



J.W. O'Banion Middle School

# O'MS CHEER

O'Banion Middle School

Application due: March 8, 2024

Cheerleading Tryouts are April 6, 2024 at Garland High School.

Step one: read this packet in its entirety.

Step two: sign all forms included in this packet!

**UNDER NO CIRCUMSTANCES WILL LATE OR INCOMPLETE APPLICATIONS  
BE ACCEPTED AFTER March 8<sup>th</sup>!!**

If you need any additional information, please contact:

Ms. Hardy in portable 4

[ahardy@garlandisd.net](mailto:ahardy@garlandisd.net)

Ms. Hatten in room 26

[rhatten@garlandisd.net](mailto:rhatten@garlandisd.net)

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

## Tryout Candidate and Parents,

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

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

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

Sincerely,

Coach Hardy

[ahardy@garlandisd.net](mailto:ahardy@garlandisd.net)

Coach Hatten

[thatten@garlandisd.net](mailto:thatten@garlandisd.net)

## **Our Expectations**

Before trying out for cheerleading, it's imperative that everyone is well aware of what we expect and the standards that we hold our cheerleaders to. The three most important requirements that both the candidate and his/her parents need to take into consideration for the duration of the '24-`25 year are good character, financial deadlines, and our districts handbook. If for some reason, you feel that you or your son/daughter cannot meet these expectations, you should reconsider trying out.

### **Displaying Exemplary Character**

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

### **Paying All Financial Obligations**

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

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

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

## Items You Will Receive Free Of Charge!

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

### Item

Duffle bag

Uniform [shell & skirt]

Sweat pants

Pom poms

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Candidate Signature

Date

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Parent/Guardian Signature

Date

## Breakdown of Required Costs

**All costs must be paid in full in order to receive your items. Once items are ordered, the payment is non-refundable.**

Returning 8 <sup>th</sup> grade	New 8 <sup>th</sup> grade	7 <sup>th</sup> grade
\$200	\$300	\$290
This includes: undergarments for the uniform, 3 t-shirts, and spirit accessories.	This includes: A blue bow, undergarments for the uniform, Cheer Shoes, 2 pairs of shorts [orange and black], 3 t-shirts, a custom jacket, and spirit accessories.	This includes: A blue bow, undergarments for the uniform, Cheer Shoes, 2 pairs of shorts [orange and black], 3 t-shirts, a custom jacket, and spirit accessories.

<u>Date</u>	<u>Returning 8<sup>th</sup> grade Payment amount</u>	<u>New 8<sup>th</sup> grade Payment amount</u>	<u>7<sup>th</sup> grade Payment amount</u>
<u>April 12<sup>th</sup></u>	<u>\$175</u>	<u>\$175</u>	<u>\$175</u>
<u>April 26<sup>th</sup></u>	<u>\$25</u>	<u>\$100</u>	<u>\$100</u>
<u>May 10<sup>th</sup></u>	<u>\$0</u>	<u>\$25</u>	<u>\$15</u>

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Candidate Signature

Date

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Parent/Guardian Signature

Date

## Breakdown of Optional Costs

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

<u>Payment amount</u>	<u>Item</u>	<u>Purpose</u>
<u>\$45</u>	<u>Duffle bag</u>	If you would like to purchase your own bag, that comes with your name.
<u>\$90</u>	<u>Letterman jacket</u>	Special lettermen jacket that is nice for cold days. Will come customized.
<u>\$35</u>	<u>Sweat pants</u>	If you would like to purchase your own pair of sweat pants.

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Candidate Signature

Date

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Parent/Guardian Signature

Date

## Important Mandatory Dates

- March 5<sup>th</sup>            **Mandatory** Parent meeting for tryout candidates
- March 8<sup>th</sup>            Forms due by 4:45pm to Ms. Hardy or Ms. Hatten.
- April 1-4            **REQUIRED PRACTICE** to learn the tryout material. Times are on the calendar.
- April 5<sup>th</sup>            Mock tryouts in the Big Gym 5:00 until finished. Wear your white polo and blue soffee shorts
- April 6<sup>th</sup>            Cheer tryouts at Garland High School \*\*results will be posted within 72 hours on our OMSBISONCHEER instagram
- April 11<sup>th</sup>           First practice for candidates who made the team. \*\*First payment due\*\*  
  
 \*\*We will have practice in April, May, and July\*\*  
  
 \*\*We will **NOT** have any practice in the month of June\*\*
- April/May           Uniform fitting TBD
- July 15-16           Cheer Camp – O’Banion MS from 9:30-12:00
- July 18-20           GISD Cheer camp at Garland HS from 10:00-4:00
- February            GISD Cheer Classic Competition

**JULY AND AUGUST CALENDARS WILL BE RELEASED AT THE END OF MAY!**

MARCH						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1	2
3	4	5 Clinic 4:30-5:00 small gym  <b>Mandatory</b> Parent info meeting. Cafeteria @ 5:00	6	7	8 Cheer application due!	9
17	18	19	20 Clinic 7:30-8:30 small gym	21 Clinic 4:30-5:30 small gym	22	23

24	25	26 Clinic 4:30-5:30 small gym	27	28 Clinic 4:30-5:30 small gym	29	30
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## APRIL

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
31	1 Mandatory Clinic 7:30-8:30 small gym  <b>*Cheer*</b>	2 Mandatory Clinic 4:30-5:30 small gym  <b>*Cheer*</b>	3 Mandatory Clinic 7:30-8:30 small gym  <b>*Dance*</b>	4 Mandatory Clinic 4:30-5:30 small gym  <b>*Dance*</b>	5 Mock tryouts starting at 4:45	April 6 <sup>TH</sup>  Cheer tryouts  7:30 @ Garland High school
7 Tryout results will be revealed	8	9	10	11 First team practice 4-5:00  Parent meeting 5:15-6:00	12 Practice 7:30- 8:15  First payment due \$175	13

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Candidate Signature

Date

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Parent/Guardian Signature

Date

## Cheer Clinic Information

- What: for candidates interested in learning proper cheer technique and material! \*not mandatory but highly encouraged\*
- When: March 5<sup>th</sup> - March 28<sup>th</sup>
- Where: Gym
- Time: 4:30pm-5:30pm
- Attire: Athletic shorts and shirts, and tennis shoes are acceptable. If you just bought shoes for tryouts, bring those so you can break them in. No half shirts or bra tops. No Nike Pros. No jewelry of any kind - including belly button rings, nose rings, etc. Hair should be up and secure.

## Tryout Clinic Information

- What: Candidates will be learning actual tryout material. Required.
- When: April 1<sup>st</sup>- April 4<sup>th</sup>
- Where: Gym
- Time: 4:00pm-5:13pm / 7:30-8:30 am each day!
- Attire: Athletic shorts and shirts, and tennis shoes are acceptable. If you just bought shoes for tryouts, bring those so you can break them in. No half shirts or bra tops. No Nike Pros. No jewelry of any kind - including belly button rings, nose rings, etc. Hair should be up and secure.

## Mock Tryout Information

- What: We will be doing a run through of what tryouts will look like. Former OMS cheerleaders will be judging. This is just a practice tryout. Closed to parents.
- When: April 5<sup>th</sup>
- Where: Gym
- Time: Warm-ups will begin at 4:45.
- Attire: White polo, blue soffee shorts, hair in ponytail, no jewelry, white socks, no nail polish, and white shoes.

## Tryout Information

- What:** Tryouts will be closed to everyone except judges, sponsors/coaches, principals, and Fine Arts designees. There will be no students, parents, or existing cheerleaders who are not part of the audition in the tryout room/area, nor will they be involved in the collection or tabulation of scores. PARENTS will not be allowed in the building during any phase of the tryouts.
- When:** April 6<sup>th</sup>
- Where:** Garland High School *310 S Garland Ave, Garland, TX 75040*
- Time:** Warm-ups will begin at 8:30. Please arrive by 8:15. Our tryouts will conclude around 10:30
- Attire:** White polo, blue soffee shorts, hair in ponytail, no jewelry, white socks, no nail polish, and white shoes.

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

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

- **Spirit (10pts)**
- **Jumps (30pts)**
- **Cheer (20pts)**
- **Tumbling (10pts)**
- **Dance (20pts)**
- **Cheer Incorporation (10 pts)**

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

# EXAMPLE SCORING GUIDE

Tumbling 10 pts.		Jumps		Incorporation 10 pts.	
*If a skill is not executed properly, then points may be deducted into a lower scale					
0	None	1-3	Below level jumps ^	0	No incorporation
1	Cartwheel	4-6	Level jumps —	1	Other jump poor
1-2	Round off	7-10	Above level jumps v	2	Other jump good
3-4	Round off BHS			3	Toe touch poor
5	Round off 2 BHS			4	Toe touch good
6	Series 3 or more BHS			5	Double toe touch poor
7	Round off BHS back tuck			6	Double toe touch good
8	Series to back tuck			7	Tuck poor
9	Layout or whip to back tuck			8	Tuck good
10	Full or specialty full			9	Back handspring to tuck poor
				10	Back handspring to tuck poor

Toe touch- 10 pts.

Right Hurdler/Herkie- 10 pts.

Left Hurdler/Herkie- 10 pts.

Dance		Spirit		Cheer	
Motion Technique 10 pts.		Spirit/Enthusiasm 10 pts.		Motion Technique 10 pts.	
1-3	Motion levels off, lacking in sharpness, missed motions	1-5	No energy/No smile/ No spirit	1-3	Motion levels off, lacking in sharpness, missed motions
4-7	Average motion levels, needing more sharpness	6-10	Energetic/Smiling/ Loud spirited	4-7	Average motion levels, needing more sharpness
8-10	Good motion levels, sharp, exhibits individuality			8-10	Good motion levels, sharp, exhibits individuality
Timing 10 pts.				Voice Projection 10 pts.	
1-3	Timing off throughout			1-3	Soft/speaking words
4-7	Ok timing			4-7	Saying words loudly/yelling words without enthusiasm
8-10	Good timing with group			8-10	Yelling words with enthusiasm



# 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

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. 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> I choose not to provide written information on Question 19 but will discuss with a medical professional: <input type="checkbox"/>                  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> I choose not to provide written information on Question 20 but will discuss with a medical professional: <input type="checkbox"/>                  20. Are you missing a testicle? _____                  Do you have any testicular swelling or masses? _____</p> <p><input type="checkbox"/> An electrocardiogram (ECG) is not required. I have read and understand the information about cardiac screening on the UIL Sudden Cardiac Arrest Awareness Form. By checking this box, I choose to obtain an ECG for my student for additional cardiac screening. I understand it is the responsibility of my family to schedule and pay for such ECG.</p> <p>EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):                  _____                  _____                  _____</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																		

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.

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

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

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

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

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

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

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

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

\_\_\_\_\_ I understand that 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 <https://garlandisd.net/programs-services/fine-arts/cheerleading>)

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

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

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

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

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

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

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

\_\_\_\_\_ I understand that 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**

\_\_\_\_\_

**Legal Parent/Guardian Printed Name**

\_\_\_\_\_

**Candidate/Member Signature**

\_\_\_\_\_

**Legal Parent/Guardian Signature**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**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)**

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**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-compaction 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 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

## Garland Independent School District Cheer Application

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

Grade Next Yr. \_\_\_\_\_ Age \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

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

Email \_\_\_\_\_

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

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

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

Student Signature \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian

\_\_\_\_\_

**For parents/guardians:**

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

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

The following items must be returned to the sponsor before clinics

begin:

\_\_\_\_\_Application

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

The GISD Fine Arts Handbook will be available online.

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

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

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

\_\_\_\_\_Media Release For

## **4 TEACHER RECOMMENDATION LETTERS - DUE MARCH 8<sup>TH</sup>**

- You will need to have 4 different teachers write you a letter of recommendation.
- It is your responsibility to turn the recommendation letters in. We will not accept any handed to us by a teacher.
- It is important that your teachers see you as an example of OMS Cheerleading.
- Use the next four pages for your recommendation letters.
- These need to be turned in with your packet.







