

# Austin Academy for Excellence

## Cheer Tryout Packet 2025-2026

- Step One: Read this packet in its entirety  
Step Two: Sign all forms that include signatures  
Step Three: Return all of the documents requested by **Apr 4, 2025** by 4:15 pm



Coach Rashawnda Brown  
[rbrown@garlandisd.net](mailto:rbrown@garlandisd.net)  
GroupMe: Rashawnda Brown

**1125 Beverly Drive  
Garland, Texas 75040  
School Phone: (972) 926-2620  
Feb 21, 2025**

Dear Parents/Guardians of Cheerleader Candidates,

Your child has expressed an interest in becoming a member of the Austin Academy for Excellence cheerleading squad for the 2025-2026 school year. If selected, there are certain personal and financial responsibilities and obligations, which you and your child must assume in order to qualify and remain a member in good standing. This packet contains all of the information that you will need to know before making the decision on whether or not to allow your child to try out. We hope that you, as a parent of a prospective cheerleader, are aware of the time and energy it takes to be an effective student leader here at Austin Academy.

Because we believe our school and students should always strive to “Soar”, 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 an Austin Academy cheerleader. Cheerleading fosters friendships, builds strong communication skills, and develops leadership skills that will prove to be beneficial later in life.

Please read your packet carefully and be sure you fully understand each guideline and procedure before signing. All Try-Out Forms must be returned before **April 4, 2025 by 4:15pm**. Both Prospective 7th grade & 8th grade candidates will turn in all completed forms to Coach Brown in Room 1.

Please note the following scheduled dates for the Cheer Clinic and Tryouts, required attire, and upcoming cheer camp dates. We will also have 2 Mandatory Parent Meetings that will be required, once before Tryout Clinic and one after the candidates have been chosen.

We wish all candidates the best of luck!

Thank you,

Coach Rashawnda Brown  
[rbrown@garlandisd.net](mailto:rbrown@garlandisd.net)  
GroupMe: Rashawnda Brown



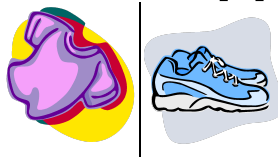
## **MANDATORY Parents Meetings:**

**Location:** Austin Academy Cafeteria

**March 25th 5:30 pm-6:00 pm** - Pre-Tryouts Interest Meeting (**REQUIRED**)

**April 17th 4:30 pm-6:00 pm** - New Team Uniform Fitting and Parents Informational (**REQUIRED**)

## **Cheer Clinic/Mock Tryouts: Selection Apparel**



**Location:** Austin Academy Gym

**Thursday, March 27th 4:30 pm-5:30 pm** - Learn Material (**REQUIRED**)

**Wednesday, April 2nd 4:30 pm-5:30 pm** - Learn Material (**REQUIRED**)

**Thursday, April 3rd 4:30 pm-5:30 pm** - Learn Material (**REQUIRED**)

**Wednesday, April 9th 4:30 pm-5:30 pm** - Learn Material (**REQUIRED**)

**Thursday, April 10th 4:30 pm-5:30 pm** - Mock Try-outs (**REQUIRED**)

### ***What to Wear or Bring to Clinics:***

- White Tennis Shoes
- T-Shirt/Knit Shorts (no half shirts or bra tops)
- No jewelry of any kind - including belly rings, nose rings, etc.
  - Hair should be up and secure
- Candidates will want to bring a water/sports drink (NO SODA) and light snack

# Cheer Clinic

You will learn (jumps, cheer, chant, and dance) that will be scored by the panel of judges and so determines who makes the squad.  
Cameras, camcorders, and picture phones are not permitted.

## Parent Participation/Involvement

Parents are **not** allowed in the building at any time during clinic or tryouts while the candidates are assembled in the gym learning, preparing, or practicing their routines. This also applies to the actual tryout day itself at Garland HS. **Anyone choosing to enter the premises in spite of this warning will immediately be escorted out by a sponsor, administrator, or the police.**

## Day of Tryout Procedures



Saturday, **Apr 12, 2025**  
Garland High School  
310 S Garland Ave  
Garland, TX 75040

**Warm-Up Time: 7:30 AM**

*(Please arrive by 7:15 am to receive your tryout # by the Coaches.)*

**Tryout Time 8:00am - 8:30am**

### What to Wear to Tryouts:

- SOLID Black shorts
- SOLID white tennis shoes
- NO jewelry
- SOLID white T-Shirt
- Hair in a high ponytail

*Cheer tryouts are closed. Parents are **not allowed** in the building for ANY reason. Students should be dressed in the specified attire and report to Garland HS by 7:15 am. As soon as tryouts are concluded, the candidates will leave the building immediately and be picked up in the back parking lot.*

### **Notification of Results**

Results will be announced on Canvas in 72 hours after tryouts.



### ***Parent/Sponsor Communication***

If your child is selected as a 2025-2026 Austin Academy cheerleader, you will need to download the GroupMe app if you do not already have it, from your App Store/Play Store. This is how all information will be communicated from the sponsors throughout the year.

### ***Additional Information***

All candidates who tryout will be required to have a physical AFTER April 6, 2025 and must submit a copy of the results to the appropriate coach no later than May 1st, 2025.

### **Team Commitments & Expectations:**

- **Practice:**
  - Mandatory practice up to 2 days a week after school.
  - Attendance is crucial to the team's success and your place on the team.
- **Games & Events:**
  - Attend home and away games, pep rallies, and other school events, as decided by coaches.
  - Cheerleaders are expected to arrive early and stay until the end of halftime for most games and events.
- **Fundraising & Volunteering:**
  - Cheerleaders will participate in fundraising efforts.
  - Participation in school spirit activities is required and will earn merits.

## CHEERLEADER APPLICATION CHECKLIST

Candidate Name: \_\_\_\_\_

All applications are due to Coach Brown in Room 1 or in the Office by April 4th. You need the following documents in order and stapled together along with the checklist below.

❖ \_\_\_\_\_ Cheer Application

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

The GISD Fine Arts Handbook will be available online.

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

❖ \_\_\_\_\_ Pre-Participation Form (physical)

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

❖ \_\_\_\_\_ GISD Media Release Form

❖ \_\_\_\_\_ Sudden Cardiac Arrest Awareness Form

## Garland Independent School District Cheer Application

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

Grade Next

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

Address \_\_\_\_\_

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

Email \_\_\_\_\_

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

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

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

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

Student

Signature \_\_\_\_\_

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

For parents/guardians:

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

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





# CONCUSSION ACKNOWLEDGEMENT FORM

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

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

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

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

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

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

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

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

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

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

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



**PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY**

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.

	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> I choose not to provide written information on Question 19 but will discuss with a medical professional: <input type="checkbox"/>		
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> I choose not to provide written information on Question 20 but will discuss with a medical professional: <input type="checkbox"/>		
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"/>	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 \_\_\_\_\_



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.**

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**Student's Name(s)**

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**Parent/Guardian Signature**

**Date**

# Garland ISD High 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;">1-3</td> <td style="text-align: center;">Below level jumps ^</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="text-align: center;">Toe touch- 10 pts. Right Hurdler/Herkie- 10 pts. Left Hurdler/Herkie- 10 pts.</p>	1-3	Below level jumps ^	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;">Toe touch x1/prop inc. poor</td></tr> <tr><td style="text-align: center;">2</td><td style="text-align: center;">Toe touch x2/prop inc. good</td></tr> <tr><td style="text-align: center;">3</td><td style="text-align: center;">Standing back handspring poor</td></tr> <tr><td style="text-align: center;">4</td><td style="text-align: center;">Standing back handspring good</td></tr> <tr><td style="text-align: center;">5</td><td style="text-align: center;">Jump to back handspring poor</td></tr> <tr><td style="text-align: center;">6</td><td style="text-align: center;">Jump to back handspring good</td></tr> <tr><td style="text-align: center;">7</td><td style="text-align: center;">Back tuck or back handspring to tuck poor</td></tr> <tr><td style="text-align: center;">8</td><td style="text-align: center;">Back tuck or back handspring to tuck good</td></tr> <tr><td style="text-align: center;">9</td><td style="text-align: center;">Jump to BHS tuck series poor</td></tr> <tr><td style="text-align: center;">10</td><td style="text-align: center;">Jump to BHS tuck series good</td></tr> </table>	0	No incorporation	1	Toe touch x1/prop inc. poor	2	Toe touch x2/prop inc. good	3	Standing back handspring poor	4	Standing back handspring good	5	Jump to back handspring poor	6	Jump to back handspring good	7	Back tuck or back handspring to tuck poor	8	Back tuck or back handspring to tuck good	9	Jump to BHS tuck series poor	10	Jump to BHS tuck series good
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Dance	Spirit	Cheer																												
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**Garland Independent School District Fine Arts Handbook**

**Cheerleading, Drill Team, Step, and World Dance Company**

**Permission, Commitment, and Signature Page**

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

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

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

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

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

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

**Candidate/Member:**

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

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

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

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

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

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

\_\_\_\_\_ I have received, read and understand that I must pass all of my classes, with the exception of waived classes, to be eligible to perform. (Refer to TEA/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](http://www.garlandisd.net) )

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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





# SUDDEN CARDIAC ARREST (SCA) AWARENESS FORM

## The Basic Facts on Sudden Cardiac Arrest

### Website Resources:

American Heart Association:  
[www.heart.org](http://www.heart.org)

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

**Additional Reviewers:** UIL Medical  
Advisory Committee

Revised 2016

### What is Sudden Cardiac Arrest?

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

### What causes Sudden Cardiac Arrest?

**Inherited** (passed on from family) conditions present at birth of the heart muscle:

**Hypertrophic Cardiomyopathy** – hypertrophy (thickening) of the left ventricle; the most common cause of sudden cardiac arrest in athletes in the U.S.

**Arrhythmogenic Right Ventricular Cardiomyopathy** – replacement of part of the right ventricle by fat and scar; the most common cause of sudden cardiac arrest in Italy.

**Marfan Syndrome** – a disorder of the structure of blood vessels that makes them prone to rupture; often associated with very long arms and unusually flexible joints.

**Inherited conditions present at birth of the electrical system:**

**Long QT Syndrome** – abnormality in the ion channels (electrical system) of the heart.

### Catecholaminergic Polymorphic Ventricular Tachycardia and Brugada Syndrome

– other types of electrical abnormalities that are rare but run in families.

**Non Inherited** (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-compact Cardiac Myopathy** – a condition where the heart muscle does not develop normally.

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

**Conditions not present at birth but acquired later in life:**

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

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

**Recreational/Performance-Enhancing drug use.**

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

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

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

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

### What is the treatment for Sudden Cardiac Arrest?

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

### What are ways to screen for Sudden Cardiac Arrest?

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

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

### What are the current recommendations for screening young athletes?

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

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

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

### Are there additional options available to screen for cardiac conditions?

Additional screening using an electrocardiogram (ECG) and/or an echocardiogram (Echo) is readily available to all athletes from their personal physicians, but is not mandatory, and is generally not recommended by either the American Heart Association (AHA) or the American College of Cardiology (ACC). Limitations of additional screening "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





### **Cheer Interest Meeting**

Thursday, March 13, 2025

AAE Room 1 or Library at 4:30 p.m. to 5:00 p.m.

### **Pre-Tryout Cheer Parents Meeting**

Tuesday, March 25, 2025

AAE Cafeteria at 5:30 p.m. to 6:00 p.m.

### **Middle School Cheer Tryouts**

Saturday, April 12, 2025

Garland High School Gym starting at 7:30 a.m.

### **New Team Uniform Fitting**

Thursday, April 17, 2025

AAE Room 1 at 4:30 p.m. to 6:00 p.m.

### **Mandatory Cheer Camp**

Garland High School

July 15th - 17th

Time: 10:00-4:00

Cost - FREE

### **Physicals**

You need a new physical every school year!

- You can go to Care Now for approx. \$20.
- General Physician

# Payments are non-refundable once ordered

## Our Expectations

Before trying out for cheerleading, it is imperative that everyone is well aware of what we expect and the standards that we hold our cheerleaders to. The three most important requirements that both the candidate and his/her parents need to take into consideration for the duration of the '25-'26 year are good character, financial deadlines, and our district's constitution. If for some reason, you feel that you or your child cannot meet these expectations, you should reconsider trying out.

### Displaying Exemplary Character

It is the belief of both coaches and our administrators that being a cheerleader is not only an honor; it's a **privilege** as well. Therefore, should you be chosen to represent Austin Academy for Excellence, it's imperative that you follow all school rules and regulations as disrespect for authority, school personnel, school policy, fellow students, etc. will not be tolerated and may result in temporary or permanent dismissal from the squad.

### Paying All Financial Obligations

Upon becoming a cheerleader, it is your responsibility to purchase camp attire that has been selected by the sponsor(s), as well as pay for full uniform attire and accessories. This includes extra financial deadlines, attire for pep rallies etc.

### Reading and Abiding by the Garland Independent School District's Middle School Cheerleader Handbook

The GISD Middle School Cheerleader Handbook makes you aware of your rights, discusses our objectives, our philosophy and purpose, and specifically states what's expected of every cheerleader in its domain. To avoid future conflicts, it is **YOUR** responsibility to become well acquainted with the contents of this document, especially the "Demerit System" because it will be strictly enforced and **anyone who chooses not to abide will be held accountable**. In addition, cheerleaders must adhere to the GISD Middle School Cheerleader Handbook which can be found under Fine Art.

### Responsibilities

In addition to cheering for games, which include both football and basketball, other events may include 6<sup>th</sup> Grade Orientation, Pep rallies, parades, public appearances, and any fundraising activities scheduled by the sponsors.

During football season, 7<sup>th</sup> grade and 8<sup>th</sup> grade games are on Monday or Tuesday nights. The team will practice weekly on Tuesdays and Thursdays after school. During basketball season, there are games on Monday and Wednesday nights. Squads cheer at Home games only. \*Squads are subject to change weekly due to athletes being involved in cheer and basketball.

Depending on numbers, 7<sup>th</sup> & 8<sup>th</sup> grade may combine and cheer as one squad instead of two separate entities.

**Note: Everyone is responsible for his/her own ride and must arrive at these events on TIME. Failure to do so will result in point deduction.**

# Cheerleader Expectations

Expectations for cheerleaders and other student leaders at Austin Academy for Excellence are extremely high. Please make sure you have read this packet VERY carefully, as it describes the schedule requirements and rules for selected cheerleaders. There are several changes pending the District Handbook this year. Please pay attention to any updates you will receive as 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/termination. All cheerleaders will complete grade checks starting the week after tryouts. Grade sheets are due every 3 weeks.

## Time

If selected, plan to spend an average of a minimum of two hours per week practicing cheers, chants and skits for cheerleading performances. We will also cheer at football and basketball games from September-February. Games require an average of three hours per week in addition to above mentioned practice and the GISD Cheer Classic.

## Transportation

Each parent/guardian must arrange for his/her own child's ride to and from games, practices, and cheerleading functions. You will be provided a calendar for all cheerleading functions. Therefore, parents are responsible for their child's timely arrival at events. All members are to be picked up from the school after games/competitions/performances/events no later than 10 minutes after being dismissed by the teacher/sponsor. Please be respectful of the teacher's time and contact the teacher if you are running late to pick up your student. Repeated tardiness of pick-up will result in a principal/teacher review with the parent/guardian and may result in benching or removal from the team.

## Attendance

Please do not plan to try out for cheerleading unless you plan to attend ALL required games, practices, and cheerleader functions. Please familiarize yourself with the Fine arts Cheer Handbook for information on what is excused and what is not excused. The GISD Cheer Handbook can be found at the following link.

## Physical Evaluation

Pre-Participation Physical Evaluation – Medical History Form – Please note that you are NOT required to have a physical exam prior to tryouts unless you answer yes to questions 1, 2, 3, 4, 5, or 6. If none of these apply, you only need to turn in the first page. If you answer YES to any of these questions, you must have a pre-physical exam and must turn in both pages of the form with your application packet on Wednesday, April 2, 2025 by 9am. \*Selected candidates must have a physical on file dated no sooner than April 6, 2025.

# **Cheer Camp**

Only candidates who make the team may participate and it is a mandatory event!

## **Garland High school**

**Dates: July 15th-17th**

**Time: 10:00am - 4:00pm**

## **Parent Participation/Involvement**

Parents are **not** allowed in the building at any time during camp or tryouts while the candidates are assembled in the gym learning, preparing, or practicing their routines. This also applies to tryout days at Garland High. **Anyone choosing to enter the premises in spite of this warning will immediately be escorted out by a sponsor or the police.**

*All candidates who make the squad will be required to have a physical prior to Cheer camp and must submit a copy of the results to their coaches.*

**Physicals cannot be dated earlier than April 6, 2025**

**Once things are ordered, that payment is non-refundable.**

# Note to Parents...

It's our sincere hope to have a successful and stress free year. However, without your cooperation, it won't be possible. Therefore, we ask that you be mindful and respectful of the following:

1. **Practices are closed events.** The only people who need to be there are the athletes and their coaches.
2. **Please be mindful that the Coaches are busy with your child.** We may not be available to speak with you before, during, or after a game. If it is an emergency, please see us. Otherwise, please wait until after the game to converse. You can also schedule a time for a conference.
3. **Familiarize yourself with the "Demerit System"** to avoid having your son/daughter disciplined for something you might have been responsible for.
4. **Understand that your child is disciplined according to GISD's Cheerleading handbook for infractions as needed.** Consequently, there should be no need to question the fairness of disciplinary actions that may be taken against him/her. And also note, you signed a statement acknowledging you had read and received a copy of the "Demerit System" and that your child would abide by it or be subjected to the consequences therein.
5. **Any question that pertains to a child other than your own will not be addressed**

Thank you in advance for your cooperation