
 **2024-2025** 

Cheerleading Application



**Sam Houston
Middle School**

Timeline

Pre-tryout **MANDATORY** parent meeting: **March 7th** @ 5:30 in the SHMS cafeteria

Application (signed forms) due: **March 19th**

Tryout clinic dates: **3/19, 3/21, 3/26 & 3/28** from 4:15 - 5:30 PM in the SHMS small gym

Tryout date: **April 6th** @ Garland High School (1:15pm-3:00pm)

- Results could take up to 72 hours to post

Newly elected cheerleader parent meeting: 4/11

Uniform fitting: **April 18th**

Summer practices: **TBD** @ SHMS big gym

Summer camp: **July 18th-20th** @ Garland High School 10:00am-4:00pm

Practices once school starts: **EVERY Thursday** from 4:15 - 6:00PM

Football games: once a week, **usually on Monday or Tuesday** nights

Basketball games: begin after football is over

Cheer classic (competition): **Mid February**

Parents/Guardians of Cheerleader Candidates,

Your child has either expressed an interest or has been recommended by SHMS to be a member of the Sam Houston Middle School 2024-2025 cheerleading squad. If selected, there are **certain personal and financial responsibilities and obligations**, which you and your child must assume in order to qualify and remain a member in good standing. This packet contains all of the information that you will need to know before making the decision on whether or not to allow your child to cheer. We hope that you, as a parent of a potential cheerleader, are aware of the time and energy it takes to be an effective student leader here at Sam Houston.

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

It is our intention that after reading through this packet with your child, you will discuss the expectations and obligations of being a SHMS cheerleader with your child. Our organization helps students form friendships, improve communication skills, and develop leadership skills that will prove to be beneficial later in life.

We wish all candidates the best of luck. Please read this packet carefully and be sure you fully understand each rule and procedure BEFORE signing. The last pages of this packet must be signed and returned by **Monday, March 19th by 4:15 PM to Ms. McQuillan in room 205 or Ms. Lewis in room 208.** No late applications can be accepted!!!

We are looking forward to working with you and your children.

Rebecca McQuillan
Cheer Sponsor

Don Hernandez
Principal

Lexi Lewis
Cheer Sponsor

Garland ISD Cheerleading Description

Being a cheerleader is an honor and special privilege. Cheerleaders and spirit groups exist to promote good sportsmanship, good citizenship, wholesome, and enthusiastic school spirit and are first and foremost representatives of their school. Cheerleaders should exemplify both individual and group behavior suitable to their position and in accordance with the rules as stated in the GISD Student Code of Conduct. Members of these groups have a fundamental responsibility to play a leadership role in building teamwork and helping the school achieve its goals and objectives. Because of these responsibilities, members of the cheerleading squad will be expected to maintain a higher standard of behavior both on and off campus and academic achievement than that of their peers.

Cheerleader Expectations

Expectations for cheerleaders and other student leaders at Sam Houston Middle School are extremely high. Please make sure you have read this packet VERY carefully, as it describes the schedule requirements and rules for elected cheerleaders. There are several changes pending the District Constitution this year. Please pay attention to any updates you will receive. They will override anything stated in this packet. If you cannot abide by the schedule requirements and/or rules, please reconsider trying out.

Grades:

Cheerleaders must maintain passing grades or risk extended probation/removal. .

Time:

If elected, plan to spend an average of three hours per week practicing cheers, chants and dances for cheerleading performances.

Transportation:

Each parent/guardian must arrange for his/her own child's ride to and from games, practices and cheerleading functions. You will be given a calendar for all cheerleading functions; therefore, parents are responsible for their child's timely arrival to events. ***After three late arrivals/pick ups, a decision will be made by the sponsors and principal for possible removal from the squad.***

Attendance:

Do not plan to join the cheer team unless you plan to attend all games, practices and cheerleader functions. (Doctor's appointments without a doctor's note are not excused.)

Mandatory Meeting Times

Uniform Fitting:

All Cheerleaders MUST be present to be fit for their required uniform. If the Cheerleader is not present, they will be removed from the squad.

April 18th-time and location TBD. Cheerleaders and parents will be notified immediately of the place and time selected.

Important Dates:

- All of the dates listed on this page are mandatory practice times. A calendar will be given out at the first practice with all of these dates and practice dates. These times will also be communicated through the SportsYou app! If you cannot attend a practice, it must be communicated to Coach Lewis and Coach Gibbs ahead of time, and approval must be granted.

****For any upcoming practices after school after the team has been determined, the cheerleader will be notified of specific dates & times.****

District Summer Camp-Garland High School

-July 18th-20th

-10:00am-4:00pm

In house Summer Camp- REQUIRED DATES (Sam Houston Middle School) **Food is provided**

- TBD

****Please schedule summer vacations around all summer dates****

During Football Season:

Practice on Thursdays 4:15 -6:00pm

Football Games-One day a week -> 5:00-8:30 PM (end time varies from game to game)

During Basketball Season:

Practice on Tuesdays 4:15 - 6:00pm

Games TBA as we approach the season

During Competition Season:

Practices on Thursdays 4:15pm-6:00pm

Competition will be in February

PAYMENT PROCEDURE

Once on the team:

- Uniform/clothing fitting will be on April 18th (time is TBD)

An online locker room will be set up with each cheerleader's sizes and a link will be created for our team.

- You will be provided with a link that will take you to a website to enter in payment information
 - Payment for all cheer items will be ~ **\$300**
- You will also be provided a specific code for our school
- Payment will **ONLY** be accepted online via a card
- **NO cash** will be accepted or given to either coaches

We do understand that this is a big commitment in terms of money. You will have about a month after making the team to make the single time payment.

If payment is **NOT made by April 29th, cheerleader will be **REMOVED** from the team

If there are any issues with making the payment, please communicate this as soon as possible so we can work out a solution.

As always, please let us know if you have any questions or concerns. It is always better to communicate! We cannot help if we do not know what is going on.

Rebecca McQuillan and Lexi Lewis

Tryout Requirements and Selection of Cheerleaders

Candidates are required to wear the following at tryouts:

- Black athletic shorts
- Solid white polo
- White athletic shoes
- White no-show socks
- Hair in a ponytail (No bows or headbands allowed)

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

After all tryouts are tabulated, each candidate will be given an envelope with instructions for how to find out the results of the tryouts. NO RESULTS WILL BE DISTRIBUTED AT THE TRYOUT SITE.

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 that they see demonstrated during the tryouts. Tryout results will not be challenged because of prior knowledge of judges and candidates.

Each judge will enter his/her scores into a scoring spreadsheet. Those scores will automatically transfer to a master spreadsheet. The tabulation spreadsheet will automatically throw out the scores of the lowest and highest scoring judges. Results will be based on the average of the remaining three scores. Each candidate must score a minimum percentage in order to be placed on the cheerleading squad.

Cheerleader Tryout Application

Due Date: All paperwork is due **Monday, March 19th** (4:15pm SHARP) at the first clinic! You will not be able to participate in clinics until we have this packet in our hands!!! *If you have it completed before this date, feel free to bring it to room 208 (Lewis) or 205 (McQuillan.) *Please do not turn this packet in until ALL components are completed. * No late applications will be accepted under any circumstances.

Name: _____

ID #: _____

Current Grade Level: 6th or 7th

Home Address: _____

Home Phone: _____ Work

Phone: _____

Cell Phone: _____

Parent/Guardian Names: _____

I have read and understand the tryout regulations, 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: _____

Student Signature: _____

Date: _____

If you have any questions please contact:

Lexi Lewis (alewis@garlandisd.net) or Rebecca McQuillan (rmcquillan@garlandisd.net)

Parent Candidate Release Form

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

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

Further, I understand that I am to behave in a manner that is becoming to me as an individual, as well as to the organization I represent. I should be aware that in or out of uniform I am a representative of the cheerleading squad, Sam Houston 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 SHMS 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 Sam Houston Cheerleader. I agree to follow and abide by all of these rules and regulations.

Participant's signature

-----/-----/
Date

All paperwork is due no later than Monday, March 19th by 4:00 pm SHARP!!!

Teacher Referral

I recommend _____ to try out for the 2024-2025 Sam Houston Middle School cheerleading team. I believe that this student would be a good candidate for the SHMS Cheer team; this student shows that they are on time, reliable, and would make a good member of the team.

Teacher Name: _____

Reasons you recommend this student:

Teacher Signature:

Paperwork Checklist

Here is a list of the paperwork items that must be turned in for each candidate by **Monday, March 19th @ 4:15PM.**

- Application
- Parent Candidate Release Form
- Candidate Form
- Teacher referral by a current teacher
- Concussion form
- Preparticipation physical form (the first page)
- An official physical form (ONLY if you selected yes for any of the options on the pre-physical form)
- Official** Report Card

(*Athletics physicals here at Sam Houston will be in May. If you are involved in athletics, you will get yours then*)

Garland ISD Middle School Cheer Tryout Criteria

| Tumbling 10 pts. | Jumps | Incorporation 10 pts. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|------------------------------|----------------------------------|---|-----------|-----|-----------|-----|---------------|---|-----------------|---|-------------------------|---|-------------------------|---|---------------------|---|-----------------------------|----|------------------------|--|-----|------------------------|-----|------------------|------|------------------------|---|---|------------------|---|-----------------|---|-----------------|---|----------------|---|----------------|---|-----------------------|---|-----------------------|---|-----------|---|-----------|---|------------------------------|----|------------------------------|
| <p><small>*If a skill is not executed properly, then points may be deducted into a lower scale</small></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">0</td><td style="text-align: center;">None</td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">Cartwheel</td></tr> <tr><td style="text-align: center;">1-2</td><td style="text-align: center;">Round off</td></tr> <tr><td style="text-align: center;">3-4</td><td style="text-align: center;">Round off BHS</td></tr> <tr><td style="text-align: center;">5</td><td style="text-align: center;">Round off 2 BHS</td></tr> <tr><td style="text-align: center;">6</td><td style="text-align: center;">Series 3 or more BHS</td></tr> <tr><td style="text-align: center;">7</td><td style="text-align: center;">Round off BHS back tuck</td></tr> <tr><td style="text-align: center;">8</td><td style="text-align: center;">Series to back tuck</td></tr> <tr><td style="text-align: center;">9</td><td style="text-align: center;">Layout or whip to back tuck</td></tr> <tr><td style="text-align: center;">10</td><td style="text-align: center;">Full or specialty full</td></tr> </table> | 0 | None | 1 | Cartwheel | 1-2 | Round off | 3-4 | Round off BHS | 5 | Round off 2 BHS | 6 | Series 3 or more BHS | 7 | Round off BHS back tuck | 8 | Series to back tuck | 9 | Layout or whip to back tuck | 10 | Full or specialty full | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 20%;">1-3</td> <td style="text-align: center;">Below level jumps Λ</td> </tr> <tr> <td style="text-align: center;">4-6</td> <td style="text-align: center;">Level jumps —</td> </tr> <tr> <td style="text-align: center;">7-10</td> <td style="text-align: center;">Above level jumps V</td> </tr> </table> <p style="margin-top: 10px;">Toe touch- 10 pts.</p> <p>Right Hurdler/Herkie- 10 pts.</p> <p>Left Hurdler/Herkie- 10 pts.</p> | 1-3 | Below level jumps Λ | 4-6 | Level jumps — | 7-10 | Above level jumps V | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">0</td><td style="text-align: center;">No incorporation</td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">Other jump poor</td></tr> <tr><td style="text-align: center;">2</td><td style="text-align: center;">Other jump good</td></tr> <tr><td style="text-align: center;">3</td><td style="text-align: center;">Toe touch poor</td></tr> <tr><td style="text-align: center;">4</td><td style="text-align: center;">Toe touch good</td></tr> <tr><td style="text-align: center;">5</td><td style="text-align: center;">Double toe touch poor</td></tr> <tr><td style="text-align: center;">6</td><td style="text-align: center;">Double toe touch good</td></tr> <tr><td style="text-align: center;">7</td><td style="text-align: center;">Tuck poor</td></tr> <tr><td style="text-align: center;">8</td><td style="text-align: center;">Tuck good</td></tr> <tr><td style="text-align: center;">9</td><td style="text-align: center;">Back handspring to tuck poor</td></tr> <tr><td style="text-align: center;">10</td><td style="text-align: center;">Back handspring to tuck poor</td></tr> </table> | 0 | No incorporation | 1 | Other jump poor | 2 | Other jump good | 3 | Toe touch poor | 4 | Toe touch good | 5 | Double toe touch poor | 6 | Double toe touch good | 7 | Tuck poor | 8 | Tuck good | 9 | Back handspring to tuck poor | 10 | Back handspring to tuck poor |
| 0 | None | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Cartwheel | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1-2 | Round off | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3-4 | Round off BHS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 6 | Series 3 or more BHS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | Round off BHS back tuck | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | Series to back tuck | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | Layout or whip to back tuck | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | Full or specialty full | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1-3 | Below level jumps Λ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4-6 | Level jumps — | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7-10 | Above level jumps V | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | No incorporation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Other jump poor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Other jump good | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Toe touch poor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Toe touch good | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Double toe touch poor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Double toe touch good | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | Tuck poor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | Tuck good | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | Back handspring to tuck poor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | Back handspring to tuck poor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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

PREPARTICIPATION PHYSICAL EVALUATION – MEDICAL HISTORY

2024

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

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

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

| | | | | | | | | | | | | | | | | | | | |
|---|---|------------------------------------|--------------------------------|------------------------------|-------------------------------|----------------------------------|--------------------------------|-------------------------------|--------------------------------|-------------------------------|--------------------------------|-------------------------------|------------------------------------|-----------------------------------|---------------------------------|--------------------------------|------------------------------------|-------------------------------|--|
| <p>1. Have you had a medical illness or injury since your last check up or physical? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Have you been hospitalized overnight in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. 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Do you want to weigh more or less than you do now? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17. Do you feel stressed out? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Females Only</i> I choose not to provide written information on Question 19 but will discuss with a medical professional: <input type="checkbox"/></p> <p>19. When was your first menstrual period? _____ When was your most recent menstrual period? _____ How much time do you usually have from the start of one period to the start of another? _____ How many periods have you had in the last year? _____ What was the longest time between periods in the last year? _____</p> <p><i>Males Only</i> I choose not to provide written information on Question 20 but will discuss with a medical professional: <input type="checkbox"/></p> <p>20. Are you missing a testicle? _____ Do you have any testicular swelling or masses? _____</p> <p><input type="checkbox"/> An electrocardiogram (ECG) is not required. I have read and understand the information about cardiac screening on the UIL Sudden Cardiac Arrest Awareness Form. By checking this box, I choose to obtain an ECG for my student for additional cardiac screening. I understand it is the responsibility of my family to schedule and pay for such ECG.</p> <p>EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):</p> | <input type="checkbox"/> Head | <input type="checkbox"/> Elbow | <input type="checkbox"/> Hip | <input type="checkbox"/> Neck | <input type="checkbox"/> Forearm | <input type="checkbox"/> Thigh | <input type="checkbox"/> Back | <input type="checkbox"/> Wrist | <input type="checkbox"/> Knee | <input type="checkbox"/> Chest | <input type="checkbox"/> Hand | <input type="checkbox"/> Shin/Calf | <input type="checkbox"/> Shoulder | <input type="checkbox"/> Finger | <input type="checkbox"/> Ankle | <input type="checkbox"/> Upper Arm | <input type="checkbox"/> Foot | |
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| <input type="checkbox"/> Neck | <input type="checkbox"/> Forearm | <input type="checkbox"/> Thigh | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> Upper Arm | <input type="checkbox"/> Foot | | | | | | | | | | | | | | | | | | |

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

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

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

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

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

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

For School Use Only:

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

PREPARTICIPATION PHYSICAL EVALUATION – MEDICAL HISTORY

2024

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

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

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

| | | | | | | | | | | | | | | | | | | | |
|---|--|------------------------------------|--------------------------------|------------------------------|-------------------------------|----------------------------------|--------------------------------|-------------------------------|--------------------------------|-------------------------------|--------------------------------|-------------------------------|------------------------------------|-----------------------------------|---------------------------------|--------------------------------|------------------------------------|-------------------------------|--|
| <p>1. Have you had a medical illness or injury since your last check up or physical? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Have you been hospitalized overnight in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. 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| <input type="checkbox"/> Upper Arm | <input type="checkbox"/> Foot | | | | | | | | | | | | | | | | | | |

Females Only I choose not to provide written information on Question 19 but will discuss with a medical professional:

19. When was your first menstrual period? _____
 When was your most recent menstrual period? _____
 How much time do you usually have from the start of one period to the start of another? _____
 How many periods have you had in the last year? _____
 What was the longest time between periods in the last year? _____

Males Only I choose not to provide written information on Question 20 but will discuss with a medical professional:

20. Are you missing a testicle? _____
 Do you have any testicular swelling or masses? _____

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.

EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):

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.

| | | |
|---|----------------------------------|-------------|
| <p>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.</p> | | |
| 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 _____



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: UIL Medical
Advisory Committee

Revised 2016

What is Sudden Cardiac Arrest?

- Occurs suddenly and often without warning.
- An electrical malfunction (short-circuit) causes the bottom chambers of the heart (ventricles) to beat dangerously fast (ventricular tachycardia or fibrillation) and disrupts the pumping ability of the heart.
- The heart cannot pump blood to the brain, lungs and other organs of the body.
- The person loses consciousness (passes out) and has no pulse.
- Death occurs within minutes if not treated immediately.

What causes Sudden Cardiac Arrest?

- **Inherited** (passed on from family) conditions present at birth of the heart muscle:
 - **Hypertrophic Cardiomyopathy** – hypertrophy (thickening) of the left ventricle; the most common cause of sudden cardiac arrest in athletes in the U.S.
 - **Arrhythmogenic Right Ventricular Cardiomyopathy** – replacement of part of the right ventricle by fat and scar; the most common cause of sudden cardiac arrest in Italy.
 - **Marfan Syndrome** – a disorder of the structure of blood vessels that makes them prone to rupture; often associated with very long arms and unusually flexible joints.
- **Inherited conditions present at birth of the electrical system:**
 - **Long QT Syndrome** – abnormality in the ion channels (electrical system) of the heart.

Catecholaminergic Polymorphic Ventricular Tachycardia and Brugada Syndrome – other types of electrical abnormalities that are rare but run in families.

Noninherited (not passed on from the family, but still present at birth) conditions:

Coronary Artery Abnormalities – abnormality of the blood vessels that supply blood to the heart muscle. This is the second most common cause of sudden cardiac arrest in athletes in the U.S.

Aortic valve abnormalities – failure of the aortic valve (the valve between the heart and the aorta) to develop properly; usually causes a loud heart murmur.

Non-compaction Cardiomyopathy – a condition where the heart muscle does not develop normally.

Wolff-Parkinson-White Syndrome – an extra conducting fiber is present in the heart's electrical system and can increase the risk of arrhythmias.

Conditions not present at birth but acquired later in life:

Commotio Cordis – concussion of the heart that can occur from being hit in the chest by a ball, puck, or fist.

Myocarditis – infection or inflammation of the heart, usually caused by a virus.

Recreational/Performance-Enhancing drug use.

Idiopathic: Sometimes the underlying cause of the Sudden Cardiac Arrest is unknown, even after autopsy.

What are the symptoms/warning signs of Sudden Cardiac Arrest?

- Fainting/blackouts (especially during exercise)
- Dizziness
- Unusual fatigue/weakness
- Chest pain
- Shortness of breath
- Nausea/vomiting
- Palpitations (heart is beating unusually fast or skipping beats)
- Family history of sudden cardiac arrest at age < 50

ANY of these symptoms and warning signs that occur while exercising may necessitate further evaluation from your physician before returning to practice or a game.

What is the treatment for Sudden Cardiac Arrest?

- Time is critical and an immediate response is vital.
- **CALL 911**
- **Begin CPR**
- **Use an Automated External Defibrillator (AED)**

What are ways to screen for Sudden Cardiac Arrest?

The American Heart Association recommends a pre-participation history and physical including 14 important cardiac elements.

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

| | | | |
|---|--|---|---|
| <p>What are the current recommendations for screening young athletes?</p> <p>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.</p> <p>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.</p> <p>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.</p> | <p>Are there additional options available to screen for cardiac conditions?</p> <p>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.</p> | <p>Can Sudden Cardiac Arrest be prevented just through proper screening?</p> <p>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.</p> | <p>➤ Each school has a developed safety procedure to respond to a medical emergency involving a cardiac arrest.</p> <p>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.</p> |
| | <p>When should a student athlete see a heart specialist?</p> <p>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.</p> | <p>Why have an AED on site during sporting events?</p> <p>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).</p> <p>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:</p> | <p>Student & Parent/Guardian Signatures</p> <p>I certify that I have read and understand the above information.</p> |
| | | | <p>_____ Parent/Guardian Signature</p> |
| | | | <p>_____ Parent/Guardian Name (Print)</p> |
| | | | <p>_____ Date</p> |
| | | | <p>_____ Student Signature</p> |
| | | <p>➤ An AED is in an unlocked location on school property within a reasonable proximity to the athletic field or gymnasium</p> <p>➤ All coaches, athletic trainers, PE teacher, nurses, band directors and cheerleader sponsors are certified in cardiopulmonary resuscitation (CPR) and the use of the AED.</p> | <p>_____ Student Name (Print)</p> <p>_____ Date</p> |



CONCUSSION ACKNOWLEDGEMENT FORM

Name of Student _____

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

Prevention – Teach and practice safe play & proper technique.

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

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

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

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

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

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

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

Parent or Guardian Signature

Date

Student Signature

Date



Date _____

Dear Parent/Guardian,

I, the undersigned, hereby grant permission to Garland ISD to use my child's photograph, name, and likeness in connection with their participation in GISD Fine Arts.

I understand that the photographs and/or videos, along with my child's name and likeness, may be used in various promotional materials, including but not limited to:

- Printed materials, such as brochures and flyers
- Digital media, including the organization's website, billboards and social media platforms
- Press releases and other public relations efforts

I acknowledge that using my child's photograph, name, and likeness is voluntary and that no compensation will be provided for such use. I further understand that once the materials are publicly available, Garland ISD cannot control their use by individuals or entities unrelated to the organization.

Garland ISD Release

By signing this release form, I acknowledge that I have read and understood its contents and agree to the terms outlined herein.

Student's Name(s)

Parent/Guardian Signature

Date

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

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

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

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

Legal Parent/Guardian:

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

_____ I understand the judges' decision is final.

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

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

_____ 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.

[Access Garland Independent School District Fine Arts Handbook](#)

Candidate/Member Printed Name _____

Candidate/Member Signature _____

Date _____

Legal Parent/Guardian Printed Name _____

Legal Parent/Guardian Signature _____

Date _____