

Hudson Middle School



CHEER

2024-2025

Cheerleading Tryouts

Hudson Middle School

Cheerleading Rules and Guidelines

Expectations

The Hudson 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 HMS Cheerleading Rules and Guidelines.

Eligibility

In order to be eligible to try out, students must meet certain behavioral standards. If a student has two or more office referrals for misconduct, disregard for authority, mistreatment of others, etc., he/she will NOT be allowed to try out. Once making the squad, the same standards will continue to apply. Cheerleaders are also expected to maintain passing grades in all classes, or they will be placed on academic probation and not allowed to perform at events or wear the 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. This respect must be mutual from coach, parents, and athlete.

Accountability System

Attendance

Unexcused absences from practices and games result in demerits. 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.

1. Cheerleaders are expected to stay for the duration of all cheer activities.
2. Leaving practice early will result in being benched for one quarter.
3. Leaving a game early will result in being benched for a period of time equal to that which was missed.

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 demerits.

Uniformity

All members of the squad are required to wear what the sponsor/head cheerleader designates to practice and on game days, including hair style and bow. Failure to do so will result in demerits

- Nails should be worn in a "sports length", nails should be barely visible from palm angle.

Acceptable colors: clear, French, 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, TikTok, Tumblr, 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, Snapchats, 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 teacher.
- Social media posts that contain negative commentary about Hudson Middle School 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 sponsor/coach.
- 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.

· **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 demerits will be issued.

Miscellaneous

Hudson 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.)

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 if an absence is planned - demerits still may be issued.) 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.

Paperwork:

All required paperwork must be turned in by 4:00 pm on March 26, 2024 (no exceptions)

- 7th grade candidates will turn in paperwork to Ms. Reyes in room C11
- 8th grade candidates will turn in paperwork to Mrs. Wilson in room D26

Physical Evaluation (form attached to packet):

Pre-Participation Physical Evaluation – Medical History Form. Please notice that you are **NOT** required to have a physical exam unless you answer yes to questions 1, 2, 3, 4, 5, or 6. If none of these apply, you only need to turn in the first page for tryouts.. If you answer yes to any of these questions, you must have a physical exam from a physician and must turn in **both** pages of the form.

- Due by March 26, 2024 (candidate CANNOT attend clinic without form)

UIL Concussion Acknowledgment Form (form included in packet):

The understanding of sports-related concussion has evolved dramatically in recent years. Please read the following form acknowledging that you have reviewed the protocols in place for preventing, treating and returning to play after a concussion.

- Due with tryout packet on March 26, 2024

Camp:

- Cheerleading camp is mandatory. We will be attending camp at KC's Cheer and Dance in Sachse, Texas on July 22-24 from 9 a.m.-4 p.m.
- Transportation is not provided by GISD.
- Lunch will be provided but each cheerleader will be responsible for bringing their own water bottle and snacks.

Expenses:

Cheerleaders are responsible for purchasing the required camp wear and the cost of cheerleading camp. Varsity camp wear fitting will be held on April 15th in C-11 The cheerleader and a parent **must** be present for the fitting. All practice/camp wear fees must be paid online to Varsity by April 19. **No exceptions!**

The full cost of camp is \$175, and is due by May 10th.

This can be paid in check or by a cashier's check made out to KC's Dance and Cheer Center.

***Payments not turned in on time could result in removal from the squad.

Important Dates for HMS Cheerleading Tryouts

March 19, 2024: Parent & Candidate Meeting in the Cafeteria

- 5:30 - 6:30pm
- A parent/guardian must attend the parent meeting unless arrangements have been made with a coach PRIOR to the meeting.
- Required paperwork will be distributed

March 26, 2024: Cheer Interest Form/Paperwork Due

- 7th grade candidates - turn into Ms. Reyes room C-11
- 8th grade candidates - turn into Mrs. Wilson room D-26

March 27, 2024 : Mandatory Tryout Clinic

- 4:30 - 6:00 pm in big gym
- Pre-participation form/physicals **MUST** be turned in by this date or candidate cannot attend clinic
- Learn tryout materials
- 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

April 3, 2024: Optional Tryout Clinic

- 4:30 - 6:00 pm in big gym

April 6, 2024: Tryouts at Garland High School (7:30 a.m.)

- Must be wearing a solid white shirt, white shoes, and hair pulled back.

-7th Grade Wears Red Shorts

-8th Grade Wears Black Shorts.

-(NO BOWS, NO Spandex as shorts/NikePro Shorts)

- Warmup 7:30-8:00 am
- Tryouts 8:00-8:30 am
- Results posted by Monday, April 8

April 9, 2024: New Cheerleader and Parent Meeting 5:30 in the Cafeteria

- Cheerleader Expectations
- Fundraiser

April 15, 2024 Varsity Fittings & Physicals Due

7th Grade 5:00

8th Grade 5:30

April 19, 2024 Varsity Payment Due via Payment Portal **MUST be paid on before or on this date!**

April 30, 2024 Calendar Fundraiser Due

May 7, 2024: TEAMLEADER Uniform Fittings

8th Grade 5:00

7th Grade 5:45

May 10, 2024: Camp Payment Due

July 22-24 Camp at KC Cheer and Dance *mandatory*

- 9 am-4 am
- Lunch will be provided

Payment Schedule

<i>Payment Details</i>	<i>Amount Due:</i>	<i>Due Date:</i>
Practice & Camp Wear- paid online to VARSITY	\$351	April 19
Camp Payment-Cashier's Check or Personal Check to KC's Dance and Cheer Center	\$175	May 10
	TOTAL	\$526

Camp Wear Package:

- 1 Red Shirt
- 1 Pink Shirt
- 1 Sublimated Jersey
- 1 Pair of Black Shorts
- 1 Pair of White Shorts
- 1 Pair of Spandex
- 1 Sublimated Bow
- 1 Personalized Backpack
- 1 Personalized Jacket
- 1 Pair of Red Lined Socks

Cheerleader Responsibility:

- All white cheer shoes (optional from VARSITY)
- Black and white sports bras
- Solid white no show socks

Tryout Sequence Of Events

- Full Group Performance of dance & cheer
- Group Dance (in groups of 3)
- Group Cheer (in groups of 3)
- Individual Jumps (toe touch, right hurdler and left hurdler)
- Individual Tumbling

Changes from years prior:

- no personalized entrances scored by judges
- chant was removed from tryout
- coaches score (25% of overall tryout score)

TRYOUT ATTIRE

Must be wearing a solid white shirt, white shoes, and hair pulled back.

-7th Grade Wears Red Shorts -8th Grade Wears Black Shorts.

(NO BOWS, NO Spandex shorts/NikePro shorts)

What we are looking for at HMS cheer:

7th Grade:

- Must be loud & have sharp motions.
- Must have correct placement of motions.
(Specifically in the wrists and fists)
- Will be judged off of a left & right herkie as well as a toe touch

8th Grade:

- Must have a round off rebound.
- Must be loud & have sharp motions
- Must have correct placement of motions
(Specifically in the wrists and fists. i.e. cinnamon rolls, tucked thumbs, & straight wrists)
- Will be judged off of a left & right herkie as well as a toe touch
- Must have chest up on jumps

Coaches will go off of the natural break of scores and will determine the number of athletes on each squad. Each grade level may have a maximum of 12 cheerleaders.

Garland ISD Middle School Cheer Tryout Criteria

Tumbling 10 pts.	Jumps	Incorporation 10 pts.																																																
<p><small>*If a skill is not executed properly, then points may be deducted into a lower scale</small></p> <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 ^</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 ^	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 is 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 do that following:

1. **Practices are closed events.** The only people that need to be there are the athletes and their coaches
2. **Before, during, or after a game is not the time, nor place to approach a coach to discuss an issue.** If you find yourself unhappy about something that has occurred, immediately email your concern to the sponsor(s), and if need be, schedule a conference. Remind/text is not the place for this conversation.
3. **Familiarize yourself with the Fine Arts Demerit Guide as well as the Hudson Middle School 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 demerits.
5. **Any question that pertains to a child other than your own will not be addressed.**

Thank you for your cooperation

Coach Wilson - 8th grade coach
krwilson2@garlandisd.net

Coach Reyes - 7th grade coach
lreyes@garlandisd.net

A complete copy of the Garland ISD Fine Arts Handbook can be found at:

<https://garlandisd.net/programs-services/fine-arts/cheerleading>

5	Warning
10+	Benched from Next Performance
15+	3 Week Probation
20+	6 Week Probation
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 practice 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 practice *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 performance *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 performance 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 **

Cheerleader Application Paperwork Checklist

All due by March 26 at 4:00pm

- 7th grade candidates turn into Ms. Reyes - room C11
- 8th grade candidates turn into Mrs. Wilson - room D26

- ❑ Application (2 pages)
- ❑ Handbook Acknowledgement Form
- ❑ Fine Arts Signature Pages
- ❑ UIL Concussion Acknowledgement Form
- ❑ GISD Media Release Form
- ❑ Confirmation of Understanding Page
- ❑ Pre-participation Physical Form

REMINDERS:

- March 26, 2024 All paperwork must be returned
- March 27, 2024 MANDATORY Clinic
- April 3, 2024 Optional Clinic
- April 9, 2024 MANDATORY Parent Meeting
- April 15 2024 - Mandatory VARSITY fitting & Physicals Due
- April 19, 2024 VARSITY Payment
- April 30, 2024 Fundraiser Due
- May 7, 2024 TEAMLEADER Uniform Fitting
- May 10, 2024 Camp Payment Due

Separate the two packets here

Hudson Middle School Cheerleader Application - page 1

Garland Independent School District Cheer Application

Name _____ ID# _____

Grade Next Year. _____ 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 _____

Hudson Middle School Cheerleader Application - page 2

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 Acknowledgement Page

_____ Fine Arts Signature Pages

The GISD Fine Arts Handbook will be available online (the acknowledgment and signature pages are located on the next page).

_____ UIL Concussion Acknowledgement Form

_____ Pre-Participation Physical Examination Form

_____ Sudden Cardiac Arrest Awareness Form

If you have any questions please contact:

Laura Reyes LLReyes@garlandisd.net

Katie Wilson KRWilson2@garlandisd.net

***Due Date: March 8, 2023 at 4:00pm**

Fine Arts Handbook Acknowledgement

I _____ have read the Cheerleader Guidelines/Rules in the GISD Cheerleading Handbook. I understand each of them before I commit to Hudson Cheer and will abide by each rule. I also understand and accept each punishment given for each rule violation.

Cheerleader's Signature _____ **Date** _____

Parent Signature _____ **Date** _____

The Garland ISD Cheerleading 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 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 portion of the constitution and confirm that I have not voluntarily quit any cheerleading squad at any GISD campus.

Cheerleader's Signature _____ **Date** _____

Parent Signature _____ **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

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

Student Name (Please Print) _____

Legal Parent/Guardian (Please Print) _____

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

Cheer _____ Junior Varsity Drill Team _____ Varsity Drill Team _____

Step Team _____ World Dance Company _____

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

Candidate/Member:

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

_____ I understand that the judges' decision is final.

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

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

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

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

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

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

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

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

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

_____ I understand that 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)

_____ 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/performance, 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/performance/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 _____

Confirmation of Understanding

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

Cheerleaders must:

1. abide by the GISD Fine Arts Handbook as well as the CMS Cheerleading Rules and Guidelines. If not, disciplinary actions will be taken as stated
2. display a positive attitude
3. respect others
4. abstain from making inappropriate posts on social media
5. work hard in practice and in the classroom
6. attend scheduled events
7. 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, cheerleader will be responsible of the cost to replace uniform and poms

Student Signature _____

Parent/Guardian Signature _____



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



SUDDEN CARDIAC ARREST (SCA) AWARENESS FORM

The Basic Facts on Sudden Cardiac Arrest

Website Resources:
American Heart Association:
www.heart.org

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

Additional Reviewers: UHL 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.

- **Arrhythmic 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-compacton Cardiomyopathy - a condition where the heart muscle does not develop normally.

Wolff-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 UHL *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 1st and 3rd 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

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.

<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. 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>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"/> Yes <input type="checkbox"/> No</p> <p>15. 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"> <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>16. Do you want to weigh more or less than you do now? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17. Do you feel stressed out? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>18. 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> <p><i>Females Only</i></p> <p>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? _____</p> <p><i>Males Only</i></p> <p>20. Are you missing a testicle? _____</p> <p>21. Do you have any testicular swelling or masses? _____</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																	
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<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle																	
<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Foot																		

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*
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.

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



CHEER

2024-2025