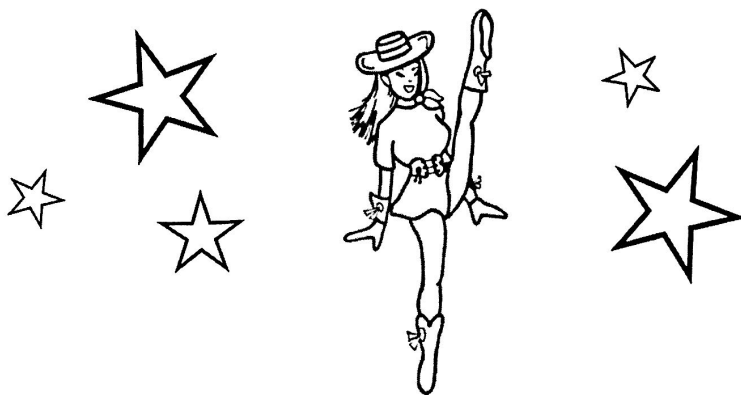


Starlettes



Naaman Forest High School
Junior Varsity Drill Team
2023-2024



Dear Future Starlettes and Parents,

Thank you so much for your interest in the Starlettes JV Drill Team! I look forward to meeting all of you and having you as a part of our wonderful organization here at Naaman Forest!

Contained in this packet, you will find everything you need to know to become a member for the 2023-2024 school year. Please note all due dates and meeting dates.

More information will be discussed at the informational meeting on April 17th at 5 PM at NFHS. Please join our Canvas class with code: NFstarlettes2324

Sellbacks to order practice clothes at a lower cost will be May 16th from 4:30-5:30 PM at Naaman. Paperwork is also due by May 16th. You may email me the required forms or turn them in at sellbacks. If you decide to join our fabulous team next year, please register for JV DRILL TEAM with your 8th grade counselors. Please let me know if you have any questions or concerns.

Reach for the Stars,

Julianne Henderson

inhender@garlandisd.net

Follow us on Twitter! @nfstarlettes

Or visit our website: www.nfstarlettes@weebly.com



Naaman Forest Starlettes Drill Team

Drill Team is great for all high school students because it provides them with a group of friends with similar interests who are actively supporting Naaman Forest before school even starts! You do NOT need experience to join, we will teach you the fundamentals of dance and soon you will be on your way to the award winning varsity drill team, The Sterling Stars! Drill Team provides students with healthy self-esteem, self-discipline and you will create lifelong friendships and memories. The JV team is open to any students!

What do the Starlettes do?

- Participate in Line camp during the summer
- Participate in the Garland Labor Day and MLK parades
- Perform at halftime for the District JV Football games
- Attend the Varsity games as a team to cheer on the Rangers
- Attend ALL pep rallies
- Perform at JV basketball games
- Competition
- GISD Dance and Drill Team Festival
- Perform at the Sterling Star Spring Show
- Learn dance and drill team technique
- Earn PE and fine art credits toward graduation

What are the requirements?

- If members do not attend camp, they will miss learning the routines for football games and will be responsible for learning them on their own.
- All members must attend practices after school. We practice once a week, except for Spring Show week when we practice everyday.
- Starlettes will attend class that meets every other day for the entire year
- All members will maintain passing grades, good manners, and regular attendance
- Starlettes MUST follow the district Fine Arts handbook outlining regulations for ALL JV drill teams and director rules.

How do I join?

Complete ALL required paperwork by May 16th and turn in at Sellbacks or email all documents to me at inhender@garlandisd.net.

This is the link to the Fine Arts handbook: <https://www.garlandisd.net/content/spirit-groups#node-250>

Starlette Drill Team en Naaman Forest

Drill team es una divertida oportunidad para hacer amistades y soportar nuestros Rangers y BAILAR!! No necesitas NINGUNA experiencia para entrar, nosotros enseñamos los básicos para luego ser una de las premio ganadoras Sterling Stars Varsity Drill Team.

Starlettes está abierto para CUALQUIER estudiante en grados 9th-12th.

Que hacen los Starlettes?

- *Participan en camp de baile con otro drill teams de garland.
- *Marchar en el Labor day y MLK desfile.
- *Bailar en halftime para Distrito football y basketball juegos.
- *Asistir juegos de varsity gratis para soportar nuestro equipo!
 - *Bailar en el Sterling Stars Spring Show.
 - *Asistir todos los pep rallies.
 - *Ganar PE/FINE ART crédito!

Cuánto cuesta Drill Team?

*GISD PRESTA tus campo uniformes!!

*Usted es responsable para comprar parte ropa de práctica, que puedes usar en Varsity drill team.

*Oportunidades de recaudación de fondos está abierto para ayuda en cubrir unos costos en camp y disfraz.

Beneficio en entrando Starlettes Drill Team.

- *Salvar dinero en ropa de escuela porque usas camisetas de Starlettes en días de juego!
 - *Ganas crédito de PE sin tomar PE!
- *Estas tomando una clase de baile sin pagar para precios de estudio.
 - *Motivation en tener excelente grados.
 - *Enredo en otras organizaciones es ALENTADO!
- *Vas a tener un buen grupo de amistades antes que la escuela ni comienza!

Necesitas más información? Contacto Julianne Henderson jnhender@garlandisd.net

This is the link to the Fine Arts handbook: <https://www.garlandisd.net/content/spirit-groups#node-250>

Đội tập luyện Starlette ở Naaman Forest

Đội tập luyện là một hướng đi rất vui, được gặp nhiều bạn, và ủng hộ đội Rangers và đội nhảy.

Bạn không cần có kinh nghiệm để tham gia. Chúng tôi sẽ dạy bạn học từ bắt đầu không lâu bạn sẽ tự chính bạn làm được và được bằng thưởng Sterling Stars Varsity Drill Team. Starlettes thì mở cho tất cả học sinh từ lớp 9 tới lớp 12 để tham gia.

Starlettes làm cái gì?

Tham gia trong một cắm trại nhảy voi những đội tập luyện khác trong vùng Garlands.

Diễn hành trong ngày lễ lao động và diễn hành MLK

Biểu diễn vào halftime Cho những football và basketball games trong địa hạt.

Tham Gia và cổ vũ cho nhiều game nhà

Biểu diễn cho Sterling Star Spring Show

Tham Gia tất cả pep rallies

Kiểm được điểm PE hay FINE ART

Đội tập luyện phải đóng bao nhiêu tiền?

GISD cung cấp đồ đồng phục cho bạn!!

Bạn thì chịu trách nhiệm mua vài bộ đồ để thực tập, hầu hết những bộ đồ mặc lại trong Varsity đội tập luyện

Tiền quý kiếm được sẽ dùng cho tiền phí của đồng phục và cắm trại

Quyền lợi của tham gia vào đội tập luyện Starlettes

Để dành được tiền cho những đồ mặc đi học , bạn sẽ có những áo sơ mi mặc vào những ngày có game

Bạn sẽ kiếm được điểm lớp thể dục mặc dù không cần phải lấy lớp đó

Bạn sẽ lấy lớp nhảy không cần phải trả tiền

Động cơ thúc đẩy cho bạn kiếm được điểm cao trong lớp

Tham gia vào những tổ chức này làm cho bạn nhiều phần khởi hơn

Bạn sẽ có nhiều bạn trước khi lớp học bắt đầu!

This is the link to the Fine Arts handbook: <https://www.garlandisd.net/content/spirit-groups#node-250>

Cost Estimates

Fall Activity fee- \$150 cash due at camp July 18th

Field uniform is issued to you for the year.

New practice clothing will be ordered at the beginning of the year.



Sellbacks for used items will start at 4:30 PM at Naaman on May 16th.

Some former Starlettes will be present at Sellbacks selling some of their used items at a lower price. Items are first come-first serve so get there early to purchase and bring cash in small bills.

Items	New Price	Used price
Forest Green Starlette shirt	\$16.50 including tax	\$5
White Dance t shirt	\$15 including tax	\$5
New pink team t shirt	\$15.50	n/a *new item
Black performance tank top	\$24 including tax	n/a * new item
Black ankle pants	\$26 including tax	\$5
Grey warm up jacket	\$36 including tax	\$15
Backpack with name	\$43 including tax	n/a
Black jazz shoes	\$32 including tax	\$5
Dance tights	\$12 including tax or you may purchase from dance store on your own. YOU MAY NOT WEAR REGULAR PANTYHOSE.	n/a
Optional Sweatshirt	\$25	

Note: we will wear the black ankle pants for all practices and some basketball performances. If you would like to, you may order more than 1 pair to have extra.

Buy on your own:

<ul style="list-style-type: none"> - White Ked-like sneakers for football field routines. You won't need them until school starts. Walmart has some for about \$6. - White no-show socks 	<ul style="list-style-type: none"> - Black Sports bra with no logos, non-racer back 
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Uniform Cleaning:

FIELD UNIFORMS: HAND WASH ONLY!!!! NO BLEACH!!! Gentle detergent, hand wash in the sink or bathtub. • Turn water on and add detergent (not too much!!!). Once you have enough water, put the piece of uniform in the water. Swish around... If you have stains or an area of the uniform that smells, wash that area well. • When you feel like it's clean, drain the water and then add fresh water to get all the detergent out. Swish it around and then drain the water. • Then lay flat to dry or you may hang them up in the shower. They will drip water. DO NOT put it in the dryer!!!!

PRACTICE WEAR: • Wash ALL practice clothes and warm-ups in cold water. Some items could bleed their color onto your other clothes, so make sure you wash them separately!! NEVER use bleach!! • Do not dry any of your practice clothes or t-shirts or warm-up in the dryer. It will shrink or fade or crack the print on your clothes!!! Lay flat or hang dry.

Important Dates

April 17th 5 PM at Naaman Informational meeting

May 16th- Sellbacks at Naaman AND Paperwork due

- In an effort to keep costs down, the Starlettes offer a “sell back” to sell their gently used practice wear that the members will wear throughout the year. You will have the opportunity to look at the various required items former members are selling at a reduced price. This can be purchased with **CASH ONLY**. PLEASE COME PREPARED WITH SMALL BILLS IF YOU PLAN TO PARTICIPATE. Sellbacks will begin at 4:30 PM and will conclude once all items are gone. Ms. Henderson will be here until 5:30 PM collecting paperwork.

July 18-25th at Naaman line camp 1:00-7:00 PM \$150 due on the first day of camp. You must have your physical complete or you cannot participate.

Year in Review

Fall Semester

- Practices - We will have after school practices 1-2 times a week from 3-4:30 PM. After football season we will have more practices for competition.
- Football Season- Starlettes attend about 8 JV games and 3 games with Varsity. At JV games, Starlettes perform a halftime routine on the field as well as sit together and do short stand routines/cheer. Starlettes must stay the entire game when we attend football games. We will ride a bus to most games if they are not home games. At Varsity games, Starlettes perform pregame with the Varsity and perform in the stands.
- Snap Raise Fundraiser - Starlettes have the opportunity to raise money to offset costs for Spring show by participating in crowdfunding.
- Holiday Basketball performance - usually after Thanksgiving or early December

Spring Semester

- Basketball Season- We will perform at at least 3 basketball games doing a variety of routines such as jazz, pom and hip hop.
- Competition
- MLK PARADE
- GISD Dance and Drill Team Festival
- Spring Show- Starlettes and officers perform in the annual Varsity drill team recital
- After Spring show we heavily focus on continuing to prepare Starlettes for Varsity tryouts. Throughout the entire school year, girls will learn dance and kick technique that will prepare them for Varsity.

Hair this year:

- **Football games: middle bun**
- **Basketball: middle bun**
- **Competition: middle bun**
- **Spring show: middle bun**

Make up/Nails/jewelry:

- Each member is allowed to wear their own make-up, but we all wear bright red lipstick for performances.
- Nails can be french tip or natural colors worn in a sports length.
- No jewelry is to be worn during practices or performances. This includes piercings

Tights, socks, shoes:

- We will wear skin colored tights for football season and you will choose them for yourself from TeamLeader.
- You will also be required to purchase "Ked" like white canvas shoes to be worn with football field uniform and no-show socks. They can be any brand as long as they are plain white. These range in price from \$5-\$30. They can be purchased at Wal-mart, Target, etc. No Vans, Air Force Ones, or Converse.
- Starlettes will need black jazz shoes for basketball season and spring show.
 - Any color jazz shoes can be worn in practice

Starlette Line Member Application

Starlette's Information:

(attach recent photo)

Name: _____

Address: _____

Phone: _____ Email: _____

School Currently Attending: _____

Current Grade Level: 8 9 10 11

Drill Team/Dance Experience : _____

*The drill team handbook can be found at <https://garlandisd.net/media/15517/download?inline>

As a Starlette, I agree to follow all policies of the Garland ISD Fine Arts Handbook, which I have read and understand. I know that some practices and performances will be outside school hours, including this summer, and that attendance is mandatory. I am fully aware of the requirements and am willing to accept responsibility to be a part of this great team.

Starlette Signature

Date

Parent(s) Information

Name(s): _____

Phone (best # to contact) : _____ Email : _____

As a Starlette parent, I am aware of the cost and time necessary for my child to be a member of the Junior varsity drill team. I have read and understand all policies outlined in the handbook, including attendance, discipline, academic eligibility, and performance standards. I give permission for my child to be a member of the 2023-2024 Starlettes.

Parent/Guardian Signature

Date

*Please send this application with a recent photograph to the Starlettes director, Julianne Henderson, by May 16th. The picture does not need to be professional, just a good picture to help me start to put names and faces together!

Starlettes Director Email: jnhender@garlandisd.net

Checklist for Joining Starlettes 2023-2024

(This is for your assistance in completing information and does not need to be returned). PLEASE TURN ALL OF YOUR PAPERWORK IN EARLY IF IT IS COMPLETED!

Forms available on Canvas and our website nfstarlettes.weebly.com

JV line application with recent picture (fill out on paper or online Google form)

Signed Fine Arts handbook acknowledgement page Link to handbook:

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

Medical history form and current Physical

Media Release Form

Concussion Acknowledgement form

Cardiac Awareness Form

Sellbacks and paper work due May 16th

Cash in small bills to bring to Sellbacks if planning to buy used items

\$150 Fall activity fee (cash only) due on the first day of camp, July 18th

Forms can be scanned and emailed to me at inhender@garlandisd.net

**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/UII 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)

_____ 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 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 _____

PREPARTICIPATION PHYSICAL EVALUATION – MEDICAL HISTORY

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

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

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

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

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

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

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

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

Student Signature: _____ Parent/Guardian Signature: _____ Date: _____

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

For School Use Only:

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

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*

	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: _____

Notice



Regarding Directory Information and Parent's Response Regarding Release of Student Information

State law requires the district to give you the following information:

Certain information about district students is considered directory information and will be released to anyone who follows the procedures for requesting the information unless the parent or guardian objects to the release of the directory information about the student. If you do not want Garland ISD to disclose directory information from your child's education records without your prior written consent, you must notify the district in writing within ten school days of your child's first day of instruction for this school year.

This means that the district must give certain personal information (called "directory information") about your child to any person who requests it, unless you have told the district in writing not to do so. In addition, you have the right to tell the district that it may, or may not, use certain personal information about your child for specific school-sponsored purposes. The district is providing you this form so you can communicate your wishes about these issues.

[See *Directory Information in the Student Handbook* for more information.]

Garland Independent School District has designated the following information as directory information:

- Student's name
- Address
- Telephone listing
- E-mail address
- Photograph
- Date and place of birth
- Major field of study
- Degrees, honors, and awards received
- Dates of attendance
- Grade level
- Most recent school previously attended
- Participation in officially recognized activities and sports
- Weight and height, if a member of an athletic team

Parent/guardian: Please select one of the choices below

- I want directory information about my child released to the public. Anyone requesting directory information for GISD students may receive it.
- I want directory information about my child released only for district publicity. This could include, but is not limited to: extracurricular activity publications, yearbooks, district/campus newsletters, campus directories, news releases to local media, media coverage, district/campus websites, district/campus videos, district/campus publications, district/campus social media and public recognitions.
- I do not want directory information about my child released. By marking this box, I understand that my child's name, photograph, etc., will NOT be included in district/school publications—including the yearbook—or released to the media. I also understand that this request must be made annually to be valid for each school year.

Student Name (please print)

Last _____ First _____ Middle Initial _____

Student ID# _____ Grade _____

Parent signature _____ Date _____

If this form is not returned within the specified timeframe above, the district will assume that permission has been granted for the release of this information.



CONCUSSION ACKNOWLEDGEMENT FORM

Name of Student _____

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

Prevention – Teach and practice safe play & proper technique.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(iv) understands the immunity provisions under Section 38.159.

Parent or Guardian Signature

Date

Student Signature

Date



SUDDEN CARDIAC ARREST (SCA) AWARENESS FORM

The Basic Facts on Sudden Cardiac Arrest

Website Resources:

American Heart Association:
www.heart.org

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

Additional Reviewers: UJL Medical Advisory Committee

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-compactation 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 UJL *Pre-Participation Physical Evaluation – Medical History* form includes ALL 14 of these important cardiac elements and is mandatory annually.

What are the current recommendations for screening young athletes?

The University Interscholastic League requires use of the specific Preparticipation Medical History form on a yearly basis. This process begins with the parents and student-athletes answering questions about symptoms during exercise (such as chest pain, dizziness, fainting, palpitations or shortness of breath); and questions about family health history.

It is important to know if any family member died suddenly during physical activity or during a seizure. It is also important to know if anyone in the family under the age of 50 had an unexplained sudden death such as drowning or car accidents. This information must be provided annually because it is essential to identify those at risk for sudden cardiac death.

The University Interscholastic League requires the Preparticipation Physical Examination form prior to junior high athletic participation and again prior to the 1st and 3rd years of high school participation. The required physical exam includes measurement of blood pressure and a careful listening examination of the heart, especially for murmurs and rhythm abnormalities. If there are no warning signs reported on the health history and no abnormalities discovered on exam, no additional evaluation or testing is recommended for cardiac issues/concerns.

Are there additional options available to screen for cardiac conditions?

Additional screening using an electrocardiogram (ECG) and/or an echocardiogram (Echo) is readily available to all athletes from their personal physicians, but is not mandatory, and is generally not recommended by either the American Heart Association (AHA) or the American College of Cardiology (ACC). Limitations of additional screening include the possibility (~10%) of "false positives", which leads to unnecessary stress for the student and parent or guardian as well as unnecessary restriction from athletic participation. There is also a possibility of "false negatives", since not all cardiac conditions will be identified by additional screening.

When should a student athlete see a heart specialist?

If a qualified examiner has concerns, a referral to a child heart specialist, a pediatric cardiologist, is recommended. This specialist may perform a more thorough evaluation, including an electrocardiogram (ECG), which is a graph of the electrical activity of the heart. An echocardiogram, which is an ultrasound test to allow for direct visualization of the heart structure, may also be done. The specialist may also order a treadmill exercise test and/or a monitor to enable a longer recording of the heart rhythm. None of the testing is invasive or uncomfortable.

Can Sudden Cardiac Arrest be prevented just through proper screening?

A proper evaluation (Preparticipation Physical Evaluation – Medical History) should find many, but not all, conditions that could cause sudden death in the athlete. This is because some diseases are difficult to uncover and may only develop later in life. Others can develop following a normal screening evaluation, such as an infection of the heart muscle from a virus. This is why a medical history and a review of the family health history need to be performed on a yearly basis. With proper screening and evaluation, most cases can be identified and prevented.

Why have an AED on site during sporting events

The only effective treatment for ventricular fibrillation is immediate use of an automated external defibrillator (AED). An AED can restore the heart back into a normal rhythm. An AED is also life-saving for ventricular fibrillation caused by a blow to the chest over the heart (commotio cordis).

Texas Senate Bill 7 requires that at any school sponsored athletic event or team practice in Texas public high schools the following must be available:

- An AED is in an unlocked location on school property within a reasonable proximity to the athletic field or gymnasium
- All coaches, athletic trainers, PE teacher, nurses, band directors and cheerleader sponsors are certified in cardiopulmonary resuscitation (CPR) and the use of the AED.

➤ Each school has a developed safety procedure to respond to a medical emergency involving a cardiac arrest.

The American Academy of Pediatrics recommends the AED should be placed in a central location that is accessible and ideally no more than a 1 to 1 1/2 minute walk from any location and that a call is made to activate 911 emergency system while the AED is being retrieved.

Student & Parent/Guardian Signatures

I certify that I have read and understand the above information.

Parent/Guardian Signature

Parent/Guardian Name (Print)

Date

Student Signature

Student Name (Print)

Date