Finger</td> <td><input type="checkbox"/> Ankle</td> </tr> <tr> <td><input type="checkbox"/> Upper Arm</td> <td><input type="checkbox"/> Foot</td> <td></td> </tr> </table> <p>Do you want to weigh more or less than you do now? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you feel stressed out? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip	<input type="checkbox"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Thigh	<input type="checkbox"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee	<input type="checkbox"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Shin/Calf	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle	<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Foot	
<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip																		
<input type="checkbox"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Thigh																		
<input type="checkbox"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee																		
<input type="checkbox"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Shin/Calf																		
<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle																		
<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Foot																			

*Females Only* I choose not to provide written information on Question 19 but will discuss with a medical professional:

19. When was your first menstrual period? \_\_\_\_\_  
When was your most recent menstrual period? \_\_\_\_\_  
How much time do you usually have from the start of one period to the start of another? \_\_\_\_\_  
How many periods have you had in the last year? \_\_\_\_\_  
What was the longest time between periods in the last year? \_\_\_\_\_

*Males Only* I choose not to provide written information on Question 20 but will discuss with a medical professional:

20. Are you missing a testicle? \_\_\_\_\_  
Do you have any testicular swelling or masses? \_\_\_\_\_

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.

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

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*
<b>MEDICAL</b>			
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.

# Confirmation of Understanding

I, the undersigned, have read the Coyle Middle School Cheerleading Application Packet and understand the contents within. I also acknowledge that:

**Cheerleaders must:**

- a. abide by the GISD Code of Conduct, the GISD Fine Arts Handbook, and the CMS Cheerleading Rules and Guidelines. If not, disciplinary actions will be taken as stated
- b. display a positive attitude
- c. respect others
- d. abstain from making inappropriate posts on social media
- e. work hard in practice and in the classroom
- f. attend scheduled events
- g. participate in the squad activities including fundraisers

**Parents must:**

- a. provide transportation to and from games
- b. assist in activities as needed
- c. contact the sponsor(s) well in advance of any absences
- d. acknowledge receipt of messages posted or sent by the sponsor(s)
- e. adhere to the "Note to Parents"
- f. read the GISD Fine Arts Demerit Guide as well as the CMS Cheerleading Accountability System
- g. ensure that the GISD-issued uniform is returned at the end of the season by the date specified by the sponsor; if lost or brought back in an unsatisfactory condition, \$94 (oldest) and/or \$150 (newest) will be due that day to purchase a replacement

**As a parent, I have read through the demerit systems and know exactly what can and will happen to my son/daughter should he/she deviate from the specified guidelines. I also pledge to do all that I can to help him/her be his/her best and to show respect for rules and regulations. At times this may require me to take responsibility for my child by calling the sponsor or by providing documentation, but this is my duty and my part in ensuring equality and fairness within the squad.**

\_\_\_\_\_  
Candidate Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date