

BRANDENBURG MIDDLE SCHOOL



**CHEERLEADER
TRYOUTS
2025-2026**

Paperwork Checklist

Here is a list of the paperwork items that must be turned in for each candidate BEFORE 4:00 pm on April 2, 2025.

Tryout Application

Parent Media Release Form

Parent Agreement

Candidate Agreement

Handbook Signature Page

Pre-participation Physical Evaluation

Concussion Acknowledgement

Coaches will get the following for you:

Discipline Record (printed from Front Office)

Dear Parents and Guardians of Cheerleader Candidates,

Your child has expressed an interest in becoming a member of the Brandenburg Middle School 7th or 8th grade Cheerleading Squad for the 2025-2026 school year. If selected, there will be certain personal and financial responsibilities and obligations, which your child must assume in order to qualify and remain a member in good standing.

Participation in the GISD Cheerleading program carries significant time and financial commitment. Each Cheerleader is expected to meet all financial responsibilities identified by their specific campus. This packet contains all of the information that you will need to know before deciding on whether or not to allow your child to try out for Cheerleader. As a parent/guardian of a prospective Cheerleader, we hope you are aware of the time and energy it takes to be an effective student leader here at Brandenburg. It is our intention that after reading through this packet with your child, you will discuss the expectations and obligations of being a CCBMS Cheerleader with your child.

Being a Cheerleader makes your child a leader in our school. We believe our school and our students are "Better than the Best!" and we expect the Cheerleaders to set good examples of student conduct at all times. We want our Cheerleaders to be exemplary citizens exhibiting high moral and academic standards. We have set forth guidelines that will make our Cheerleaders role models in our building. Our organization helps students form friendships, improve communication skills, and develop leadership skills that will prove to be beneficial later in life.

A **parent and candidate informational meeting** will be held on **Wednesday, March 5th at 5:45 pm in the CCBMS cafeteria** to go over the tryout process and discuss any questions you may have.

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:

BEFORE 4:00 pm on Tuesday, April 1st - to your grade level sponsor

You cannot participate in the clinic without all forms submitted.

Maddison Dittrich(7th Grade)

Amber Hallowell(8th grade)

Randy

King(Principal) mgdittrich@garlandisd.net

ahallowell@garlandisd.net

raking@garlandisd.net

Cheerleader Expectations

-Please make sure you have read this packet AND the GISD handbook VERY carefully, as it describes the schedule requirements and rules for elected Cheerleaders.

-Pay attention to any updates you receive as they will override this packet.

-If you cannot abide by the schedule, time commitment, requirements, and rules, please reconsider trying out for cheer.

-Demerits for failure to follow policies are streamlined for all middle and high school squads in GISD, and are outlined in the GISD Cheer Handbook.

[GISD Handbook 25-26](#)

Time Commitment:

If elected, plan to spend two hours - three hours per week for cheer practice.

We will cheer at one football game per week and one basketball game per week starting in September and going through February. Garland ISD has a middle school cheer competition in the second semester as well (typically in March). Games require an average of three hours per week in addition to the above mentioned practice time. Last cheer season required Mondays/Tuesdays (football), and Mondays/Wednesdays (basketball) with practices Tuesday mornings at 7:30 am and Thursday afternoons throughout the year.

Pep Rallies are typically on game days during the school day, usually one in the Fall and one in the Spring.

****All of the above is subject to change with health protocols****

*This team requires a commitment in order for us to be successful and to complete our stunts **safely**. If you cannot be present for all cheer events, please reconsider trying out for Cheerleader.*

Quitting the team after tryouts affects the entire group and is not fair to the other candidates who could have had a spot on the team.

If your student shares visitation with another parent, please confirm that the other household is also willing to abide by the time commitments and rules before tryouts.

Transportation:

Each parent/guardian must arrange for his/her own child's ride to and from games, practices, and cheerleading functions. Buses will be provided **TO** games. Parents/guardians are responsible for picking up Cheerleaders from sporting events within 15 minutes of dismissal. Repeated failure to arrive at events or be picked up from events on time can result in removal from the squad.

Please make sure you are able to make the time commitment necessary to get your Cheerleader to and from events on time.

Financial Responsibility

It is the responsibility of each Cheerleader to meet **all** financial obligations. Every effort is made to make all expenses minimal. Failure to meet the stated financial obligations, set by the campus, may lead to removal from the Cheerleading squad. All dates will be clearly communicated. In addition, previous failure to meet financial obligations will result in not being able to try out for the squad.

Estimated Costs for CCBMS Cheer 2025-2026

The estimated cost of cheerleading for the 2024-2025 school year is **approximately \$450-\$500** for the season. The stated cost includes all fees for uniforms, accessories, camp clothes, and buses.

Uniform Fitting

The cheerleader **MUST** be present for the uniform fitting. Parents/guardians must attend. The total balance for uniform accessories, camp wear, and extras (last year it was **about \$450**) is due at the end of April.

TeamLeader requires credit card payments. A payment link will be provided after the fitting. Other vendors may accept cash or other forms of payment.

The district is providing the shell (top) and skirt for all middle schools this year. These will be returned at the end of the year. If any portion of the uniform is lost or damaged, you will be responsible for paying the district to have it replaced.

A \$70 deposit for bows, buses, girls cheer shirts will be due by April 15, 2025 , (at the parent meeting) IF YOU MAKE THE SQUAD. *ALL DEPOSITS MUST BE MADE IN CASH. Parents will be able to purchase a shirt if they would like, but that will be extra money NOT included in your deposit, that only covers your cheerleader's shirt.

Items that are not part of the above-mentioned costs:

- White cotton socks
- Red. gray or white color SPORTS bra
- Black leggings (for cold games)
- Game day dinners (optional) - we usually use Jason's Deli

Important Dates

- ★ Wednesday, March 5, 2025: 5:45 pm Parent Informational Meeting in CCBMS Cafeteria
- ★ March 11th and March 25th Open Gym(not mandatory but highly recommended): 4:15-5:30pm
- ★ Paperwork due to Hallowell or Dittrich BEFORE April 1st at 4:00 pm

Week of April 2nd - 6th will be cheer tryouts. Those times are below.

- ★ Thursday, April 3, 2025: 4:15-6:00 pm Cheer Clinic Gym
- ★ Friday, April 4, 2025: 4:15-6:00 pm Cheer Clinic Gym
- ★ Monday, April 7, 2025: 4:15-6:30 pm MOCK TRYOUTS Gym
- ★ Saturday, April 12, 2025: TRYOUTS!!! 11:00 am at Garland High School

The below practice and meeting dates are for those who make the squad and are subject to change.

- ★ Tuesday, April 15, 2025: 4:15 pm **MANDATORY** Uniform Fitting CCBMS Dance Room
- ★ Tuesday, April 15, 2025: 5:45 pm **MANDATORY** Parent Meeting CCBMS Library

Practice dates will be set after tryouts. Expect to meet 1-2 days a week in the Fall from 4:15-6:00 pm.

Important Payment Dates:

- ★ **Tuesday, April 15, 2025: *\$70 cash deposit, vendor payment**
- ★ **Thursday, May 1, 2025: Final Payment for TeamLeader Order- online portal**

Please note that these are the payments for the entire year! We know it is a lot, but it is all up front. –

CAMP!

- **Pre-Camp: July 14, 2025: 9:00 am - 12:00 pm CCBMS (Doors Open at 8:30 am)**
- **Camp: July 15-17, 2025: 10:00 am - 4:00 pm at Garland High School**
- We will learn at Pre-Camp (ALL CHEERLEADERS ARE REQUIRED TO ATTEND):
 - Stunt Groups
 - Tumbling Passes
 - Learning Lines / Attendance Lines
 - Football Chants / Cheers
 - Team Bonding
 - Team Lunch
 - Receive Camp Items and Packing List
- We will learn **ALL** of our new material at camp, and all Cheerleaders are **REQUIRED** to attend.
- This is a “Day Camp,” so Cheerleaders will be picked up from camp **every day**.

Welcome Back Practice / Meeting / Dinner:

- August 5, 2025: Welcome Back Practice: 4:30 pm - 6:30 pm
- August 7, 2025: Welcome Back Meeting & Dinner: 5:30 pm in CCBMS Cafeteria

REMEMBER:

Football Season runs Sept-Nov. We will have at least one practice and one game to attend each week.
Basketball Season runs Nov.-Feb. We will have at least one practice and one game to attend each week.
Weekly Practices are Tuesday mornings at 7:30 pm and Thursday afternoon until 6:30 pm.
Extra practices will be added to prepare for Pep Rallies and the GISD Cheer Classic.

Tryout Eligibility

Academic Grades

Cheer follows UIL eligibility, so Cheerleaders will not perform if they fail. Please keep this in mind when deciding on trying out. We also do weekly grade checks at the campus level, and if they are failing any class, they cannot practice or perform. Academics ALWAYS come first!

Enrollment

A student is eligible to try out for Cheerleader if either of the two conditions is met:

- ★ At the time of the tryout, the student lives in and is enrolled in the Garland Independent School District and is trying out at the school where the student is registered to attend for the next school year.

Or

- ★ If the student is not currently enrolled in the GISD, but is registered to attend a GISD campus for the next school year, the student may try out at that campus.

A student may try out at only one GISD school.

Discipline

- Areas to be reviewed will include but not be limited to the reasons for the referrals, academic grades, other discipline records, student attitude, and any other factors deemed relevant by the principal and sponsor/coach.
- Possible positive teacher recommendations may be permitted for try-outs.
- Cheerleaders will follow a demerit / merit discipline system. Please review the GISD Fine Arts Handbook for more information.

An official Discipline Record will be printed for each candidate by the sponsors prior to the clinic.

Clinic and Tryout Schedule

- The clinic will teach the tryout materials including dance, cheer, and jumps. (Tumbling is a plus, but not required).
- The clinic will be held at CCBMS the week of April 3-7, 2025
- Clothing and shoes need to be appropriate for moving and jumping.
- Hair must be in a high or low (SECURED) ponytail & out of the face
- **ABSOLUTELY no jewelry** (this is a safety hazard for Cheer)

- Please note: **ALL events are closed to outside viewing.**
 - This includes clinic, mock tryouts, panel tryouts, camp, and practices.

- A link for the music and a Canvas page will be provided at the clinic.
- Mock tryouts help candidates understand the tryout procedures and serve as a dress rehearsal for tryouts.

Tryout Week Schedule

- ★ Thursday, April 3, 2025: 4:15-6:00 pm Cheer Clinic Gym
- ★ Friday, April 4, 2025: 4:15-6:00 pm Cheer Clinic Gym
- ★ Monday, April 7, 2025: 4:15-6:30 pm MOCK TRYOUTS Gym
- ★ Saturday, April 12, 2025: 11:00 am TRYOUTS!!! Garland High School

Tryout Information

Tryouts will be closed to everyone except judges, principals, principals' and Fine Arts designees, and Cheerleader sponsors. There will be no students, parents, or existing Cheerleaders in the tryout room/area, nor will they be involved in the collection or tabulation of scores. Any deviation by the candidates from the tryout requirements may result in the disqualification of the candidate.

NO CELL PHONES ALLOWED!

This is a closed tryout. Only candidates will be allowed in the gym. Parents will not be allowed in the building during any phase of the tryouts.

Tryout Attire

- Plain white polo-style shirt with no visible logo—must be tucked in
- Red shorts (elastic waist/cotton)
- White no-show socks
- White athletic shoes—these do not have to be cheer shoes
- Hair needs to be in a secure ponytail
 - **No ribbons, bows, headbands or other embellishments may be worn**
- No jewelry may be worn
- Makeup is not required but welcomed (natural to what makes you feel beautiful!)
- Number should be attached neatly to the front of the shirt—do not switch numbers!
 - Tryout numbers will be randomly drawn at Mock Tryouts.
 - Tryout numbers will be distributed during warm-up at Tryouts

Results: Once all the candidates have tried out, everyone will be dismissed and given an approximate time that results will be posted on the tryout Canvas page. No results will be distributed at the tryout site. The Canvas page will list those who made the 2025-2026 Cheerleading squad by their tryout number in numerical order. More information on the tabulation of scores and results can be found in the GISD Fine Arts Handbook.

Middle School Cheerleader Tryout Sequence of Events

ANY DEVIATION FROM THE TRYOUT PROCEDURE MAY RESULT IN THE DISQUALIFICATION OF THE CANDIDATE. Each tryout should include a dance and a cheer. All categories should be performed in sequence.

SEQUENCE OF EVENTS:

FULL GROUP PERFORMANCE

ALL candidates should walk in and perform the dance and cheer as a group in that order. This is only so the judges can see what the material should look like and that they will not be judged at that time. Full-out jumps and tumbling are not necessary but certainly welcome during this demonstration. Judges should put their pencils down during this time.

GROUP DANCE/CHEER:

Groups should consist of 3 candidates. They will enter the gym so that they end up standing in numeric order from left to right (from the judge's viewpoint). There should be no tumbling or spirit during this time, only uniform walking. The Fine Arts designee will start the music for the dance. Once the nod has been given, the designated candidate should call for the group cheer to begin. Upon completion, the candidates should wait for the judges to finish scoring. The cheer will have a section(s) incorporating a jump(s) and/or standing tumbling (8-counts). Candidates will be scored based on difficulty and execution. Candidates will also be judged on their smile, motion technique, and voice projection during this time.

INDIVIDUAL JUMPS:

Following the group performance of the dance and cheer, candidates will perform their jumps. Each candidate must perform a toe touch, a right hurdler/herkie, and a left hurdler/herkie. It will be determined by the campus whether it will be a hurdler or herkie. This will be performed one candidate at a time.

INDIVIDUAL RUNNING TUMBLING:

Once the jumps have been completed, each candidate will be offered a chance to tumble. All candidates will move to behind the mat in the back of the gym. When this is completed, all candidates will exit the gym.

SCORING

Each candidate will have a pre-score based on prior attendance, discipline, grades, clinic effort, and demerits. This score will be added to all candidates who meet the minimum skill score in order to calculate the final rankings. 35 D. Scoring - Each of the judges will enter each candidate's scores into a spreadsheet. At the conclusion of the tryouts, a technical assistant will download all of the judge's individual score sheets into a master database. The score sheet will have a possible of 100 points and each candidate will be judged in the following areas: Tumbling (10pts), Spirit (10pts), Jumps (30pts), Cheer (30pts), Dance (20pts)

TABULATION OF SCORES

Each judge may award up to 100 points total per candidate. These scores will be averaged. Once the candidate has made the minimum skill score, the pre-score will then be averaged in order to calculate the final rankings. Candidates must receive a minimum score (50 points) in order to be selected as a member of the team and fall within the natural break. Scores given to a student by an individual judge will not be changed by a sponsor/coach, principal, the Director of Fine Arts, or the Fine Arts designee.

Cheerleader Tryout Information

Due Date: All paperwork is due before 4:00 pm April 2nd

*If you have it completed before this date, feel free to bring it to Ms.Hallowell or Ms. Dittrich

NOTE: No late applications will be accepted under any circumstances.

Name: _____

Student ID #: _____

Current Grade Level: 6th or 7th

Home Address: _____

Parent/Guardian: _____

Contact number: _____

Email address : _____

Parent/Guardian: _____

Contact number: _____

Email address : _____

Parent/Guardian Agreement

My child, _____, has my permission to be a Cheerleader at Brandenburg Middle School.

(Please initial in spaces provided)

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

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

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

_____ I understand that qualified judges will evaluate my daughter/son and we agree to abide by the decision of the judges.

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

_____ I understand that by the very nature of the activity, cheerleading and gymnastics carry a risk of injury. No matter how careful the participants and coach are, how many spotters are used, or what landing surface is used, the risk cannot be eliminated. The risk of injury includes minor injuries such as muscle pulls, dislocation and broken bones. The risk also includes catastrophic injuries such as permanent paralysis or even death from landing or falls on the back, neck, or head. I understand these risks and do hereby release Garland Independent School District and its employees from any liability due to accident, injury or illness should it occur. _____ I agree to support my child's efforts wholeheartedly throughout the season.

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

_____ I confirm that my child has chosen Brandenburg Middle School for the 2025-2026 school year based on their choice of school form.

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

I have read the attached information packet and Fine Arts Handbook. I also understand that every member of the cheerleading squad will be expected to follow these rules and regulations, and I agree to abide by these regulations. I understand I will not be allowed in the building on the day of tryouts. I understand that it is my responsibility to provide transportation to and from cheerleader practices and events unless a bus is provided under the GISD guidelines for my child.

I understand that it is my responsibility to meet all financial obligations by the deadlines set forth by Brandenburg Middle School. I have also read and understand the GISD insurance disclaimer. I understand that if I have any questions or concerns regarding cheerleading, I should contact the appropriate sponsor first. Furthermore, I give my consent for the above-named student to represent Brandenburg as a cheerleader and participate in extracurricular activities with knowledge of the responsibilities, conduct expectations and risks involved with being a CCBMS cheerleader.

_____/_____/_____
(Parent/Guardian)

(Date)

_____/_____/_____
(Parent/Guardian)

(Date)

Student Applicant Name _____ ID _____

_____ Grade _____

Candidate Agreement

(Please initial in the spaces provided)

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

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

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

_____ I understand the risks inherent to this sport.

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

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

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

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

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

_____ I understand that I am to behave in a manner that is becoming to me as an individual, as well as to the organization I represent. I should be aware that in or out of uniform I am a representative of the cheerleading squad, Brandenburg 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 the 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 CCBMS 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 understood the attached information packet and rules. I agree to follow and abide by all of these rules and regulations.

____/____/____

(Parent/Guardian)

(Date)

____/____/____

(Parent/Guardian)

(Date)

Student Applicant Name _____ ID _____

_____ Grade _____



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.

____/____/____
(Parent/Guardian)

(Date)

____/____/____
(Parent/Guardian)

(Date)

Student Applicant Name _____ ID _____

_____ Grade _____

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.

____/____/____

(Parent/Guardian)

(Date)

____/____/____

(Parent/Guardian)

(Date)

Student Applicant Name _____ ID _____

_____ Grade _____

For parents/guardians:

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

Parent/Guardian _____

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

_____Application

_____Fine Arts Handbook Signature Pages

The GISD Fine Arts Handbook will be available online.

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

_____Preparticipation Form (physical)

_____UIL Concussion Acknowledgement Form

_____Media Release Form

_____ [Cardiac Form](#)



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, a 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 computers, 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 _____

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? _____			Females Only 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? _____ 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? _____		
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	Males Only I choose not to provide written information on Question 20 but will discuss with a medical professional: <input type="checkbox"/>		
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	20. Are you missing a testicle? _____ Do you have any testicular swelling or masses? _____		
Have you ever had numbness or tingling in your arms, hands, legs or feet?	<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.		
Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	EXPLAIN "YES" ANSWERS IN THE BOX BELOW (attach another sheet if necessary): _____ _____ _____		
5. Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>			
6. Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>			
7. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>			
8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>			
9. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>			
10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>			
11. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>			
12. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>			

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

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

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

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

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

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

For School Use Only:

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



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

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

Conditions not present at birth but acquired later in life:

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

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

Recreational/Performance-Enhancing drug use.

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

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

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

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

What is the treatment for Sudden Cardiac Arrest?

Time is critical and an immediate response is vital.

- **CALL 911**
- **Begin CPR**
- **Use an Automated External Defibrillator (AED)**

What are ways to screen for Sudden Cardiac Arrest?

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

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

Are there additional options available to screen for cardiac conditions?

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

When should a student athlete see a heart specialist?

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

Can Sudden Cardiac Arrest be prevented just through proper screening?

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

Why have an AED on site during sporting events

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

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

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

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

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

Student & Parent/Guardian Signatures

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

Parent/Guardian Signature

Parent/Guardian Name (Print)

Date

Student Signature

Student Name (Print)

Date

Garland ISD Middle School Cheer Tryout Criteria

Tumbling 10 pts.		Jumps		Incorporation 10 pts.	
*If a skill is not executed properly, then points may be deducted into a lower scale					
0	None	1-3	Below level jumps Λ	0	No incorporation
1	Cartwheel	4-6	Level jumps —	1	Other jump poor
1-2	Round off	7-10	Above level jumps V	2	Other jump good
3-4	Round off BHS			3	Toe touch poor
5	Round off 2 BHS			4	Toe touch good
6	Series 3 or more BHS			5	Double toe touch poor
7	Round off BHS back tuck			6	Double toe touch good
8	Series to back tuck			7	Tuck poor
9	Layout or whip to back tuck			8	Tuck good
10	Full or specialty full			9	Back handsping to tuck poor
				10	Back handsping to tuck poor

Toe touch- 10 pts.

Right Hurdler/Herkie- 10 pts.

Left Hurdler/Herkie- 10 pts.

Dance		Spirit		Cheer	
Motion Technique 10 pts.		Spirit/Enthusiasm 10 pts.		Motion Technique 10 pts.	
1-3	Motion levels off, lacking in sharpness, missed motions	1-5	No energy/No smile/ No spirit	1-3	Motion levels off, lacking in sharpness, missed motions
4-7	Average motion levels, needing more sharpness	6-10	Energetic/Smiling/ Loud spitting	4-7	Average motion levels, needing more sharpness
8-10	Good motion levels, sharp, exhibits individuality			8-10	Good motion levels, sharp, exhibits individuality
Timing 10 pts.				Voice Projection 10 pts.	
1-3	Timing off throughout			1-3	Softspeaking words
4-7	Ok timing			4-7	Saying words loud/yelling words without enthusiasm
8-10	Good timing with group			8-10	Yelling words with enthusiasm