

# Cheerleader Information Packet

Dear Parents/Guardians of Cheerleader Candidates,

Your child has expressed an interest in becoming a member of the Jackson Technology Center 7th or 8th grade cheerleading squad for the 2024-2025 school year. If selected, there are certain personal and financial responsibilities and obligations, which you and your child must assume in order to qualify and remain a member in good standing. This packet contains all of the information that you will need to know before making the decision on whether or not to allow your child to try out. We hope that you, as a parent of a prospective cheerleader, are aware of the time and energy it takes to be an effective student leader at Jackson.

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

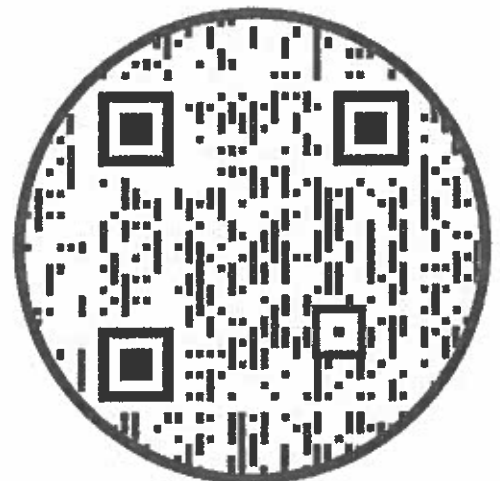
It is our intention that after reading through this pack with your child, you will discuss the expectations and obligations of being a cheerleader with your child. Cheerleading helps students not only harness their athletic ability, but also form lasting friendships, improve communication skills, develop leadership skills that will prove to be beneficial later in life.

We wish all candidates the best of luck. Please read this packet carefully and be sure you fully understand each rule and procedure **BEFORE** signing. The stapled packet forms must be signed and returned by **Friday March 29, 2024**. No late applications will be accepted.

Kristi Mikulec  
Room 160  
8th Grade Cheerleading Coach  
kmikulec@garlandisd.net

Abby Cooksey  
Room 162  
7th Grade Cheerleading Coach  
aroundsaville@garlandisd.net (email will change)

**SCAN for 24-25 GISD  
Fine Arts Handbook**



# Calendar of Upcoming Events

## March 5 - Mandatory pre-tryout parent and candidate meeting

Where: Jackson Cafeteria

Time: 6:00-6:30 pm

## March 29- Application Due date

Turn in to Mrs. Mikulec room 160 or Mrs. Cooksey room 162

## April 1-3 Cheer clinics - CLOSED sessions

Where: Jackson competition gym

Time: 4:15-6:00 pm

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

-Tryout clinic is mandatory for tryouts.

-The cheer and dance will be taught at clinics.

-Candidates tryout number will be chosen on the third day of clinic.

-No parents will be permitted at cheer clinics

## April 4 - Mock tryouts - CLOSED session

Where: Jackson competition gym

Time: 4:15-6:00 pm

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

-No parents will be permitted at mock tryouts

## April 5 - Open Gym - CLOSED session

Where: Jackson competition gym

Time: 4:15-5:30pm

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

- This is to give candidates extra time to practice what they have learned in their groups or individually.

-No parents will be permitted open gym

## April 6 - Tryouts

Where: Garland High School

Time: **Warm up:** 9:45am **Tryouts:** 10:15am

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

-Candidates will be assigned a tryout number on the third day of clinic. Do not switch numbers!

-Parents will not be permitted inside the building during tryouts.

**Results will be announced within 48 hours of tryouts concluding.**

# Calendar of Upcoming Events (Post Tryouts)

## April 10- Fundraiser Meeting

Where: Room 160

When: 8:00 am

-Meeting is mandatory for all cheerleaders

## April 11- Camp Wear / Uniform Fitting & Newly Elected Cheerleader and Parent Meeting

Where: FITTING: Room 160 / MEETING: Jackson cafeteria

When: FITTING 4:10-6:00pm / MEETING 6:00-7:00 pm

-Meeting is mandatory for students and parents

## April 18 - Practices Start - Physicals need to be completed

When: 7th grade: Thursdays 7:30am - 8:30 am & Fridays 7:30am - 8:30am

8th grade: Thursdays 4:15 pm - 5:30 pm & Fridays 7:30 am -8:30 am

Where: Jackson Competition Gym. (drop off behind gym)

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

\*Practice days for 24/25 school year are TBD.

## May 25 - Team Building Cheer Lock-In (Mandatory)

Where: Group Dynamics in Carrollton

When: 9:00pm - 7:00am

Attire: Cheer Lock-in shirt and leggings/athletic shorts, tennis shoes.

What to bring: pillow, water bottle, snacks (vending machines available)

## Summer Practice Dates

TBD

Where: Jackson competition gym

Time: 12:00pm - 3:00pm

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

## District Summer Camp (Mandatory) - July 18 - July 20

When: 10:00am - 4:00pm

Where: Garland High School

Attire: Practice Clothes TBD

## Saturday Practice Dates

TBD

## February 2024 - Cheer Classic Competition

# PAYMENT DEADLINES

**April 21 - Group Dynamix Lock-In Payment due - \$50 cash**

**April 26 - \$400 Cheer Gear payment due**

## Cheerleader Expectations

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

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

**Time:** If elected, plan to spend an average of 4 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, club sports, and doctor's appointments are **not excused**. Please make sure you let the coach know with plenty of time.) See new demerit system set by the district in the handbook.

**Practice Schedule:** \*\*subject to change based on athletics schedule and gym availability.

*Football Season (Aug-Oct) Thursday 4-6 pm and Friday 7:30-8:30 am*

*Basketball Season (Nov- Jan) Thursday 8:30 am and Friday 4-6 pm*

*Competition Season (Feb) Thursday 4-6 pm and Friday 4-5:30 pm*

1 Saturday practice a month

**Game Schedule:** Usually on Mondays/Tuesdays for football and Monday/Wednesdays for basketball. Cheerleaders will only cheer at 1 game per week.

\*\*subject to change based on district scheduling.

**Communication:** Post tryouts all members will be required to download the Sportyou app as this will be where our calendar is updated and notifications of event and practice dates and times will be sent out.

**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 in mandatory

# Cheerleader Expectations

**Competition Team:** Competition team members will be determined based on attitude, dedication to the team, ability, and football game performances such as smiling, motion sharpness, spiring, and memorization of cheers. Tryouts may be implemented to determine placement on team.

## The Garland ISD Fine Arts Handbook States:

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

# DISTRICT REQUIRED DEMERIT SYSTEM

The following benching/probation guidelines will be used:

| Number of demerits | Consequence  | Recording of Demerits       |
|--------------------|--|-----------------------------|
| 5 demerits         | Warning  | Document and Parent Contact |
| 10+ demerits       | Benched from Next Performance<br>**1 benching until student reaches 15 | Document and Parent Contact |
| 15+ demerits       | 3 Week Probation<br>**1 probation until reaches 20                     | Document and Parent Contact |
| 20+ demerits       | 6 Week Probation<br>**1 probation until student reaches 22             | Document and Parent Contact |
| 22 demerits        | Removal from Team  |                             |

## Demerits

The following demerits may be erased with the earning of merits:

| 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 | <u>Practice 1</u><br><u>Performance 2</u> |
| Wearing any jewelry (including clear spacers) during practice and after a warning                    | 1 per item                                |
| Moving or talking in performance line  | 2   |

## Demerits

The following demerits may NOT be erased with the earning of merits:

| Rule Infraction  | Demerit(s)  |
|--|---|
| 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 Code of Conduct  | 5 out of uniform<br>10 in uniform   |
| Wearing unacceptable nail length (safety issue) and hair to a practice<br>*Nails should be worn in a "sports length"<br>*Nails should be barely visible from palm angle. This is in accordance with NFHS Safety Guidelines.<br>See page 4, Practice and Performances, I. | 1 per item first offense<br><br>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<br>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  | 6   |
| Failing to bring all required items to a practice/performance. This includes game day attire<br>See page 3, Practice and Performances  | <u>Practice</u> : 1 per item<br><u>Game</u> : 1 per item<br><u>Performance</u> : 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<br>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   | <u>Practice</u> : 2<br><u>Performance</u> : 5<br>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** |

## END OF DEMERITS

### Merit Guide

- a. Merits must be acquired prior to an demerit listed above.
- b. One merit will remove one demerit
- c. It is up to the student to request possible merit earning opportunities and to provide proof as requested.

| Approved Merits (approval of the teacher)                            | Merit (s)                       |
|--|---------------------------------|
| Conditioning (Spirit Builders )                                      | 1                               |
| 10 sets of 10 kicks/10 jumps   | 1                               |
| Creating posters/signs for events/fundraisers                        | 1 per poster                    |
| Attending and helping at GISD events (literacy, back to school, etc) | 2 per hour                      |
| Attending and supporting Fine Arts Group performances                | 1                               |
| Teacher assistant by appointment for 1 hour                          | 2                               |
| Greeter at after school functions                                    | 2 per hour, max 3 hrs per event |
| Volunteer to organized closet, clean locker room, dance area, etc    | 2 per hour, max 3 hr per event  |
| Assist with faculty dance, school talent show, etc                   | 2 per hour, max 3 hr per event  |
| Volunteer to bring supplies for events                               | 1 per item                      |
| Team bonding game winners  | 1                               |
| After school technique/tutoring team members                         | 2 per hour, max 3 hr per event  |
| Attending and supporting other school events to promote unity        | 2                               |
| Volunteer for outside community service (must be approved)           | 2 per hour, max 3 hr per event  |



# Middle School Cheerleader Tryout Sequence of Events

**Date: April 6, 2024**

**Time: Warm-up 9:45am Tryout 10:15am**

**Location: Garland High School**

## **FULL GROUP PERFORMANCE**

ALL candidates should walk in and perform the dance and cheer as a group in that order. This is only so the judges can see what the material should look like and that they will not be judged at that time.

## **GROUP DANCE/CHEER:**

Groups should consist of 3 candidates. They will enter the gym so that they end up standing in numeric order from left to right (from the judge's viewpoint). There should be no tumbling or spirit during this time, only uniform walking. The Fine Arts designee will start the music for the dance. Upon completion, the candidates should wait for the judges to finish scoring.

Once a nod from the judges has been given, the designated candidate should call for the group cheer to begin. The cheer will have a section(s) incorporating a jump and/or standing tumbling. Candidates will be scored based on difficulty and execution. Candidates will also be judged on their smile, motion technique, and voice projection during this time. begin. Upon completion, the candidates should wait for the judges to finish scoring.

## **INDIVIDUAL JUMPS:**

Following the group performance of the dance and cheer, candidates will perform their jumps. Each candidate must perform a toe touch, a right hurdler and a left hurdler. This will be performed one candidate at a time.

## **INDIVIDUAL RUNNING TUMBLING:**

Once the jumps have been completed, each candidate will be offered a chance to tumble. All candidates will move to behind the mat in the back of the gym. When this is completed, all candidates will exit the gym

Cheerleaders selected for the 2024-2025 Jackson Cheerleading squad will be announced by **April 8, 2024** in the Canvas course for tryouts.

# Garland ISD Middle School Cheer Tryout Criteria

| Tumbling<br>10 pts.   | Jumps                           | Incorporation<br>10 pts. |   |           |     |           |     |               |   |                 |   |                         |   |                         |   |                     |   |                             |    |                        |  |     |                        |     |                  |      |                        |   |   |                  |   |                 |   |                 |   |                |   |                |   |                       |   |                       |   |           |   |           |   |                                 |    |                                 |
|---|---------------------------------|--------------------------|---|-----------|-----|-----------|-----|---------------|---|-----------------|---|-------------------------|---|-------------------------|---|---------------------|---|-----------------------------|----|------------------------|--|-----|------------------------|-----|------------------|------|------------------------|---|---|------------------|---|-----------------|---|-----------------|---|----------------|---|----------------|---|-----------------------|---|-----------------------|---|-----------|---|-----------|---|---------------------------------|----|---------------------------------|
| <p><b>*If a skill is not executed properly, then points may be deducted into a lower scale</b></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<br/>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<br>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<br/>^</td> </tr> <tr> <td style="text-align: center;">4-6</td> <td style="text-align: center;">Level jumps<br/>—</td> </tr> <tr> <td style="text-align: center;">7-10</td> <td style="text-align: center;">Above level jumps<br/>v</td> </tr> </table> <p>Toe touch- 10 pts.<br/>Right Hurdler/Herkie- 10 pts.<br/>Left Hurdler/Herkie- 10 pts.</p> | 1-3 | Below level jumps<br>^ | 4-6 | Level jumps<br>— | 7-10 | Above level jumps<br>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<br/>poor</td></tr> <tr><td style="text-align: center;">10</td><td style="text-align: center;">Back handspring to tuck<br/>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<br>poor | 10 | Back handspring to tuck<br>poor |
| 0   | None                            |                          |   |           |     |           |     |               |   |                 |   |                         |   |                         |   |                     |   |                             |    |                        |  |     |                        |     |                  |      |                        |   |   |                  |   |                 |   |                 |   |                |   |                |   |                       |   |                       |   |           |   |           |   |                                 |    |                                 |
| 1   | Cartwheel                       |                          |   |           |     |           |     |               |   |                 |   |                         |   |                         |   |                     |   |                             |    |                        |  |     |                        |     |                  |      |                        |   |   |                  |   |                 |   |                 |   |                |   |                |   |                       |   |                       |   |           |   |           |   |                                 |    |                                 |
| 1-2   | Round off                       |                          |   |           |     |           |     |               |   |                 |   |                         |   |                         |   |                     |   |                             |    |                        |  |     |                        |     |                  |      |                        |   |   |                  |   |                 |   |                 |   |                |   |                |   |                       |   |                       |   |           |   |           |   |                                 |    |                                 |
| 3-4   | Round off BHS                   |                          |   |           |     |           |     |               |   |                 |   |                         |   |                         |   |                     |   |                             |    |                        |  |     |                        |     |                  |      |                        |   |   |                  |   |                 |   |                 |   |                |   |                |   |                       |   |                       |   |           |   |           |   |                                 |    |                                 |
| 5   | Round off 2 BHS                 |                          |   |           |     |           |     |               |   |                 |   |                         |   |                         |   |                     |   |                             |    |                        |  |     |                        |     |                  |      |                        |   |   |                  |   |                 |   |                 |   |                |   |                |   |                       |   |                       |   |           |   |           |   |                                 |    |                                 |
| 6   | Series<br>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          |                          |   |           |     |           |     |               |   |                 |   |                         |   |                         |   |                     |   |                             |    |                        |  |     |                        |     |                  |      |                        |   |   |                  |   |                 |   |                 |   |                |   |                |   |                       |   |                       |   |           |   |           |   |                                 |    |                                 |
| 1-3   | Below level jumps<br>^          |                          |   |           |     |           |     |               |   |                 |   |                         |   |                         |   |                     |   |                             |    |                        |  |     |                        |     |                  |      |                        |   |   |                  |   |                 |   |                 |   |                |   |                |   |                       |   |                       |   |           |   |           |   |                                 |    |                                 |
| 4-6   | Level jumps<br>—                |                          |   |           |     |           |     |               |   |                 |   |                         |   |                         |   |                     |   |                             |    |                        |  |     |                        |     |                  |      |                        |   |   |                  |   |                 |   |                 |   |                |   |                |   |                       |   |                       |   |           |   |           |   |                                 |    |                                 |
| 7-10  | Above level jumps<br>v          |                          |   |           |     |           |     |               |   |                 |   |                         |   |                         |   |                     |   |                             |    |                        |  |     |                        |     |                  |      |                        |   |   |                  |   |                 |   |                 |   |                |   |                |   |                       |   |                       |   |           |   |           |   |                                 |    |                                 |
| 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<br>poor |                          |   |           |     |           |     |               |   |                 |   |                         |   |                         |   |                     |   |                             |    |                        |  |     |                        |     |                  |      |                        |   |   |                  |   |                 |   |                 |   |                |   |                |   |                       |   |                       |   |           |   |           |   |                                 |    |                                 |
| 10  | Back handspring to tuck<br>poor |                          |   |           |     |           |     |               |   |                 |   |                         |   |                         |   |                     |   |                             |    |                        |  |     |                        |     |                  |      |                        |   |   |                  |   |                 |   |                 |   |                |   |                |   |                       |   |                       |   |           |   |           |   |                                 |    |                                 |

| Dance   | Spirit  | Cheer   |     |   |      |   |  |  |                                  |                     |                                      |   |      |   |     |   |      |   |
|---|---|---|-----|---|------|---|--|--|----------------------------------|---------------------|--------------------------------------|---|------|---|-----|---|------|---|
| <p><b>Motion Technique<br/>10 pts.</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">1-3</td><td style="text-align: center;">Motion levels off, lacking in sharpness, missed motions</td></tr> <tr><td style="text-align: center;">4-7</td><td style="text-align: center;">Average motion levels, needing more sharpness</td></tr> <tr><td style="text-align: center;">8-10</td><td style="text-align: center;">Good motion levels, sharp, exhibits individuality</td></tr> </table> | 1-3   | Motion levels off, lacking in sharpness, missed motions | 4-7 | Average motion levels, needing more sharpness | 8-10 | Good motion levels, sharp, exhibits individuality | <p><b>Spirit/Enthusiasm<br/>10 pts.</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">1-5</td><td style="text-align: center;">No energy/No smile/<br/>No spirit</td></tr> <tr><td style="text-align: center;">6-10</td><td style="text-align: center;">Energetic/Smiling/<br/>Loud spiriting</td></tr> </table> | 1-5  | No energy/No smile/<br>No spirit | 6-10                | Energetic/Smiling/<br>Loud spiriting | <p><b>Motion Technique<br/>10 pts.</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">1-3</td><td style="text-align: center;">Motion levels off, lacking in sharpness, missed motions</td></tr> <tr><td style="text-align: center;">4-7</td><td style="text-align: center;">Average motion levels, needing more sharpness</td></tr> <tr><td style="text-align: center;">8-10</td><td style="text-align: center;">Good motion levels, sharp, exhibits individuality</td></tr> </table> | 1-3  | Motion levels off, lacking in sharpness, missed motions | 4-7 | Average motion levels, needing more sharpness | 8-10 | Good motion levels, sharp, exhibits individuality |
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| 1-5   | No energy/No smile/<br>No spirit                        |   |     |   |      |   |  |  |                                  |                     |                                      |   |      |   |     |   |      |   |
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| 1-3   | Soft/speaking words                                     |   |     |   |      |   |  |  |                                  |                     |                                      |   |      |   |     |   |      |   |
| 4-7   | Saying words loud/yelling words without enthusiasm      |   |     |   |      |   |  |  |                                  |                     |                                      |   |      |   |     |   |      |   |
| 8-10  | Yelling words with enthusiasm                           |   |     |   |      |   |  |  |                                  |                     |                                      |   |      |   |     |   |      |   |

# Cheerleader Tryout Application

Due Date: **March 29, 2024**

Turn in to Mrs. Mikulec in room 160 or Mrs. Cooksey in room 162.

No late applications will be accepted under any circumstances.

**Please print.**

Candidate's Name: \_\_\_\_\_

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

D.O.B.: \_\_\_\_\_

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

Home address:

\_\_\_\_\_  
\_\_\_\_\_

Cheerleader's cell: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Resides w/ Y N

Mother's cell: \_\_\_\_\_

Mother's email address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Resides w/ Y N

Father's cell: \_\_\_\_\_

Father's email address: \_\_\_\_\_

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

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

Date: \_\_\_\_\_

# Cheerleader Tryout Application

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

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

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

Parent Signature: \_\_\_\_\_

**(Candidate: Please initial in spaces provided)**

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

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

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

I will:

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

Candidate's signature \_\_\_\_\_

Date \_\_\_\_\_

# Cheerleader Tryout Application

## Parent/Cheerleader Release Form

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

Please initial in the spaces provided.

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

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

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

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

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

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

\_\_\_\_\_ I understand I have been encouraged to have my own insurance.

\_\_\_\_\_ Upon making cheerleader, my child must acquire a medical/physical examination. This physical must be obtained **before attending practice on April 18th**. Please note that if you will be in athletics, you will need your physical to be **obtained after April 1st**.

\_\_\_\_\_ I also confirm that my child has chosen Jackson Technology Center for the 2024-2025 school year on their choice of school form.

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

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

# Cheerleader Tryout Application

## Candidate Statement:

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

\_\_\_\_\_  
Student Name (print)

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

\_\_\_\_\_  
Date

## Parent Permission Statement:

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

\_\_\_\_\_  
Parent Name (print)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

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

Student Name (Please Print) \_\_\_\_\_

Legal Parent/Guardian (Please Print) \_\_\_\_\_

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

Cheer \_\_\_\_\_ Junior Varsity Drill Team \_\_\_\_\_ Varsity Drill Team \_\_\_\_\_

Step Team \_\_\_\_\_ World Dance Company \_\_\_\_\_

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

**Candidate/Member:**

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

\_\_\_\_\_ I understand that the judges' decision is final.

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

\_\_\_\_\_ I have received, read and understand the GISD District Code of Conduct and agree to abide by all rules and regulations. (Internet access [www.garlandisd.com](http://www.garlandisd.com) )

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

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

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

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

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

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

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

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

\_\_\_\_\_ I understand that I will be responsible for returning all uniforms, poms, props etc. in good condition. Uniforms must be cleaned according to the instructions given by the director/coach. A cleaning receipt attached to the uniform may be required.

**Legal Parent/Guardian:**

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

\_\_\_\_\_ I understand the judges' decision is final.

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

\_\_\_\_\_ I have received, read and understand the GISD District Code of Conduct and agree to abide by all rules and regulations. (Internet access [www.garlandisd.net](http://www.garlandisd.net) )

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



# 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 \_\_\_\_\_



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**



# 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



# CONCUSSION ACKNOWLEDGEMENT FORM

Name of Student \_\_\_\_\_

**Definition of Concussion** - means a complex pathophysiological process affecting the brain caused by a traumatic physical force or impact to the head or body, which may: (A) include temporary or prolonged altered brain function resulting in physical, cognitive, or emotional symptoms or altered sleep patterns; and (B) involve loss of consciousness.

**Prevention** – Teach and practice safe play & proper technique.

- Follow the rules of play.
- Make sure the required protective equipment is worn for all practices and games.
- Protective equipment must fit properly and be inspected on a regular basis.

**Signs and Symptoms of Concussion** – The signs and symptoms of concussion may include but are not limited to: Headache, appears to be dazed or stunned, tinnitus (ringing in the ears), fatigue, slurred speech, nausea or vomiting, dizziness, loss of balance, blurry vision, sensitive to light or noise, feel foggy or groggy, memory loss, or confusion.

**Oversight** - Each district shall appoint and approve a Concussion Oversight Team (COT). The COT shall include at least one physician and an athletic trainer if one is employed by the school district. Other members may include: Advanced Practice Nurse, chiropractor, physical therapist, neuropsychologist or a physician's assistant. The COT is charged with developing the Return to Play protocol based on peer reviewed scientific evidence.

**Treatment of Concussion** - The student-athlete/cheerleader shall be removed from practice or participation immediately if suspected to have sustained a concussion. Every student-athlete/cheerleader suspected of sustaining a concussion shall be seen by a physician before they may return to athletic or cheerleading participation. The treatment for concussion is cognitive rest. Students should limit external stimulation such as watching television, playing video games, sending text messages, use of computer, and bright lights. When all signs and symptoms of concussion have cleared and the student has received written clearance from a physician, the student-athlete/cheerleader may begin their district's Return to Play protocol as determined by the Concussion Oversight Team.

**Return to Play** - According to the Texas Education Code, Section 38.157:

A student removed from an interscholastic athletics practice or competition (including per UIL rule, cheerleading) under Section 38.156 may not be permitted to practice or participate again following the force or impact believed to have caused the concussion until:

- (1) the student has been evaluated, using established medical protocols based on peer-reviewed scientific evidence, by a treating physician chosen by the student or the student's parent or guardian or another person with legal authority to make medical decisions for the student;
- (2) the student has successfully completed each requirement of the return-to-play protocol established under Section 38.153 necessary for the student to return to play;
- (3) the treating physician has provided a written statement indicating that, in the physician's professional judgment, it is safe for the student to return to play; and
- (4) the student and the student's parent or guardian or another person with legal authority to make medical decisions for the student:
  - (A) have acknowledged that the student has completed the requirements of the return-to-play protocol necessary for the student to return to play;
  - (B) have provided the treating physician's written statement under Subdivision (3) to the person responsible for compliance with the return-to-play protocol under Subsection (c) and the person who has supervisory responsibilities under Subsection (c); and
  - (C) have signed a consent form indicating that the person signing:
    - (i) has been informed concerning and consents to the student participating in returning to play in accordance with the return-to-play protocol;
    - (ii) understands the risks associated with the student returning to play and will comply with any ongoing requirements in the return-to-play protocol;
    - (iii) consents to the disclosure to appropriate persons, consistent with the Health Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191), of the treating physician's written statement under Subdivision (3) and, if any, the return-to-play recommendations of the treating physician; and
    - (iv) understands the immunity provisions under Section 38.159.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

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

Student's Name: (print) \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Grade \_\_\_\_\_ School \_\_\_\_\_  
 Personal Physician \_\_\_\_\_ Phone \_\_\_\_\_  
*In case of emergency, contact:*  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Explain "Yes" answers in the box below\*\*. Circle questions you don't know the answers to.

|  | Yes                      | No                       |  | Yes                              | No                                 |
|--|--------------------------|--------------------------|--|----------------------------------|------------------------------------|
| 1. Have you had a medical illness or injury since your last check up or physical?  | <input type="checkbox"/> | <input type="checkbox"/> | 13. Have you ever gotten unexpectedly short of breath with exercise?   | <input type="checkbox"/>         | <input type="checkbox"/>           |
| 2. Have you been hospitalized overnight in the past year?  | <input type="checkbox"/> | <input type="checkbox"/> | Do you have asthma?  | <input type="checkbox"/>         | <input type="checkbox"/>           |
| Have you ever had surgery?   | <input type="checkbox"/> | <input type="checkbox"/> | Do you have seasonal allergies that require medical treatment?   | <input type="checkbox"/>         | <input type="checkbox"/>           |
| 3. Have you ever had prior testing for the heart ordered by a physician?   | <input type="checkbox"/> | <input type="checkbox"/> | 14. Do you use any special protective or corrective equipment or devices that aren't usually used for your activity or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?   | <input type="checkbox"/>         | <input type="checkbox"/>           |
| Have you ever passed out during or after exercise?   | <input type="checkbox"/> | <input type="checkbox"/> | 15. Have you ever had a sprain, strain, or swelling after injury?  | <input type="checkbox"/>         | <input type="checkbox"/>           |
| Have you ever had chest pain during or after exercise?   | <input type="checkbox"/> | <input type="checkbox"/> | Have you broken or fractured any bones or dislocated any joints?   | <input type="checkbox"/>         | <input type="checkbox"/>           |
| Do you get tired more quickly than your friends do during exercise?  | <input type="checkbox"/> | <input type="checkbox"/> | Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?   | <input type="checkbox"/>         | <input type="checkbox"/>           |
| Have you ever had racing of your heart or skipped heartbeats?  | <input type="checkbox"/> | <input type="checkbox"/> | If yes, check appropriate box and explain below:   |                                  |                                    |
| Have you had high blood pressure or high cholesterol?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Head  | <input type="checkbox"/> Elbow   | <input type="checkbox"/> Hip       |
| Have you ever been told you have a heart murmur?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Neck  | <input type="checkbox"/> Forearm | <input type="checkbox"/> Thigh     |
| Has any family member or relative died of heart problems or of sudden unexplained death before age 50?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Back  | <input type="checkbox"/> Wrist   | <input type="checkbox"/> Knee      |
| Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelopathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Chest   | <input type="checkbox"/> Hand    | <input type="checkbox"/> Shin/Calf |
| Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Shoulder  | <input type="checkbox"/> Finger  | <input type="checkbox"/> Ankle     |
| Has a physician ever denied or restricted your participation in activities for any heart problems?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Upper Arm   | <input type="checkbox"/> Foot    |                                    |
| 4. Have you ever had a head injury or concussion?  | <input type="checkbox"/> | <input type="checkbox"/> | 16. Do you want to weigh more or less than you do now?   | <input type="checkbox"/>         | <input type="checkbox"/>           |
| Have you ever been knocked out, become unconscious, or lost your memory?   | <input type="checkbox"/> | <input type="checkbox"/> | 17. Do you feel stressed out?  | <input type="checkbox"/>         | <input type="checkbox"/>           |
| If yes, how many times? _____  |                          |                          | 18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?   | <input type="checkbox"/>         | <input type="checkbox"/>           |
| When was your last concussion? _____   |                          |                          | <i>Females Only</i>  |                                  |                                    |
| How severe was each one? (Explain below)   |                          |                          | 19. When was your first menstrual period? _____  |                                  |                                    |
| Have you ever had a seizure?   | <input type="checkbox"/> | <input type="checkbox"/> | When was your most recent menstrual period? _____  |                                  |                                    |
| Do you have frequent or severe headaches?  | <input type="checkbox"/> | <input type="checkbox"/> | How much time do you usually have from the start of one period to the start of another? _____  |                                  |                                    |
| Have you ever had numbness or tingling in your arms, hands, legs or feet?  | <input type="checkbox"/> | <input type="checkbox"/> | How many periods have you had in the last year? _____  |                                  |                                    |
| Have you ever had a stinger, burner, or pinched nerve?   | <input type="checkbox"/> | <input type="checkbox"/> | What was the longest time between periods in the last year? _____  |                                  |                                    |
| 5. Are you missing any paired organs?  | <input type="checkbox"/> | <input type="checkbox"/> | <i>Males Only</i>  |                                  |                                    |
| 6. Are you under a doctor's care?  | <input type="checkbox"/> | <input type="checkbox"/> | 20. Are you missing a testicle? _____  |                                  |                                    |
| 7. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?   | <input type="checkbox"/> | <input type="checkbox"/> | 21. Do you have any testicular swelling or masses? _____   |                                  |                                    |
| 8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> An electrocardiogram (ECG) is not required. I have read and understand the information about cardiac screening on the UIL Sudden Cardiac Arrest Awareness Form. By checking this box, I choose to obtain an ECG for my student for additional cardiac screening. I understand it is the responsibility of my family to schedule and pay for such ECG. |                                  |                                    |
| 9. Have you ever been dizzy during or after exercise?  | <input type="checkbox"/> | <input type="checkbox"/> | EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):  |                                  |                                    |
| 10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?  | <input type="checkbox"/> | <input type="checkbox"/> |  |                                  |                                    |
| 11. Have you ever become ill from exercising in the heat?  | <input type="checkbox"/> | <input type="checkbox"/> |  |                                  |                                    |
| 12. Have you had any problems with your eyes or vision?  | <input type="checkbox"/> | <input type="checkbox"/> |  |                                  |                                    |

It is understood that even though protective equipment is worn by athletes, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the school assumes any responsibility in case an accident occurs.

If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student.

If, between this date and the beginning of participation, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful responses could subject the student in question to penalties determined by the UIL

Student Signature: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Any Yes answer to questions 1, 2, 3, 4, 5, or 6 requires further medical evaluation which may include a physical examination. Written clearance from a physician, physician assistant, chiropractor, or nurse practitioner is required before any participation in UIL practices, games or matches. THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE, PERFORMANCE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.

For School Use Only:

This Medical History Form was reviewed by: Printed Name \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

For parents/guardians:

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

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

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

\_\_\_\_\_ Application

\_\_\_\_\_ Fine Arts Handbook Signature Pages

The GISD Fine Arts Handbook will be available online.

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

\_\_\_\_\_ Preparticipation Form (physical)

\_\_\_\_\_ UIL Concussion Acknowledgement Form

\_\_\_\_\_ Media Release Form

# Cheerleader Tryout Application

For parents/guardians:

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

Parent Signature \_\_\_\_\_

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

- Application packet with all signatures complete
- Pre-participation physical (front only)

# SCAN for 24-25 GISD Fine Arts Handbook

