

Lyles Middle School



Cheerleader Tryouts

Please read this entire tryout packet. Both the candidate and parent/guardian must sign this packet in multiple places, including the medical release form and GISD handbook, which can be found online. Forms should be turned in by March 27, 2023.

GISD Handbook - <https://garlandisd.net/media/15517/download?inline>

Athletic Forms - <https://garlandisd.rankonesport.com/New/NewInstructionsPage.aspx>

2023-2024

Mandatory Parent Meeting

FRIDAY, MARCH 10, 2023

Lyles Cafeteria

5:30 P.M.- 6:00 P.M.

Check in beginning at 4:45 P.M.

Unless prior arrangements have been made with a sponsor, all candidates and parents are to attend the meeting on March 10th. Failure to attend this meeting or schedule another one before school at the sponsors' convenience will affect a potential candidate's ability to try out.

Paperwork

Physical Evaluation:

Pre-Participation Physical Evaluation – Medical History Form – Please note that you are NOT required to have a physical exam prior to tryouts unless you answer yes to questions 1, 2, 3, 4, 5, or 6. If none of these apply, you only need to turn in the first page. If you answer yes to any of these questions, you must have a pre-physical exam and must turn in both pages of the form with your application packet on Monday MARCH 27, 2023.

*Candidates selected to the squad must have a physical on file dated **AFTER MARCH 20, 2023.**

Application and Release Forms:

All paperwork must be turned in by 4:30 p.m. on Monday, MARCH 27, 2023.

Please return all paperwork to JEAN-PIERRE in G-OFFICE:

- ___Application
- ___Parent/Guardian Release Form
- ___Candidate Agreement Form
- ___Pre-participation Physical Evaluation
- ___UIL Concussion Form
- ___Fine Arts Signature Page
- ___Media Release
- ___Copy of most recent report card

Clinic

Only students who are academically eligible may attend the clinics.

- The clinic will be held in the practice gym on:
 - a. Tuesday, March 28-31, 2023 from 4:30pm-6:45 pm
- Dress needs to be appropriate for moving and jumping. No tank tops.
- Hair must be in a ponytail, no jewelry, etc.
- Cheers, dance, and jumps to be used at tryouts will be taught at the clinic.
- **No video of the clinic will be allowed at any time.**
- **The clinic is a CLOSED event. Only candidates will be allowed in the practice gym.**
- A copy of the music will be provided for the candidates to practice

Performance: Sequence of Events

Before any judging takes place, all candidates will perform the chant, dance, and cheer for the judges so they have the opportunity to see what the material should look like. Afterwards, the contestants will exit the gym and tryouts will proceed as follows: In groups of 3 or 4, the candidates will execute the chant and dance. Then once every group has finished, in numeric order, each contestant will make his or her entrance, demonstrate three jumps, and then perform the cheer.

Who Will Make the Squad?

Each candidate will be scored on the following criteria:

Entrance : Presence/Poise (5) Tumbling during run-in (10) Spirit/Enthusiasm (5)	Jumps : Toe Touch (10) Right/Left Hurdler (5) Optional Jump (5)
Cheer : Motion Technique (10) Voice/Projection (5) Incorporation (5)	Chant : Motion Technique (10) Timing (5) Projection (5)
Dance: Memory (5) Motion Technique (10) Timing (5)	When executed perfectly: 5-Toe, BHS or Back 4-BHS 3-Double toe touch 2-Toe Touch 1-Jump of choice

The top 10 scorers per grade level who are able to score 40 points or higher will be named as the 2022-2023 7th and 8th Grade Lyles Cheerleaders!!!

Note: At the sponsors' discretion, the next two top scores could be added to the team provided they fall within the natural break.

Disclaimers:

Judges:

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

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

Judges' Scoring

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

Middle School Cheerleader Tryout Sequence of Events

ANY DEVIATION FROM THE TRYOUT PROCEDURE/REQUIREMENTS MAY RESULT IN THE DISQUALIFICATION OF THE CANDIDATE.

Full Group Performance:

All candidates should walk in and perform chant, dance, cheer as a group in that order.

Group Chant:

Groups should consist of 2 or 3 candidates. They should 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. Once the nod has been given, the designated candidate should call for the group cheer to begin.

Group Dance:

Once the nod has been given, the school representative should start the music for the dance. Once this has been completed, the candidates should remain in their spots until they are told to leave.

Individual Entrance:

Candidate number #1 should enter the gym and wait for notification from admin that they are ready. The candidate should run in showing and soliciting spirit and enthusiasm doing whatever tumbling pass they wish if they are able. Once they are done with their entrance, they should stop in the center of the gym in front and wait for notification from the school representative that they can begin. At this point, the candidate should tumble, show spirit/enthusiasm, and the candidate's presence/poise will be judged. Presence/poise will include appearance with regard to the hair being out of the face, shirts tucked in if possible, shorts not being too short, proper shoes, facial expressions, etc.

Individual Jumps:

Once the nod has been given, the candidate should do whatever jump they wish to do first. Each middle school candidate must perform a toe touch, left OR right hurdler, and a jump of their choice. The jump of their choice can include, but is not limited to, a jump that they have already performed. Tumbling stunts will not count as jumps.

Individual Cheer

Once the jumps have been completed and the nod has been given, the candidate should begin their cheer. The cheer will have a section(s) incorporating a jump(s) and/or tumbling. Candidates will be scored based on difficulty and execution as well. Candidates will also be judged on their smile, motion technique and voice projection during this time. Once the candidate has completed their cheer, they should exit the gym. No score will be given for an exit tumbling pass or spirit. As candidate #1 is walking out, candidate #2 should walk in and wait for the judge's nod. These steps should be repeated until all candidates have performed all categories mentioned to this point.

Financial Responsibility

It is the responsibility of each cheerleader to meet all financial obligations. Every effort is made to make all expenses minimal. Failure to meet the stated financial obligations will result in a principal review which may lead to removal from the squad.

Estimated Costs for LMS Cheer 22-23

The estimated fees for cheerleading during the 22-23 school year is **\$300**.

The stated cost includes:	Other Miscellaneous Expenses
Camp Tuition 3 Camp T-Shirts Water Bottle Warm Ups Half Top Socks Shoes Bows Poms Briefs Bag	Camp gifts Camp lunch Paint/Brushes Mums Holiday Dinner Secret Santa Teacher Appreciation Snack Bar End of the year Banquet

***Details will be available after tryouts regarding the opportunity for fundraising to assist in camp costs.

ALL CAMP DEPOSITS/FEES MUST BE MADE BY CASH OR MONEY ORDER. WHERE CAMP WILL BE IS BEING DISCUSSED CURRENTLY.

You are welcome to pay the entire camp balance prior to the above date if you prefer.

No personal checks will be accepted.

Cashier's checks or credit cards are accepted from our vendor for the warmups/camp clothing costs.

Required items that are not part of the above mentioned costs:

- All candidates who make the squad will need to purchase a solid black, racer back sports bra on their own that they must wear to the uniform fitting.
 - Sponsors will approve that the sports bra does not show while wearing the uniform
- Camp lunches
- Game day dinners

Football Season runs September-November. We will have at least one practice and one game to attend each week. Basketball Season runs November-February. We will have **at least** one practice and one game to attend each week.

Lyles Cheer Expectations

1) Cheer Camp

- a) Camp is mandatory for all members of Cheer. It is our opportunity to build strong bonds and grow through adversity.
- b) Not attending camp will result in removal from the team.

2) Communication

- a) Members of Lyles Cheer and their parents/guardians are expected to use the SportsYou app to communicate.
- b) The calendar will be on a Google Doc. Members and their parents/guardians will be expected to check the calendar regularly.

3) Attendance

- a) Members are expected to notify their coach in writing, at least 5 days in advance, of any tardies or absences.
- b) Regardless if the tardy/absence is excused or unexcused, the member may be removed from the performance.

4) Outside Activities

- a) If the candidate makes the cheer squad, they must complete their commitment to cheerleading before being released to any other activity they will be participating in. (This includes all-star cheer).
- b) If playing other sports, cheerleaders must work out the conflicts with both coaches and provide a conflict calendar PRIOR to the event.
 - i) **THERE MUST BE A 50/50 SPLIT IN AFTER SCHOOL EVENTS BETWEEN TIME FOR CHEER AND THE SPORT/SCHOOL-SPONSORED CLUB/ORGANIZATION.
 - ii) Communication must be initiated by the cheerleader.

5) Transportation

- a) Parents are expected to transport their cheerleader to and from games/competitions/performances/events. NO Bus transportation provided..
- b) All members are to be picked up after games, competitions, performances, events no later than 20 minutes after being dismissed by the teacher. Be respectful of the teacher's time and contact the teacher if you are running late to pick up your student.
 - i) Repeated tardiness of pick up will result in a principal/teacher review with the parent/guardian and benching or removal may be possible.

Important Dates - Important Dates - Important Dates

When	Where	What
March 10, 2023 Friday 5:30pm	LMS Cafeteria	Mandatory Informational Meeting All candidates and at least one parent/guardian <u>must</u> attend in order to tryout for LMS Cheer
March 27, 2023 Monday	G Office	Tryout Packet Due by 4:30pm Under no circumstance will late or incomplete applications be accepted. Packets may be submitted before March 27, 2023, but not after.
March 28-31, 2023 Tuesday-Friday 4:30pm-6:30pm	Main Gym	Mandatory Tryout Clinic Registration begins at 4:20pm T - F. school-appropriate t-shirt & athletic shorts with athletic shoes Tryout numbers will be drawn on Wednesday Mock tryouts on Friday (wear tryout attire)
April 1, 2023 Saturday 8:00am - 11:00am	Garland High School 310 S. Garland Ave. Garland, TX 75041	LMS Cheer Tryouts Solid white t-shirt & black shorts with athletic shoes
April 5, 2023 Wednesday 6:00pm	LMS Cafeteria	Mandatory MADE IT! Meeting 2023-24 Cheerleaders and at least one Parent/Guardian <u>must</u> attend Payment #1 due (Cash/M.O.) - \$100
April - May 2023	Small Gym	Spring Practice April 26, May 3, May 10 April 26 - Payment #2 due (Cash/M.O.) - \$100
May 16, 2023	BIG GYM	Lyles Staff vs. Student Basketball Game
May 2023	TBD	LAKEVIEW Spring Game
JULY 18-20, 2023 11:00AM - 5:00PM	SOUTH GARLAND HIGH SCHOOL	Cheer Camp
July 24 & 26, 2023 Monday & Wednesday 10am - 2pm	LMS Small Gym	Summer Practice Mandatory for all squads June 26 - Payment #3 due (Cash/M.O.) - \$100
September 4, 2023	Garland, TX	Labor Day Parade
January 13, 2024	Garland, TX	MLK Parade
February 2024	Garland, TX	GISD Middle School Cheer Classic

****The cheer calendar is subject to change.**

Paperwork Checklist

Here is a list of the paperwork items that must be turned in for each candidate by 4:30 PM on Monday, March 27, 2023.

- ◆ ____Tryout Application
- ◆ ____Parent Release Form
- ◆ ____Candidate Form
- ◆ ____Pre-participation Physical Evaluation
- ◆ ____UIL Concussion Form
- ◆ ____Fine Arts Signature Page
- ◆ ____Media Release
- ◆ ____**Official** Report Card (Cycle 3)

Cheerleader Tryout Application

Due Date: All paperwork is due before 4:30 pm March 27, 2023. *If you have it completed before this date, feel free to bring it to Ms. Jean-Pierre in G-OFFICE. Please do not turn this packet in until ALL components are completed. No late applications will be accepted under any circumstances.

Name: _____ Student ID #: _____

Current Grade Level: 6th or 7th

Home Address: _____

Parent/Guardian: _____

Contact number: _____

Email address: _____

Parent/Guardian: _____

Contact number: _____

Email address : _____

I also plan to participate in: (mark all that apply)

☐ BAND ☐ CHOIR ☐ ENCORE ☐ ATHLETICS ☐ GYMNASTICS ☐ NJHS

☐ COMPETITIVE CHEER ☐ OTHER Please explain _____

I have read and understand the tryout regulations, GISD Cheer Constitution, as well as the expectations for 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.

As a parent of a possible Cheerleader, I have read and understand the expectations and regulations for cheerleaders. I also understand that a violation of the tryout process could disqualify my child.

Parent/Guardian Signature

Date

Student Signature

Date

Name _____ ID# _____ Grade _____

Candidate Release Form-Parent/Guardian

My child, _____, has my permission to be a Cheerleader at Lyles Middle School.
(Please initial in spaces provided)

_____ I understand that he/she must abide by the rules and regulations set forth by the sponsors and principal of Lyles Middle School and be present for all practices and games.

_____ It is my responsibility to have my child at all functions on time! In case of an emergency, I give permission for my child to ride with another parent when necessary.

_____ I have read the rules and regulations and understand that the violation of any of these rules may lead to a temporary or permanent suspension from the squad.

_____ 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 that sponsor first. Only after contacting the sponsor, may I contact the Principal, Dr. Mahagan.

_____ I understand the costs involved and my responsibility to meet all financial obligations by the deadlines set by LMS.

_____ 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, practiced, 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 still may occur. No matter how careful the participants and coach are, how many spotters are used, or 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 Independent School District and its employees from any liability due to accident, injury or illness should it occur.

_____ I agree to support my child's efforts wholeheartedly throughout the season.

_____ As a Cheerleader, your child is covered at school-sponsored events by the school insurance, providing that the proper GISD channels are followed. However, you are encouraged to have your own insurance or take the additional school insurance.

_____ Upon being selected as a Cheerleader your child must present evidence of a current medical, physical examination.

_____ I understand that the demerit point system will be followed with consistency.

_____ I understand that all final decisions regarding uniform, practices, and consequences are up to the sponsors and principal.

_____ I will ensure that the GISD-issued uniform is returned at the end of the season by the date specified by the sponsor; if lost or brought back in an unsatisfactory condition, \$100 will be due that day to purchase a replacement.

I have read the attached information packet and cheerleading constitution and rules. I also understand that every member of the cheerleading squad will be expected to follow these rules and regulations, and I agree to abide by these 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 unless a bus is provided under the GISD guidelines for my child. I understand that it is my responsibility to meet all financial obligations by the deadlines set forth by Lyles Middle School. 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, I should contact the appropriate sponsor first. I understand and agree to abide by the GISD cheerleading constitution. Furthermore, I give my consent for the above named student to represent Lyles as a cheerleader and participate in extracurricular activities with knowledge of the responsibilities, conduct expectations and risks involved with being a LMS cheerleader.

_____/_____/_____
Parent/Guardian Date

_____/_____/_____
Parent/Guardian Date

Name _____ ID # _____ Grade _____

Candidate Agreement

(Please initial in spaces provided)

_____ I understand that I must abide by the rules and regulations set forth by the sponsor and principal of Seller Middle School and be present for all practices and games.

_____ It is my responsibility to be at all functions on time!

_____ I have read the rules and regulations within this packet and the Garland ISD cheer constitution and understand that violation of any of these rules may lead to a temporary or permanent suspension from the squad.

_____ I understand the risks inherent to this sport.

_____ I promise to abide by the rules and regulations set forth by the sponsors and principal of Lyles MS.

_____ I promise to cooperate and follow the instructions of the cheerleading sponsors and head cheerleaders at all times.

_____ I understand that the demerit point system will be followed with consistency.

_____ I understand that all final decisions regarding uniform, practices, and consequences are up to the sponsors and principal.

_____ 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 school's activities.

_____ I understand that I am to behave in a manner that is becoming to me as an individual, as well as to the organization I represent. I should be aware that in or out of uniform I am a representative of the cheerleading squad, Lyles Middle School, 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 to get 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.
- Remember that I am a member of a TEAM and there is no "I" in team.
- Give respect to ALL adults.
- HAVE FUN!!!

I, _____, am trying out for the position of cheerleader. I am aware of the time involved in being a LMS 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 season, but begin with cheerleader tryouts and continue throughout 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 a bus is provided under the GISD guidelines. I understand that as a cheerleader I am expected to behave in a manner that is becoming to me, as well as, to 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 constitution and rules. Furthermore, I have read the Cheerleader's Code of Conduct and understand my responsibility as a Lyles Cheerleader. I agree to follow and abide by all of these rules and regulations.

Participant's signature

Date

PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

2020

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

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

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

	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 _____

PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION

Student's Name _____ Sex _____ Age _____ Date of Birth _____

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

Vision: R 20/____ L 20/____ Corrected: ☐ Y ☐ N Pupils: ☐ Equal ☐ Unequal

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

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine position.			
Heart-Auscultation of the heart in the standing position.			
Heart-Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only) if indicated			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			

Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

*station-based examination only

CLEARANCE

☐ Cleared

☐ Cleared after completing evaluation/rehabilitation for: _____

☐ Not cleared for: _____ Reason: _____

Recommendations: _____

The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner, will not be accepted.

Name (print/type) _____ Date of Examination: _____

Address: _____

Phone Number: _____

Signature: _____

Must be completed before a student participates in any practice, before, during or after school, (both in-season and out-of-season) or performance/

El padre (o tutor) y el estudiante deben completar este **FORMULARIO DE HISTORIAL MÉDICO** cada año para que el estudiante pueda participar en las actividades. Estas preguntas están diseñadas para determinar si el estudiante ha desarrollado alguna condición que haga que su participación en un evento sea riesgosa.

Nombre del estudiante: (letra imprenta) _____ Sexo: _____ Edad: _____ Fecha de nacimiento: _____

Dirección: _____ Teléfono: _____

Grado: _____ Escuela: _____

Médico personal _____ Teléfono: _____

En caso de emergencia, comuníquese con:

Nombre: _____ Parentesco: _____ Teléfono: (C) _____ (T) _____

	Sí	No		Sí	No
1. ¿Ha tenido una enfermedad o lesión desde su última revisión médica o examen físico?	<input type="checkbox"/>	<input type="checkbox"/>	13. ¿Alguna vez le ha faltado el aire de manera inesperada mientras hacía ejercicio?	<input type="checkbox"/>	<input type="checkbox"/>
2. ¿Ha estado hospitalizado durante al menos una noche en el último año?	<input type="checkbox"/>	<input type="checkbox"/>	¿Tiene asma?	<input type="checkbox"/>	<input type="checkbox"/>
3. ¿Alguna vez se ha sometido a una cirugía?	<input type="checkbox"/>	<input type="checkbox"/>	¿Tiene alergias estacionales que requieren un tratamiento médico?	<input type="checkbox"/>	<input type="checkbox"/>
4. ¿Alguna vez un médico le ha solicitado que se realice pruebas cardíacas previas?	<input type="checkbox"/>	<input type="checkbox"/>	14. ¿Utiliza algún equipo correctivo o de protección especial, o dispositivos que no suelen utilizarse para su actividad o posición (por ejemplo, rodilleras, un rollo especial para el cuello, aparatos ortopédicos para los pies, retenedores en los dientes o audífonos)?	<input type="checkbox"/>	<input type="checkbox"/>
¿Alguna vez se ha desmayado mientras hacía ejercicio o después de hacerlo?	<input type="checkbox"/>	<input type="checkbox"/>	¿Alguna vez ha tenido un esguince, distensión o hinchazón después de una lesión? ¿Se ha roto o fracturado algún hueso, o dislocado alguna articulación?	<input type="checkbox"/>	<input type="checkbox"/>
¿Alguna vez ha experimentado un dolor en el pecho mientras hacía ejercicio o después de hacerlo?	<input type="checkbox"/>	<input type="checkbox"/>	15. ¿Ha tenido algún otro problema de dolor o hinchazón en los músculos, tendones, huesos o articulaciones?	<input type="checkbox"/>	<input type="checkbox"/>
¿Se cansa más rápido que sus amigos durante el ejercicio?	<input type="checkbox"/>	<input type="checkbox"/>	En caso afirmativo, marque la casilla correspondiente y explique en el cuadro de abajo:		
¿Alguna vez ha tenido latidos cardíacos acelerados o interrumpidos? ¿Ha tenido presión arterial alta o colesterol alto?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Cabeza	<input type="checkbox"/> Codo	<input type="checkbox"/> Pie
¿Alguna vez le han dicho que tiene un soplo cardíaco?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Cuello	<input type="checkbox"/> Antebrazo	<input type="checkbox"/> Muslo
¿Algún miembro de su familia o pariente ha muerto por problemas cardíacos o por muerte súbita e inesperada antes de los 50 años?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Espalda	<input type="checkbox"/> Muñeca	<input type="checkbox"/> Rodilla
¿Algún miembro de su familia tiene un diagnóstico de agrandamiento del corazón (miocardiopatía dilatada), miocardiopatía hipertrofica, síndrome del QT largo u otra canalopatía iónica (como el síndrome de Brugada, entre otros), síndrome de Marfan o ritmo cardíaco anormal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Pecho	<input type="checkbox"/> Mano	<input type="checkbox"/> Tobillo
¿Ha tenido una infección viral grave (por ejemplo, miocarditis o mononucleosis) en el último mes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hombro	<input type="checkbox"/> Canilla/Pantorrilla	<input type="checkbox"/> Dedo
¿Alguna vez un médico le ha negado o restringido su participación en actividades debido a un problema cardíaco?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Brazo		
5. ¿Alguna vez ha sufrido una lesión en la cabeza o una conmoción cerebral?	<input type="checkbox"/>	<input type="checkbox"/>	16. ¿Quiere pesar más o menos de lo que pesa ahora?	<input type="checkbox"/>	<input type="checkbox"/>
¿Alguna vez lo han noqueado, ha quedado inconsciente o ha perdido la memoria?	<input type="checkbox"/>	<input type="checkbox"/>	17. ¿Se siente estresado?	<input type="checkbox"/>	<input type="checkbox"/>
En caso afirmativo, ¿cuántas veces? _____			18. ¿Alguna vez le han diagnosticado o ha recibido tratamiento para el rasgo de células falciformes o la enfermedad de células falciformes?	<input type="checkbox"/>	<input type="checkbox"/>
¿Cuándo fue su última conmoción cerebral? _____			<i>Solo mujeres</i>		
¿Qué tan severa fue cada una? (Explique en el cuadro de abajo)	<input type="checkbox"/>	<input type="checkbox"/>	19. ¿Cuándo tuvo su primer período menstrual? _____		
¿Alguna vez ha convulsionado?	<input type="checkbox"/>	<input type="checkbox"/>	¿Cuándo tuvo su período menstrual más reciente? _____		
¿Tiene dolores de cabeza frecuentes o intensos? ¿Alguna vez ha sentido entumecimiento u hormigueo en los brazos, manos, piernas o pies?	<input type="checkbox"/>	<input type="checkbox"/>	¿Cuánto tiempo suele pasar desde el inicio de un período hasta el inicio del otro? _____		
¿Alguna vez ha tenido un nervio oprimido, irritado o pinzado?	<input type="checkbox"/>	<input type="checkbox"/>	¿Cuántos períodos ha tenido en el último año? _____		
5. ¿Le falta algún órgano par?	<input type="checkbox"/>	<input type="checkbox"/>	¿Cuál fue el tiempo más largo que pasó entre un período y el otro en el último año?		
6. ¿Se encuentra bajo el cuidado de un médico?	<input type="checkbox"/>	<input type="checkbox"/>	<i>Solo hombres</i>		
7. ¿En la actualidad, toma algún medicamento o píldora con receta médica o sin ella (de venta libre), o utiliza un inhalador?	<input type="checkbox"/>	<input type="checkbox"/>	20. ¿Tiene dos testículos? _____		
8. ¿Tiene alguna alergia (por ejemplo, al polen, a medicamentos, alimentos o insectos que pican)?	<input type="checkbox"/>	<input type="checkbox"/>	21. Tiene hinchazón o masas en los testículos? _____		
9. ¿Alguna vez se ha mareado mientras hacía ejercicio o después de hacerlo?	<input type="checkbox"/>	<input type="checkbox"/>			
10. ¿Tiene algún problema cutáneo actual (por ejemplo, picazón, sarpullidos, acné, verrugas, hongos o ampollas)?	<input type="checkbox"/>	<input type="checkbox"/>			
11. ¿Alguna vez se ha enfermado por hacer ejercicio en el calor?	<input type="checkbox"/>	<input type="checkbox"/>			
12. ¿Ha tenido algún problema con sus ojos o visión?	<input type="checkbox"/>	<input type="checkbox"/>			

☐ No es necesario que se realice un electrocardiograma (ECG). He leído y entiendo la información sobre el examen cardíaco en el Formulario de concientización sobre paro cardíaco repentino de la UIL. Al marcar esta casilla, elijo que se le realice un ECG a mi estudiante para un examen cardíaco adicional. Entiendo que es responsabilidad de mi familia programar y pagar dicho ECG.

EXPLIQUE SUS RESPUESTAS "SÍ" EN EL CUADRO DE ABAJO (adjunte otra hoja si es necesario)

Se entiende que, a pesar de que los atletas usan un equipo de protección siempre que es necesario, la posibilidad de un accidente sigue existiendo. Ni la Liga Interescolástica Universitaria ni la escuela asumen ninguna responsabilidad en caso de que ocurra un accidente.

Si, a juicio de cualquier representante de la escuela, el estudiante mencionado anteriormente necesitase atención y tratamiento inmediatos como resultado de cualquier lesión o enfermedad, por la presente solicito, autorizo y consiento que cualquier médico, entrenador deportivo, enfermero o representante de la escuela le provea tal atención y tratamiento a dicho estudiante. Por la presente acepto indemnizar y mantener indemne a la escuela y a cualquier representante de la escuela u hospital ante cualquier reclamo de cualquier persona a causa de tal atención y tratamiento de dicho estudiante.

Si, entre esta fecha y el comienzo de la participación, el estudiante manifestase alguna enfermedad o sufriera alguna lesión que pudiese limitar su participación, acepto notificar a las autoridades escolares sobre dicha enfermedad o lesión.

Por la presente declaro que, a mi leal saber y entender, mis respuestas a las preguntas anteriores son completas y correctas. No proporcionar respuestas veraces podría someter al estudiante en cuestión a las sanciones que determine la UIL.

Firma del alumno: _____ Firma del padre o tutor: _____ Fecha: _____

Cualquier respuesta afirmativa a las preguntas 1, 2, 3, 4, 5 o 6 requiere una evaluación médica adicional que puede incluir un examen físico. Se requiere una autorización por escrito de un médico, asistente médico, quiropráctico o enfermero practicante antes de participar en prácticas, juegos o partidos de la UIL. ESTE FORMULARIO DEBE ESTAR EN EL ARCHIVO ANTES DE LA PARTICIPACIÓN EN CUALQUIER ENTRENAMIENTO, PRÁCTICA, PRESENTACIÓN

Solo para uso de la escuela:

Este formulario de historial médico fue revisado por: Nombre en letra imprenta: _____ Fecha: _____ Firma: _____

EVALUACIÓN FÍSICA PREVIA A LA PARTICIPACIÓN: EXAMEN FÍSICO

Nombre del estudiante: _____ Sexo: _____ Edad: _____ Fecha de nacimiento: _____

Talla: _____ Peso: _____ Porcentaje de grasa corporal (opcional): _____ Pulso: _____ PA: _____ / _____ (_____ / _____, _____ / _____)
Presión arterial braquial mientras está sentado

Visión: D 20/ _____ I 20/ _____ Corregida: ☐ Sí ☐ No Pupilas: ☐ Iguales ☐ Desiguales

Como requisito mínimo, este formulario de examen físico debe completarse antes de la participación en la escuela intermedia y otra vez antes del primer y tercer año de participación en la escuela secundaria. Asimismo, *debe* completarse si hay respuestas afirmativas a las preguntas específicas del FORMULARIO DEL HISTORIAL MÉDICO del estudiante que se encuentra en el reverso. * La política del distrito local puede requerir un examen físico anual.

	NORMAL	HALLAZGOS ANORMALES	INICIALES*
EXAMEN MÉDICO			
Apariencia			
Ojos/oidos/nariz/garganta			
Ganglios linfáticos			
Corazón: auscultación del corazón en posición supina			
Corazón: auscultación del corazón de pie			
Corazón: pulsos de las extremidades inferiores			
Pulsos			
Pulmones			
Abdomen			
Genitales (solo hombres)			
Piel			
Estigmas de Marfan (aracnodactilia, pectus excavatum, hiper movilidad articular, escoliosis)			

EXAMEN MUSCULOESQUELÉTICO			
Cuello			
Espalda			
Hombro/brazo			
Codo/antebrazo			
Muñeca/mano			
Cadera/muslo			
Rodilla			
Pierna/tobillo			
Pie			

* Solo para los exámenes que se realizan en estaciones

AUTORIZACIÓN

☐ Autorizado

☐ Autorizado después de completar una evaluación o rehabilitación para: _____

☐ No autorizado para: _____ Razón: _____

Recomendaciones: _____

Un médico, un asistente médico que cuente con la autorización de una Junta del Estado de Examinadores Asistentes Médicos, un enfermero registrado que cuente con el reconocimiento de la Junta de Enfermeros Examinadores, como un enfermero de prácticas avanzado, o un doctor en Quiropráctica debe completar y firmar la siguiente información. No se aceptarán los formularios de examen que tengan la firma de cualquier otro médico.

Nombre (letra imprenta) _____ Fecha del examen: _____

Dirección: _____

Número de teléfono: _____

Firma: _____

Debe completarse antes de que un estudiante participe en cualquier práctica, antes, durante o después de la escuela (tanto durante la temporada como fuera de la temporada), o en cualquier presentación, juego o partido.



CONCUSSION ACKNOWLEDGEMENT FORM

Name of Student _____

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

Prevention - Teach and practice safe play & proper technique.

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

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

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

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

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

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

(1) the student has been evaluated, using established medical protocols based on peer-reviewed scientific evidence, by a treating physician chosen by the student or the student's parent or guardian or another person with legal authority to make medical decisions for the student;

(2) the student has successfully completed each requirement of the return-to-play protocol established under Section 38.153 necessary for the student to return to play;

(3) the treating physician has provided a written statement indicating that, in the physician's professional judgment, it is safe for the student to return to play; and

(4) the student and the student's parent or guardian or another person with legal authority to make medical decisions for the student:

(A) have acknowledged that the student has completed the requirements of the return-to-play protocol necessary for the student to return to play;

(B) have provided the treating physician's written statement under Subdivision (3) to the person responsible for compliance with the return-to-play protocol under Subsection (c) and the person who has supervisory responsibilities under Subsection (c); and

(C) have signed a consent form indicating that the person signing:

(i) has been informed concerning and consents to the student participating in returning to play in accordance with the return-to-play protocol;

(ii) understands the risks associated with the student returning to play and will comply with any ongoing requirements in the return-to-play protocol;

(iii) consents to the disclosure to appropriate persons, consistent with the Health Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191), of the treating physician's written statement under Subdivision (3) and, if any, the return-to-play recommendations of the treating physician; and

(iv) understands the immunity provisions under Section 38.159.

Parent or Guardian Signature

Date

Student Signature

Date



FORMULARIO DE ACUSE DE RECIBO DE CONMOCIÓN CEREBRAL

Nombre de estudiante _____

Definición de conmoción cerebral: significa un proceso fisiopatológico complejo que afecta al cerebro y es causado por una fuerza física traumática o un impacto en la cabeza o el cuerpo que puede: (A) incluir una función cerebral alterada temporal o prolongada que resulta en síntomas físicos, cognitivos o emocionales o patrones de sueño alterados; e (B) implicar pérdida de conciencia.

Prevención: enseñar y practicar el juego seguro y la técnica adecuada.

- Siga las reglas del juego.
- Asegúrese de que se use el equipo de protección requerido para todas las prácticas y los juegos.
- El equipo de protección debe caber correctamente y ser inspeccionado regularmente.

Signos y síntomas de la conmoción cerebral: los signos y síntomas de la conmoción cerebral pueden incluir, entre otros: Dolor de cabeza, parecer estar aturdido o atontado, tinnitus (zumbido en los oídos), fatiga, dificultad para hablar, náuseas o vómitos, mareos, pérdida de equilibrio, visión borrosa, sensibilidad a la luz o al ruido, sensación de mareo o borroso, pérdida de memoria o confusión.

Supervisión: cada distrito designará y aprobará un Equipo de Supervisión de Conmociones cerebrales (COT). El COT debe incluir al menos un médico y un entrenador atlético si uno es empleado del distrito escolar. Otros miembros que pueden incluir: Enfermera de práctica avanzada, neuropsicólogo o asistente de médico. El COT se encarga de desarrollar el protocolo Regreso al Juego basado en evidencia científica revisada por pares.

El tratamiento de la conmoción cerebral: el estudiante-atleta/porrista deberá ser retirado de la práctica o participación de inmediato si se sospecha que tiene una conmoción cerebral. Todo estudiante-atleta/porrista sospechoso de sufrir una conmoción cerebral deberá ser visto por un médico antes de que puedan regresar a la participación de atletas o porristas. El tratamiento para la conmoción cerebral es el descanso cognitivo. Los estudiantes deben limitar la estimulación externa, como mirar televisión, jugar videojuegos, enviar mensajes de texto, usar computadora y las luces brillantes. Cuando todos los signos y síntomas de la conmoción cerebral se hayan despejado y el estudiante haya recibido la autorización escrita de un médico, el estudiante-atleta/porrista podrá comenzar el protocolo de Regreso al Juego de su distrito, según lo determinado por el Equipo de supervisión de conmociones cerebrales.

Regreso al juego: según el Código de Educación de Texas, sección 38.157:

A un estudiante retirado de una práctica o competencia interescolar de atletismo (incluidos, por regla de la UIL, los porristas) bajo la Sección 38.156 se le puede no permitir practicar o participar nuevamente después de la fuerza o el impacto que se cree que ha causado la conmoción cerebral hasta que:

(1) el estudiante haya sido evaluado, usando protocolos médicos establecidos basados en evidencia científica revisada por pares, por un médico tratante elegido por el estudiante o el padre o el tutor del estudiante, u otra persona con autoridad legal para tomar decisiones médicas por el estudiante;

(2) el estudiante haya completado con éxito cada requisito del protocolo de regreso al juego establecido en la Sección 38.153 necesaria para que el estudiante regrese a jugar;

(3) el médico tratante haya proporcionado una declaración por escrito que indique que, según juicio profesional del médico, es seguro para el estudiante para volver a jugar; y

(4) que el estudiante y el padre o el tutor del estudiante, u otra persona con autoridad legal para tomar decisiones médicas para el estudiante:

(A) haya reconocido que el estudiante ha completado los requisitos del protocolo de regreso al juego necesarios para que el estudiante vuelva a jugar;

(B) haya proporcionado la declaración escrita del médico tratante bajo la Subdivisión (3) a la persona responsable del cumplimiento del protocolo de regreso al juego bajo la Subsección (c) y la persona que tiene responsabilidades de supervisión bajo la Subsección (c); y

(C) haya firmado un formulario de consentimiento que indique que la persona que firma:

(i) haya sido informado y consiente que el estudiante participe en regresar a jugar de acuerdo con el protocolo de regreso al juego;

(ii) entiende los riesgos asociados con el regreso del estudiante a jugar y cumplirá con todo requisito continuo en el protocolo de regreso al juego;

(iii) aprueba la divulgación a las personas apropiadas, de conformidad con la Ley de Portabilidad y Responsabilidad del Seguro Médico de 1996

(Pub. L. No. 104-191), de la declaración escrita del médico tratante bajo la Subdivisión (3) y, en su caso, las recomendaciones de regreso al juego del médico tratante; y entiende las disposiciones de inmunidad bajo la Sección 38.159.

Firma del padre o el tutor

Fecha

Firma del estudiante

Fecha

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

Student Name (Please Print) _____

Legal Parent/Guardian (Please Print) _____

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

Cheer _____ Junior Varsity Drill Team _____ Varsity Drill Team _____

Step Team _____ World Dance Company _____

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

Candidate/Member:

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

_____ I understand that the judges' decision is final.

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

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

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

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

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

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

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

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

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

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

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

If you have any questions please contact: Coach Jean-Pierre ajejanpi@garlandisd.net Or Asst Principal CRAIG GCRAIG@garlandisd.net

Legal Parent/Guardian:

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

_____ I understand the judges' decision is final.

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

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

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

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

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

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

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

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

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

Candidate/Member Printed Name _____

Candidate/Member Signature _____

Date _____

Legal Parent/Guardian Printed Name _____

Legal Parent/Guardian Signature _____

Date _____

Social Media Contract

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

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 in school or school is not in session.

_____	_____ Parent
Signature	Date
_____	_____
Cheerleader's Signature	Date

Video, Image, and Audio Release Form

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 Signature	Date