

2025 - 2026

Cheerleading Application



Sam Houston Middle School

Letter to candidates and parents

Dear Parents/Guardians of Cheerleader Candidates,

Your child has either expressed an interest or has been recommended by SHMS to be a member of the Sam Houston Middle School 2025-2026 cheerleading squad. If selected, there are **certain personal and financial responsibilities and obligations**, which you and your child must assume in order to qualify and remain a member in good standing. This packet contains all of the information that you will need to know before making the decision on whether or not to allow your child to cheer. We hope that you, as a parent of a prospective cheerleader, are aware of the time and energy it takes to be an effective student leader here at Sam Houston.

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

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

We wish all candidates the best of luck. Please read this packet carefully and be sure you fully understand each rule and procedure BEFORE signing. The last pages of this packet must be signed and returned by **April 2nd, 2025 by 4:15 PM to Ms. Sotelo in room 201 or Ms. Garcia in room 405.** No late applications can be accepted!!!

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

Kimberly Sotelo
Cheer Sponsor

Don Hernandez
Principal

Maria Garcia
Cheer Sponsor

Cheerleader Expectations

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

Grades:

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

Time:

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

Transportation:

Each parent/guardian must arrange for his/her own child's ride to and from games, practices and cheerleading functions. You will be given a calendar for all cheerleading functions; therefore, parents are responsible for their child's timely arrival to events. ***Cheerleaders will be issued demerits (which leads up to benching of performances) if parent/guardian is more than 15 minutes late picking them up. After two warnings, a decision will be made by sponsor and principal for possible removal from the squad.***

Attendance:

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

Rules:

Keep in mind that being a cheerleader is a privilege to which one is elected. The strictest consideration for, and adherence to all rules is mandatory.

****Teacher Referral:**

In order to join the cheerleading squad, each candidate must get a Teacher Referral form signed by ONE of their current teachers. This form is attached to this packet and is required of each candidate.

Time and Calendar

Due Date for all forms:	Apr 2, 2024 at 4:15 pm
Pre-Tryout Meeting:	Mar 3, 2024 starting at 5: 30 pm Mar 5, 2024 starting at 5: 30 pm
Tryout Clinics:	Apr 2, 2024 4: 25 pm - 5: 15 pm Apr 3, 2024 4: 25 pm - 5: 15 pm Apr 10, 2024 4: 25 pm - 5: 15 pm Apr 11, 2024 4: 25 pm - 5: 15 pm
Tryout Date and Results Date:	Saturday, April 12, 2025
Newly Elected Cheerleader and Parent Meeting:	To be announced
Uniform Fitting:	To be announced
Summer Camp:	To be announced
Summer Practice Before School Starts:	To be announced
Cheer Classic in February:	To be announced

Mandatory Meeting Times

Uniform Fitting:

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

Date and time TBD. Cheerleader and parent will be notified immediately of the date and time selected.

Important Dates:

- March 3, 2025 4:15 OR March 5, 2025 4:15
 - ****MANDATORY PARENT MEETING** (Cafeteria)**
- Date & Time TBD. Will be notified immediately.
 - **(**UNIFORM FITTING WITH VARSITY**)**

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

SUMMER PRACTICE DATES

- To be announced

****Please schedule summer vacations around these dates****

During Football season:

Practices are to be announced

Football games are to be announced

During Basketball season:

Practices are to be announced

Basketball games are to be announced

Garland ISD Cheerleading Description

Being a cheerleader is an honor and special privilege. Cheerleaders and spirit groups exist to promote good sportsmanship, good citizenship, wholesome, and enthusiastic school spirit and are first and foremost representatives of their school. Cheerleaders should exemplify both individual and group behavior suitable to their position and in accordance with the rules as stated in the GISD Student Code of Conduct.

Members of these groups have a fundamental responsibility to play a leadership role in building teamwork and helping the school achieve its goals and objectives. Because of these responsibilities, members of the cheerleading squad will be expected to maintain a higher standard of behavior both on and off campus and academic achievement than that of their peers.

Clinic Information

Cheer clinics are MANDATORY! There will be 4 clinics in total.

At these clinics the candidates will learn the basics of cheerleading as well as the routines that will be needed for tryouts.

The dates for the clinics are as follows:

- April 2, 2025 starting from 4:25 - 5:15 pm
- April 3, 2025 starting from 4:25 - 5:15 pm
- April 10, 2025 starting from 4:25 - 5:15 pm
- April 11, 2025 starting from 4:25 - 5:15 pm

The candidates must be ON TIME! They will also need to be changed and ready to start by 4:25 pm. The location of the clinics will be announced as we approach those dates.

Please make sure to pick up the students on time from each one of the clinics. This is because during football and basketball season the girls must be picked up immediately after the games or they will be receiving demerits.

If for any reason the candidate is not able to attend, coaches must be given a written notice either through email or a letter sent with the student that is signed by the parent.

Cost and Payment Due Dates

Once on the team:

Uniform/clothing fitting will be announced with time and date.

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

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

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

****If payment is NOT made by the due date, the cheerleader will be REMOVED from the team****

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

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

Ms. Sotelo and Ms. Garcia

Cost and Payment Due Dates Cont.

Item	Price
Jacket	\$35.99
Crew Neck	\$35.99
Pink Socks	\$8.99
Cheer Shoes	\$74.99
Glitter Backpack	\$49.99
Pom Poms	\$11.99
Game Day Bow	\$20.99
Pink Bow	\$13.99
Shorts	\$18.99
Practice T-shirt (1 Black and 1 Gray)	\$20.99 x2
Half Top for Uniform	\$22.99



Total: \$336.88 plus tax

Sample Scoresheet

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	Certain	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 handspring to tuck poor
				10	Back handspring to tuck good

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	1-3	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 cheering	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	Soft/speaking words
4-7	Ok timing			4-7	Saying words loudly/yelling words without enthusiasm
8-10	Good timing with group			8-10	Yelling words with enthusiasm

Forms Disclaimer

Candidate name: _____

Candidate ID number: _____

The following forms must be completed and turned in together.

Please make sure to follow the following requirements:

- The forms should not be folded or ripped.
- The forms should be signed and fully completed.
- The forms should be stapled together and kept in order.
- All writing must be legible and easy to read.

Candidate Signature: _____

Parent Signature: _____

Application

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 _____

Parent Release Form

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

(Please initial in spaces provided)

_____ I understand that he/she must abide by the rules and regulations set forth by the sponsor and principal of Sam Houston 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 the sponsor and/or other parent when necessary. I have read the rules and regulations and understand that the violation of any of these rules may lead to a temporary or permanent suspension from the squad.

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

_____ I understand that if I have any concerns about the decisions made by the sponsor, I will contact that sponsor first. Only after contacting the sponsor, may I contact the Principal, Mr. Hernandez.

_____ I understand the costs involved as stated in the rules.

_____ I understand that by the very nature of the activity, cheerleading and gymnastics carry a risk of injury. Cheerleading activities require learned skills and behaviors. These will be taught, practiced, and documented as each participant achieves mastery prior to the performance of each skill. It should be made clear that even though mastery of objectives and skills has been reached, and safety precautions enforced, accidents still may occur. No matter how careful the participants and coach are, how many spotters are used, or what landing surface is used, the risk cannot be eliminated. The risk of injury includes minor injuries such as muscle pulls, dislocation and broken bones. The risk also includes catastrophic injuries such as permanent paralysis or even death from landing or falls on the back, neck, or head. I understand these risks and do hereby release Garland Independent School District and its employees from any liability due to accident, injury or illness should it occur. I also agree to support my child's efforts wholeheartedly throughout the season.

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

_____ Upon making Cheerleader your child must present evidence of a current medical, physical examination. This must be less than 12 months old.

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

_____ I have read the attached information packet and cheerleading constitution and rules. I also understand that every member of the cheerleading squad will be expected to follow these rules and regulations, and I agree to abide by these regulations. I understand I will not be allowed in the building on the day of tryouts. I understand that it is my responsibility to provide transportation to and from cheerleader practices and events unless a bus is provided under the GISD guidelines for my child. I understand that it is my responsibility to meet all financial obligations by the deadlines set forth Sam Houston Middle School. Furthermore, I understand that being a cheerleader involves inherent risks, which could cause serious or catastrophic injuries or even death. I have also read and understand the GISD insurance disclaimer. I understand that if I have any questions or concerns regarding cheerleading, I should contact the appropriate sponsor. I understand and agree to abide by the GISD cheerleader constitution. Furthermore, I give my consent for the below named student to represent Sam Houston as a cheerleader and participate in extracurricular activities with knowledge of the responsibilities, conduct expectations and risks involved with being a SHMS cheerleader.

_____/_____/_____
parent/guardian date

_____/_____/_____
parent/guardian date

Candidate Form

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

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

Further, I understand that I am to behave in a manner that is becoming to me as an individual, as well as to the organization I represent. I should be aware that in or out of uniform I am a representative of the cheerleading squad, Sam Houston Middle School, and I agree to act accordingly.

I will:

- Be a leader and set an example for those around me.
- Remember SAFETY FIRST!!! NO COACH - NO PRACTICE!!!
- Follow a workout program designed for the development of strength in order to: prevent injury; increase strength and coordination, endurance, flexibility and confidence.
- Keep track of my academic progress (know when I need to get help or attend tutorials). I know that if I am not passing my classes, I am placing an undue burden on the rest of my squad.
- Attend and be on time to all practices and games.
- Promote school spirit.
- Remember that I am a member of a TEAM and there is no "I" in team.
- Give respect to ALL adults.
- HAVE FUN!!!

I, _____, am trying out for the position of cheerleader. I am aware of the time involved in being a SHMS cheerleader. I am prepared to give 100% and have a positive attitude throughout the year. I understand that my obligations as a cheerleader do not begin and end with football season, but begin with cheerleader tryouts and continue throughout the entire school year. Furthermore, I understand that it is my responsibility to provide my own transportation to and from cheerleader practices and events unless a bus is provided under the GISD guidelines. I understand that as a cheerleader I am expected to behave in a manner that is becoming to me, as well as, to my squad. I also realize that grades are very important and that it is my responsibility to remain eligible. It wastes time, money, and energy when I am unable to perform. I have read and understand the attached information packet and GISD cheerleading constitution and rules. Furthermore, I have read the Cheerleader's Code of Conduct and understand my responsibility as a Sam Houston Cheerleader. I agree to follow and abide by all of these rules and regulations.

Participant's signature

_____/_____/_____
Date

All paperwork is due no later than April 2nd, 2025 by 4:15 pm
SHARP!!!

Teacher Recommendation

I recommend _____ to participate in the 2025-2026 Sam Houston Middle School cheerleading team. I believe that this student would be a good candidate for the SHMS Cheer team; this student shows that they are on time, reliable, and would make a good member of the team.

Teacher Name: _____

Reasons you recommend this student:

Teacher Signature: _____

Pick one teacher for this page!

Teacher Recommendation Cont.

Period	Teacher Name	Would you recommend this student for cheerleading?	Teacher Signature
WIN			
2			
3			
4			
5			
6			
7			
8			

Why do You Want To Be in Cheerleading Questionnaire

Cheerleading background:

1. Do you have any experience cheering? _____.

2. If so, what experience do you have?

_____.

3. Do you have any dance experience? _____.

4. If so, what experience do you have?

_____.

Why you want to be a cheerleader:

1. Why do you want to be a Sam Houston Cheerleader?

_____.

2. How do you plan to represent Sam Houston as a Cheerleader?

_____.

3. What are you wanting to get out of Cheer?

_____.

4. What will you contribute to the team?

_____.

Pre-participation Physical Form/Link

The physical form page is attached and will need to be done by a medical doctor. Sam Houston will be hosting a doctor to get this form done at a later date for a cheaper and better price. Make sure the student is listening to the announcements at Sam Houston.

PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

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

Student's Name: (print) _____ Sex _____ Age _____ Date of Birth _____
 Address _____ Phone _____
 Grade _____ School _____
 Personal Physician _____ Phone _____

In case of emergency, contact:

Name _____ Relationship _____ Phone (H) _____ (W) _____

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

<p>1. Have you had a medical illness or injury since your last check up or physical? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Have you been hospitalized overnight in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Have you ever had prior testing for the heart ordered by a physician? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever passed out during or after exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had chest pain during or after exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you get tired more quickly than your friends do during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had racing of your heart or skipped heartbeats? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you had high blood pressure or high cholesterol? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been told you have a heart murmur? <input type="checkbox"/> Yes <input type="checkbox"/> No Has any family member or relative died of heart problems or of sudden unexplained death before age 50? <input type="checkbox"/> Yes <input type="checkbox"/> No 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"/> Yes <input type="checkbox"/> No Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? <input type="checkbox"/> Yes <input type="checkbox"/> No Has a physician ever denied or restricted your participation in activities for any heart problems? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Have you ever had a head injury or concussion? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been knocked out, become unconscious, or lost your memory? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many times? _____ When was your last concussion? _____ How severe was each one? (Explain below) _____ Have you ever had a seizure? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have frequent or severe headaches? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had numbness or tingling in your arms, hands, legs or feet? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had a stinger, burner, or pinched nerve? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Are you missing any paired organs? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Are you under a doctor's care? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Have you ever been dizzy during or after exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Have you ever become ill from exercising in the heat? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12. Have you had any problems with your eyes or vision? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p>13. Have you ever gotten unexpectedly short of breath with exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have asthma? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have seasonal allergies that require medical treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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"/> Yes <input type="checkbox"/> No</p> <p>15. Have you ever had a sprain, strain, or swelling after injury? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you broken or fractured any bones or dislocated any joints? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check appropriate box and explain below:</p> <table border="0" style="width:100%;"> <tr> <td><input type="checkbox"/> Head</td> <td><input type="checkbox"/> Elbow</td> <td><input type="checkbox"/> Hip</td> </tr> <tr> <td><input type="checkbox"/> Neck</td> <td><input type="checkbox"/> Forearm</td> <td><input type="checkbox"/> Thigh</td> </tr> <tr> <td><input type="checkbox"/> Back</td> <td><input type="checkbox"/> Wrist</td> <td><input type="checkbox"/> Knee</td> </tr> <tr> <td><input type="checkbox"/> Chest</td> <td><input type="checkbox"/> Hand</td> <td><input type="checkbox"/> Shin/Calf</td> </tr> <tr> <td><input type="checkbox"/> Shoulder</td> <td><input type="checkbox"/> Finger</td> <td><input type="checkbox"/> Ankle</td> </tr> <tr> <td><input type="checkbox"/> Upper Arm</td> <td><input type="checkbox"/> Foot</td> <td></td> </tr> </table> <p>16. Do you want to weigh more or less than you do now? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17. Do you feel stressed out? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip	<input type="checkbox"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Thigh	<input type="checkbox"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee	<input type="checkbox"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Shin/Calf	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle	<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Foot	
<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip																		
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<input type="checkbox"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee																		
<input type="checkbox"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Shin/Calf																		
<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle																		
<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Foot																			

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

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

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

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

An electrocardiogram (ECG) is not required. I have read and understand the information about cardiac screening on the UIL Sudden Cardiac Arrest Awareness Form. By checking this box, I choose to obtain an ECG for my student for additional cardiac screening. I understand it is the responsibility of my family to schedule and pay for such ECG.

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

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

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

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

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

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

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

For School Use Only:

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

PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION

Student's Name _____ Sex _____ Age _____ Date of Birth _____
 Height _____ Weight _____ % Body fat (optional) _____ Pulse _____ BP _____ / _____ (____ / _____, ____ / ____)
brachial blood pressure while sitting
 Vision: R 20/ _____ L 20/ _____ Corrected: Y N Pupils: Equal Unequal

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

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine position.			
Heart-Auscultation of the heart in the standing position.			
Heart-Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only) if indicated			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

*station-based examination only

CLEARANCE

- Cleared
- Cleared after completing evaluation/rehabilitation for: _____

Not cleared for: _____ Reason: _____

Recommendations: _____

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

Name (print/type) _____ Date of Examination: _____
 Address: _____
 Phone Number: _____
 Signature: _____

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

UIL Concussion Acknowledgement Form

Revised 2024



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

Fine Arts Handbook/Link

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

Student Name (Please Print) _____

Legal Parent/Guardian (Please Print) _____

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

Cheer _____ **Junior Varsity Drill Team** _____ **Varsity Drill Team** _____

Step Team _____ **World Dance Company** _____

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

Candidate/Member:

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

_____ I understand that the judges' decision is final.

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

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

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

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

Fine Arts Handbook/Link Cont.

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

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

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

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

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

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

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

Legal Parent/Guardian:

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

_____ I understand the judges' decision is final.

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

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

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

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

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

Fine Arts Handbook/Link Cont.

_____ 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 or 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 _____

Media Release Form

VIDEO CONSENT FORM

GARLAND INDEPENDENT SCHOOL DISTRICT CHEERLEADING PROGRAM

ONE TAKE PROMISE

This document must be signed by all parties the day of the taping.

Student's Name _____

GISD Campus _____

Date _____

The candidate, coach, and administrator attest that only one take was used for the video submission. Candidates should only be referred to by number. There will only be one take unless there is a technical difficulty. This difficulty will be notated on this form. The video should be reviewed by all parties before the candidate is excused.

*All GISD Fine Arts handbook rules apply.

Signature of Student _____ Date _____

Signature of Cheer Coach _____ Date _____

Signature of Administrator _____ Date _____

Media Release Form Cont.



Date _____

Dear Parent/Guardian,

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

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

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

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

Garland ISD Release

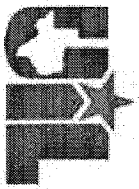
By signing this release form, I acknowledge that I have read and understood its contents and agree to the terms outlined herein.

Student's Name(s)

Parent/Guardian Signature

Date

Cardiac Awareness Form



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: UHL 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-compacton Cardiomyopathy – a condition where the heart muscle does not develop normally.

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

Cardiac Awareness Form Cont.

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 _____

Signature Page

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 (Please place a check mark each blank):

_____ Forms Disclaimer

_____ Application

_____ Parent Release Form

_____ Candidate Form

_____ Teacher Recommendation

_____ Why do you want to be in Cheerleading Questionnaire

_____ Pre-participation Physical Form

_____ UIL Concussion Acknowledgement Form

_____ Fine Arts Handbook Form (3 pages)

The GISD Fine Arts Handbook will be available online.

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

_____ Media Release Form (2 pages)

_____ Cardiac Awareness Form (2 pages)

_____ Signature Page