



## NORTH GARLAND HIGH SCHOOL

Cheerleading Tryouts March 23, 2024

**Step One:** Read this packet in its entirety.

**Step Two:** Parent and candidate must sign all forms included in this packet.

**Step Three:** Register to join the NGHS Cheer Tryout Canvas.

QR Code to Register for Cheer Tryout Canvas



NOTE: UNDER NO CIRCUMSTANCE WILL LATE OR INCOMPLETE APPLICATIONS BE ACCEPTED.

**Forms due March 8th by 3:00 p.m.**

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If you need any additional information, please contact:

**Ms. Williams -Varsity Coach**

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

**Ms. Martin - Cheer AP**

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

**School Phone: 972-675-3120**

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**TRYOUT INFORMATION PACKETS FOR EACH MIDDLE AND HIGH SCHOOL IN THE GARLAND INDEPENDENT SCHOOL DISTRICT ARE AVAILABLE ON THE DISTRICT WEBSITE:**

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

**GISD FINE ARTS HANDBOOK IS AVAILABLE ON THE DISTRICT WEBSITE:**

**<https://garlandisd.net/media/16675/download?inline>**

## Cheer Season Timeline

- **Pre-tryout Meeting** ..... **Feb 27, 2024**
  - Where: NGHS Cafeteria
  - Time: 6 PM
- **Application Due** ..... **Mar 8, 2024**
  - Return to Coach Williams at NGHS rm. 406
  - Time: 3 PM
- **Tryout Clinic** ..... **Mar 18-20, 2024**
  - Where: NGHS Practice Gym
  - Time: 5 to 7 PM
    - MARCH 18th: DANCE
    - MARCH 19th: CHEER
    - MARCH 20th: MOCK
- **Tryouts** ..... **Mar 23, 2024**
  - Where: GHS
  - Time: 9:30 AM
- **Tryout Results Announced** ..... **Mar 26, 2024**
  - Where: Tryout Canvas
  - Time: Afternoon
- **Made-It (Mandatory Parent) Meeting** ..... **Apr 3, 2024**
  - Where: NGHS Cafeteria
  - Time: 5:30 PM
- **Uniform Fitting** ..... **Apr 6, 2024**
  - Where: NGHS & GHS (cheerleaders will meet at NG and be bussed to GHS)
  - Time: 1 PM - 6:30 PM
- **Summer Practices** ..... **July 8-10/15-17/22-24, 2024**
  - Where: NGHS Cafeteria
  - Time: 2 PM - 4 PM
- **Summer Social** ..... **July 20, 2024**
- **Summer Camp** ..... **July 29 - Aug 1, 2024**
  - Texas A & M University
- **Raider Rush** ..... **Aug 9, 2024**
- **Labor Day Parade** ..... **Sep 1, 2024**
- **Regional Competition(s)** ..... **TBA**
- **MLK Parade** ..... **Jan 12, 2025**
- **UIL State Competition** ..... **Jan 16-18, 2025**
- **Middle School Classic** ..... **February 2025**

## **CHEERLEADING ACTIVITIES**

In accordance with UIL rules, high school cheerleading squads are only permitted to cheer at one contest per school week. It would not be a violation for cheerleaders to cheer at a double header (two contests at the same site on one school night) or to participate in a pep rally prior to a contest and also lead cheers at the contest even though both occur during the school week. Friday night and weekend contests do not count toward the one contest per week rule.

### **CHEERLEADER COMPETITION**

The expectation is that all cheerleaders will participate in competition. Failure to commit and participate in competition(s) will result in removal at semester. Tryouts may be held to determine competition groups, etc. A separate handbook, approved by the campus principal, will be given to each competition member.

- A. Regionals (TBA - November/December 2024)**
- B. UIL Spirit State Championship (January 16-18, 2025)**

### **PARADES**

Participation in the **Labor Day Parade and Martin Luther King Parade is mandatory.**

### **SUMMER CAMP**

Participation in all days of **summer camp is mandatory**. No exceptions are made for outside cheer teams or vacations.

### **FOOTBALL**

- A. Varsity cheerleaders`will cheer at all varsity games.
- B. JV cheerleaders will cheer at all JV games at the coach's discretion.
- C. JV & Freshmen cheerleaders may be asked to cheer at additional varsity games at the discretion of the campus.
- D. Freshmen games will be covered if there is a Freshmen squad.
- E. Playoff games will be covered.

### **VOLLEYBALL**

- A. Games can be covered by any squad at the discretion of the campus administration and coach.
- B. Playoff games may be covered.

## **BASKETBALL**

- A. All district varsity boys and girls games should be covered. Squad assignments will be at the discretion of the campus administration and the coach.
- B. If a campus has a Freshmen squad, they will be assigned freshmen games.
- C. Exceptions to the above rules are as follows include
  - I. No out of town games on Monday through Thursday nights.
  - II. No cheering during the holiday break. This rule applies to basketball only.
- D. Playoff games will be covered.

## **OTHER ACTIVITIES**

Additional activities such as community events, etc. will be at the discretion of the coach and the campus principal. Cheerleaders are required to attend each of these events.

- A. Summer Social - July 20, 2024**
  - B. Cheer Camp - (Texas A&M July 29 - August 1, 2024)**
  - C. Convocation - August 2024**
  - D. Raider Rush - August 9, 2024**
  - E. Fall 2024 Volunteer Activity - TBA**
  - F. Fall Social- TBA**
  - G. District UIL Shows - November 2024**
  - H. Middle School Cheer Classic - February 2025**
  - I. Spring Social- TBA**
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## **SPIRIT SIGNS AND BANNERS**

Each squad member will paint and decorate spirit signs and banners for the year. These signs will be due the first day of school. Coaches will provide a list of phrases for each cheerleader. Each cheerleader will provide his/her own paint brushes/paint. Paint must be acrylic paint, no oil based paint on signs will be accepted.

Each sign is required to have the following:

- The name of the cheerleader on the back of the sign on **both** ends.
- Saying written on the back of the sign on **both** ends.
- Category written on the back on **both** ends of the sign. (ex. Football, Girl's Basketball, etc.)
- Correct spelling.
- **Neat** presentation.
- Sign rolled tightly with a rubber band on each end.

# NGHS Cheer Hair and Make-Up Standard of Uniformity

## A. Hair for Football, Volleyball, Basketball, Competition

- Male cheerleaders – if hair is long it must be pulled up in a bun or high or low ponytail
- Varsity – High or low ponytail; high or low pony with hair half- up (Coach's discretion)
- Junior Varsity/FR – High or low ponytail (Coach's discretion)
- All Cheerleaders
  - No wigs are allowed unless for medical purposes.
  - No unnatural hair color is allowed. If you are unsure, please ask your coach first.
  - Beads, clips, headbands, and other hair accessories are not allowed.
  - If you have any type of braids or twists, hair must still be able to be pulled up into the correct low/high ponytail or half-up style.
  - Braids cannot be longer than mid-back length.
  - Corn Rows must be placed in a way that will go into a high/ low ponytail or half-up style depending on what the coach has requested for that week's events.
  - Sew-in's/quick weaves must be able to be pulled back into a high/low ponytail or half-up style depending on what the coach has requested for that week's events.



## B. Make-Up for Football, Volleyball, Basketball, Parades

- If your cheerleader does NOT wear make-up, they will NOT be required to wear make-up to these events.
- If they do wear make-up a natural, age-appropriate look is required. If you have questions, please ask a coach.

## C. Competition

- Make-up is preferred for competition due to harsh lighting, however if you do not allow your cheerleader to wear make-up, they are required to wear a minimum of mascara and red lipstick. (exception male cheerleaders)

## D. Nails

- Nails must be sports-length and cannot go past the fingertips.
- Only nude/french-tip is allowed; no color, gems, or designs.

## ESTIMATED COSTS

**\*\* Actual costs may vary \*\***

The estimated cost of cheerleading for one year is outlined below. **ONLY CASH & MONEY ORDERS** are accepted for the first payment. **Must be paid in full in order to attend camp.**

**Any new cheerleader will need to purchase all items. If you are using cheer shoes from a previous year they must be approved by the coach.**

### **JV & FR \$1200**

Camp \$ 500

Campwear (includes three outfits and two sports bras) \$245

Game Day Jersey \$56

Shoes \$100\*\*

Briefs (red & black) \$24/\$12 ea.\*

Contour Package (includes personalized jacket, leggings, sports bra, and shorts) \$125

Backpack \$83

Crew Neck Sweater \$52

Bows \$48

Long Sleeve Tee \$16

Activity Fee \$50

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### **Varsity \$1275**

Camp \$500

Campwear (includes three practice outfits and two sports bras) \$245

Game Day Jersey \$56

Shoes \$100\*\*

Briefs (red & black) \$24/\$12 ea.\*

Contour Package (includes personalized jacket, leggings, sports bra, and shorts) \$125

Backpack \$83

Crew Neck Sweater \$52

Bows (\$37 for returning varsity) \$53\*

Long Sleeve Tee \$16

Uniform Bra \$40

Uniform Socks \$30 (\$15 for returning varsity)\*

Activity Fee \$50

**Anything with an (\*) asterisk can be reused from a prior year.**

**Anything with (\*\*) asterisks can be purchased on your own. Cheer shoes must be approved by the coach.**

**GISD provides uniforms, but the cheerleaders are responsible for all alterations needed and any damages to the uniforms that may have occurred throughout the year.**

# Clinic & Tryout Attire

**Clinic:** During the clinic, candidates may wear shorts or leggings with a fitted t-shirt or tank. Athletic shoes (preferably for cheerleading) must be worn to participate in the clinic. Hair should be pulled back, out of the face into a ponytail.

**Tryouts:** Each girl will be required to wear a **solid white** fitted t-shirt or tank top with **black shorts (not spanx/bloomers)**, a bow or ribbon (black/red/white), white no-show socks, and cheer shoes. If you do not own cheerleading shoes, tennis shoes are fine.

Dress appropriately (**wear a sports bra, no bare midriffs, etc.**). Be presentable with neatly brushed hair pulled into a high ponytail, natural makeup (optional), **bow or ribbon (black, red, or white)** and a smile! **Absolutely no jewelry** (If you have a new piercing, you will **not** be allowed to keep a ring/plug in it.). No gum. Phones will be left in bags and on silent.

**You may not wear any item of clothing that indicates prior membership on a cheerleading squad (except shoes). For example, shirts/shorts that say “North Garland Cheerleader” or anything with a competitive logo will not be allowed.**





# Cheerleading Scoring Criteria

<b>Dance</b>		<b>Jumps</b>		<b>Cheer</b>	
Motion Technique 10 pts.		Toe touch- 10 pts.  Right Hurdler/Herkie- 10 pts.  Left Hurdler/Herkie- 10 pts.		Motion Technique 10 pts.	
1-3	Motion levels off, lacking in sharpness, missed motions			1-3	Motion levels off, lacking in sharpness, missed motions
4-7	Average motion levels, needing more sharpness			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.		Spirit/Enthusiasm 10 pts.		Voice Projection 10 pts.	
1-3	Timing off throughout	1-5	No energy/No smile/No spirit	1-3	Soft/speaking words
4-7	Ok timing	6-10	Energetic/Smiling/Loud spiriting	4-7	Saying words loud/yelling words without enthusiasm
8-10	Good timing with group			8-10	Yelling words with enthusiasm

<b>Tumbling</b>		<b>Jumps</b>		<b>Incorporation</b>	
*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	Toe touch x1/prop inc. poor
1-2	Round off	7-10	Above level jumps 	2	Toe touch x2/prop inc. good
3-4	Round off BHS			3	Standing back handspring poor
5	Round off 2 BHS			4	Standing back handspring good
6	Series 3 or more BHS			5	Jump to back handspring poor
7	Round off BHS back tuck			6	Jump to back handspring good
8	Series to back tuck			7	Back tuck or back handspring to tuck poor
9	Layout or whip to back tuck			8	Back tuck or back handspring to tuck good
10	Full or specialty full			9	Jump to BHS Tuck series poor
				10	Jump to BHS Tuck series good



STUDENT NAME \_\_\_\_\_

**RETURNING CHEERLEADER RUBRIC**

<p><b>Positive Role Model</b> 25 possible points Includes: Administration evaluation of discipline &amp; FA Handbook infractions</p>		<p><b>Score:</b></p>		
<p>25 Superior</p>	<p>24-16 Above Average</p>	<p>15-10 Average</p>	<p>9 and under Below Average</p>	<p>0 Poor</p>
<p>Never assigned ISS, office referral, or detentions Superior Behavior</p>	<p>Never assigned ISS, office referral, 1 detention 1-2 minor infractions</p> <hr/> <p>1 detention/2 infractions- 16 pts 1 detention/1 infraction- 18 pts 0 detentions//2 infractions- 20 pts 0 detentions/ 1 infraction- 22 pts</p>	<p>Never assigned ISS, office referral, 2-3 detentions 3-5 minor infractions</p> <p>3 detentions/5 infractions- 10 pts 3 detentions/4 infractions- 11 pts 3 detentions/3 infractions- 12 pts 2 detentions/5 infractions- 13 pts 2 detentions/4 infractions- 14 pts 2 detentions/3 infractions- 15 pts</p>	<p>Never assigned ISS, 4-5 office referrals or detentions 6-7 minor infractions 1 major infraction</p> <hr/> <p>1 major infraction- 5 pts -5 detentions/7 infractions- 6 pts -5 detentions/6 infraction- 7 pts -4 detentions//7 infractions- 8 pts -4 detentions/ 6 infraction- 9 pts</p>	<p>Assigned ISS, Suspension, AEC 7 or more detentions 2 or more major infractions</p>
<p><b>Dedication</b> 25 possible points  Includes: -Attendance to school -Attendance to all events  Minus 2 pts for each absence or missed event</p>		<p><b>Score:</b></p>		
<p><b>Leadership</b> 25 possible points Includes: For each category, score: -2 points for low ability -5 points for high ability  Includes: a)Academic Performance b)Responsibility c)Self-discipline/Respect/ Positive Attitude d)Spirit/Enthusiasm e)Team player/Cooperative/ Sportsmanship</p>		<p><b>Score:</b> a) _____ b) _____ c) _____ d) _____ e) _____  Total: _____</p>		
<p><b>Clinic Effort</b> 25 possible points</p>		<p><b>Score:</b></p>		

**Total Score:** \_\_\_\_\_

# **GISD Centralized High School Cheerleader Tryouts**

**2024**

The goal of the centralized tryout will be to provide a consistent, equitable, and monitored tryout process for all high school cheerleader candidates across the district.

The Garland Independent School District will hold a centralized tryout for the selection of the 2024-2025 cheerleading squads. This tryout will be held on **Saturday, March 23, 2024**. All seven high schools with cheerleading squads will participate in the tryout process. The tryout will be held at Garland High School.

Each school will have an approximate start time. The start time will be determined by the week of tryouts based on the number of candidates. The schedule will be as follows:

## **Zone 1**

<b>School</b>	<b>Warm-up</b>	<b>Tryout Start Window</b>
Lakeview	8:00	8:30
Rowlett	9:30	10:00-11:00
Judge's Break	11:30-12:30 start?	
Garland	12:30	1:00-2:00

**Zone 2**

<b>School</b>	<b>Warm-up</b>	<b>Tryout Start Window</b>
Sachse	8:00	8:30
North Garland	9:30	10:00-11:00
Judge's Break	11:30-12:30 start?	
Naaman Forest	12:30	1:00-2:00
South Garland	2:30	3:00-4:00

Parents will not be allowed in the building during any phase of the tryouts.

UNDER NO CIRCUMSTANCES WILL ANY OUTGOING CHEERLEADERS BE ALLOWED IN THE GYMNASIUMS.

NORTH GARLAND HIGH SCHOOL RAIDER CHEER SOCIAL MEDIA CONTRACT

The commitment to being a North Garland Cheerleader is both a privilege and a responsibility. These Social Media Standards are intended to provide parameters for our performers to rely on whenever representing themselves online. As a part of the Raider Cheer program, cheerleaders are not only a representative of themselves, but North Garland High School and GISD as well.

Maintaining a higher standard of conduct will also include ensuring the GISD/Fine Arts students' social media profiles are appropriate. The internet is a worldwide, publicly accessible form of communication. Therefore, any communication such as Twitter, YouTube, Instagram, SnapChat, TikTok, Tumbler, or any other photo/video sharing or social media site, etc. appearing on the internet is public domain, even if it is marked private. Per the GISD Code of Conduct, students are responsible for their personal online profiles and postings on others' profiles, websites, etc. The areas of appropriateness include, but are not limited to, the following: language, sexual or other (abbreviated or alluding to); pictures, reference to sexually explicit conduct or content, bullying/harassment within school and to other campuses, clothing, alcohol, drugs, and/or tobacco, which includes e-cigs and vapes.

Excessive amounts of postings during the school day and posting updates in the middle of the school day is unacceptable and will be considered if a principal/teacher review takes place. Text messages, DMs, pictures, etc. can be screenshot and therefore can be considered public domain. By sending any content electronically to someone else, you are giving them permission to use that information as they see fit, so please be aware of what you are sending and to whom you are sending it to at all times. Any question of appropriateness will be decided by the principal and sponsor.

Students selected as Fine Arts student performers must recognize this distinction as an honor and privilege and must be held accountable to a greater standard than that of the general school population. A student has no ordained right to participate in Fine Arts. It is a privilege that has been granted to the student and it is possible that the privilege can be taken away.

In addition to the GISD Fine Arts Handbook, GISD Code of Conduct, and the standards outlined in the Fine Arts Code of Conduct will be in effect twenty- four hours a day, seven days a week, twelve months a year, in season and out of season, whether or not if school is in session.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Cheerleader's Signature

\_\_\_\_\_  
Date

Video, Image, and Audio Release

I \_\_\_\_\_ parent of \_\_\_\_\_ give my consent for her photographs, video images, and/or voice to be utilized for advertising, illustration, or publication on campus, district, and/or local media TV stations as appropriate. This includes but is not limited to GRS-TV, newspaper, daily announcements, advertising, and local news stations.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

# MARCH 2024

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1	2
3	4	5	6	7	8 Tryout Paperwork Due	9
10	11 Spring Break	12 Spring Break	13 Spring Break	14 Spring Break	15 Spring Break  Tryout Material loaded to Canvas	16
17	18 Clinic 5-7 PM Practice Gym	19 Clinic 5-7 PM Practice Gym	20 Clinic 5-7 PM Practice Gym	21	22	23 Cheer Tryouts @ Garland High School
24	25	26 Tryout Results Announced on Canvas and Band	27	28	29 Good Friday	30

# APRIL 2024

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
31	<b>1</b> NO SCHOOL	<b>2</b>	<b>3</b> Mandatory Made It Meeting @ 5:30 in NGHS cafeteria <u>Installment #1 Due</u> <u>\$240 FR/JV, \$255</u> <u>VA</u>	<b>4</b>	<b>5</b>	<b>6</b>  All Squad Fitting @ NGHS 1-6:30 PM
7	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>
14	<b>15</b> <u>Installment #2</u> <u>Due \$240 FR/JV,</u> <u>\$255 VA</u>	<b>16</b>	<b>17</b>	<b>18</b>	<b>19</b>	<b>20</b>
21	<b>22</b>	<b>23</b>	<b>24</b>	<b>25</b>	<b>26</b>	<b>27</b>
28	<b>29</b>	<b>30</b> <u>Installment #3 Due</u> <u>\$240 FR/JV, \$255</u> <u>VA</u> Practice in Cafeteria Varsity 3:30-5:30 PM JV 5-6:30 PM				

# MAY 2024

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			<b>1</b>	<b>2</b> Practice in Cafeteria Varsity 3:30-5:30 PM JV 5-6:30 PM	<b>3</b>	4
5	<b>6</b>	<b>7</b> Practice in Cafeteria Varsity 3:30-5:30 PM JV 5-6:30 PM	<b>8</b>	<b>9</b> Practice in Cafeteria Varsity 3:30-5:30 PM JV 5-6:30 PM	<b>10</b>	11
12	<b>13</b>	<b>14</b> <u>Installment #4 Due</u> <u>\$240 FR/JV, \$255</u> <u>VA</u> Practice in Cafeteria Varsity 3:30-5:30 PM JV 5-6:30 PM	<b>15</b>	<b>16</b> Practice in Cafeteria Varsity 3:30-5:30 PM JV 5-6:30 PM	<b>17</b>	18
19 Mother's Day	<b>20</b>	<b>21</b>	<b>22</b>	<b>23</b>	<b>24</b>	25
26	<b>27</b> <u>Installment #5 Due</u> <u>\$240 FR/JV, \$255</u> <u>VA</u> Memorial Day	<b>28</b>	<b>29</b>	<b>30</b> Last Day of School	<b>31</b>	

**\*FINAL INSTALLMENT DUE MAY 27TH!**

# JULY 2024

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b> Independence Day	<b>5</b>	<b>6</b>
<b>7</b>	<b>8</b> Practice in Cafeteria VA & JV 2-4 PM	<b>9</b> Practice in Cafeteria VA & JV 2-4 PM	<b>10</b> Practice in Cafeteria VA & JV 2-4 PM	<b>11</b>	<b>12</b>	<b>13</b>
<b>14</b>	<b>15</b> Practice in Cafeteria VA & JV 2-4 PM	<b>16</b> Practice in Cafeteria VA & JV 2-4 PM	<b>17</b> Practice in Cafeteria VA & JV 2-4 PM	<b>18</b>	<b>19</b>	<b>20</b> Summer Social
<b>21</b>	<b>22</b> Practice in Cafeteria VA & JV 2-4 PM	<b>23</b> Practice in Cafeteria VA & JV 2-4 PM	<b>24</b> Practice in Cafeteria VA & JV 2-4 PM	<b>25</b>	<b>26</b>	<b>27</b>
<b>28</b>	<b>29</b> Cheer Camp @ Texas A&M	<b>30</b> Cheer Camp @ Texas A&M	<b>31</b> Cheer Camp @ Texas A&M	<b>1</b> Cheer Camp @ Texas A&M	<b>2</b>	<b>3</b>
<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b> Raider Rush	<b>10</b>



**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.

	<b>Yes</b>	<b>No</b>		<b>Yes</b>	<b>No</b>
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> I choose not to provide written information on Question 19 but will discuss with a medical professional: 19. When was your first menstrual period? _____ When was your most recent menstrual period? _____ How much time do you usually have from the start of one period to the start of another? _____ How many periods have you had in the last year? _____ What was the longest time between periods in the last year? _____		
How severe was each one? (Explain below)			<i>Males Only</i> I choose not to provide written information on Question 20 but will discuss with a medical professional: 20. Are you missing a testicle? _____ Do you have any testicular swelling or masses? _____		
Have you ever had a seizure?	<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.		
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):		
Have you ever had numbness or tingling in your arms, hands, legs or feet?	<input type="checkbox"/>	<input type="checkbox"/>			
Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>			
5. Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>			
6. Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>			
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"/>			
8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>			
9. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>			
10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>			
11. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>			
12. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>			

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

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

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

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

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

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

**For School Use Only:**

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

**PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION**

Student's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ % Body fat (optional) \_\_\_\_\_ Pulse \_\_\_\_\_ BP \_\_\_\_/\_\_\_\_ (\_\_\_\_/\_\_\_\_, \_\_\_\_/\_\_\_\_)  
brachial blood pressure while sitting

Vision: R 20/\_\_\_\_ L 20/\_\_\_\_ Corrected:  Y  N Pupils:  Equal  Unequal

As a minimum requirement, this **Physical Examination Form** must be completed prior to junior high participation and again prior to first and third years of high school participation. It **must** be completed if there are yes answers to specific questions on the student's MEDICAL HISTORY FORM on the reverse side. \* **Local district policy may require an annual physical exam.**

	NORMAL	ABNORMAL FINDINGS	INITIALS*
<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.



# 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



# 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

## **CHEERING ACTIVITIES**

In accordance with UIL rules, high school cheerleading squads are only permitted to cheer at one contest per school week. It would not be a violation for cheerleaders to cheer at a double header (two contests at the same site on one school night) or to participate in a pep rally prior to a contest and also lead cheers at the contest even though both occur during the school week. Friday night and weekend contests do not count toward the one contest per week rule.

### **CHEERLEADER COMPETITION**

The requirement is that all cheerleaders will participate in competition. Failure to commit and participate in competition(s) may result in removal at semester. Tryouts may be held to determine competition groups etc. UIL Spirit competition is a requirement of the district.

### **PARADES**

Participation in the Martin Luther King Parade and Labor Day Parade is mandatory.

### **SUMMER CAMP**

Participation in all days of summer camp is mandatory. No exceptions are made for outside cheer teams or vacations.

### **FOOTBALL**

- A. Varsity cheerleaders`will cheer at all varsity games.
- B. JV cheerleaders will cheer at all JV games at the sponsor's discretion. You may choose to cheer for the A or B team.
- C. JV cheerleaders may be asked to cheer at additional varsity games at the discretion of the campus.
- D. Freshmen games will be covered if there is a JV B squad.
- E. Playoff games will be covered.

### **VOLLEYBALL**

- A. Games can be covered by any squad at the discretion of the campus administration and sponsor.
- B. Playoff games should be covered.

### **BASKETBALL**

- A. All district varsity boys and girls games should be covered. Squad assignments will be at the discretion of the campus administration and the sponsor.
- B. If a campus has a JV B squad, they will be assigned either JV or freshmen games.
- C. Exceptions to the above rules are as follows:
  - 1. No out of town games on Monday through Thursday nights.
  - 2. No cheering during the holiday break.
- D. Playoff games should be covered.

### **OTHER ACTIVITIES**

Additional activities such as community events, etc. will be at the discretion of the sponsor and the campus principal. Cheerleaders are required to attend each of these events.

# Garland Independent School District Cheer Application

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

Grade Next

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

Address \_\_\_\_\_

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

Email \_\_\_\_\_

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

Participation in the GISD cheerleading program carries both a significant time and financial commitment. Each cheerleader is expected to meet all financial responsibilities identified by their specific campus. Dedication to, and the prioritization of, cheerleading is obligatory from all cheerleaders to meet the objectives of the program. Candidates selected to be a member of the squad are expected to maintain their commitment to the activity for the full cheerleading year.

**Prior to making commitments to be involved in other school activities, cheerleaders should carefully consider specific program requirements, as involvement in other activities may cause participation and time conflicts with cheerleading duties.** Any cheerleader who voluntarily quits the squad before the end of the cheerleading year without the approval of the principal and sponsor will not be allowed to try out for the next year on any GISD campus.

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

Student

Signature \_\_\_\_\_

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

For parents/guardians:

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

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

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

\_\_\_\_\_ Application

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

The GISD Fine Arts Handbook will be available online.

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

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

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

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



JUNIOR VARSITY CONSENT FORM

GARLAND INDEPENDENT SCHOOL DISTRICT CHEERLEADING PROGRAM

**This document must be signed and returned to the cheerleader sponsor no later than the end of the school day before cheerleader tryouts. NO EXCEPTIONS!**

Student's Name \_\_\_\_\_

GISD Campus \_\_\_\_\_

The candidate and parents/guardian have read and understand the procedures and guidelines for a Varsity candidate being placed in a Junior Varsity spot..

In the event that I do not score high enough to be selected for the varsity squad....

\_\_\_\_\_ I give my consent to be considered for a JV cheer position.

\_\_\_\_\_ I **do not** give my consent to be considered for a JV cheer position.

\*All candidates applying for available positions must score at least 40%.

\*All GISD Fine Arts handbook rules apply.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ 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/UIL Regulations).

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

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

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

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

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

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

**Legal Parent/Guardian:**

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

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

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

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

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

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

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

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

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

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

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

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

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

**Candidate/Member Printed Name** \_\_\_\_\_

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

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

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

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

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



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**