



**SELLERS
LEADERSHIP
MAGNET
CHEERLEADING
TRYOUT PACKET**

2025-2026

PAPERWORK CHECKLIST

The following is a checklist of the paperwork items that must be submitted by each candidate no later than 4:20PM on March 10th, 2025.

CHEER APPLICATION _____

FINE ARTS SIGNATURE PAGE _____

PRE-PARTICIPATION PHYSICAL EVALUATION _____

UIL CONCUSSION ACKNOWLEDGEMENT FORM _____

CARDIAC AWARD _____

OFFICIAL REPORT CARD(FRONT OFFICE) _____

MEDIA FORM _____

3 TEACHER RECOMMENDATIONS _____

SIGNATURE PAGE _____

**WHY I WANT TO BE A SELLERS CHEERLEADER ESSAY
(NO MORE THAN 500 WORDS)** _____

Dear Parents and Guardians of Cheerleader Candidates,

Your child has expressed an interest in becoming a member of the Sellers 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 to qualify and remain a member in good standing.

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. 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 to be a cheerleader. We hope that you, as a parent/guardian of a prospective cheerleader, are aware of the time and energy it takes to be an effective student leader here at Sellers. We expect that after reading through this packet with your child, you will discuss the expectations and obligations of being a Sellers MS cheerleader.

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 **MANDATORY parent and candidate informational meeting** will be held on **Monday, February 24th, 2025, at 6:00 p.m.** in the library to go over the tryout process and discuss any questions you may have. All potential candidates, as well as a parent or guardians, are required to attend unless prior arrangements have been made with the sponsor. 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 **4:20 PM on Monday, March 10th, 2025. You may not participate without all forms submitted.**

No applications will be accepted after Monday, March 10th, 2025. There will be NO exceptions!

Eriya Hobbs

Sponsor

Matthew Love

Assistant Principal

Garland ISD Cheerleading Description

Being a cheerleader is an honor and a 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.

Commitment

Dedication to, and prioritization of, cheerleading is obligatory for all cheerleaders to meet the objectives of the program. Candidates selected to be a member of the cheerleading squad are expected to maintain their commitment to the activity for the full cheerleading year. Before committing to other school activities, cheerleaders should carefully consider specific program requirements, as involvement in other activities may cause time and participation 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.

A list of spring and summer obligations for Sellers' cheerleaders will be given to each new member when the information becomes available. All newly selected cheerleaders must attend all practices and functions noted. The absence of any member affects the productivity of the entire squad. In addition to all the practices and games, Sellers' cheerleaders will have other duties that they will be required to perform throughout the school year and summer. These duties include but are not limited to, planning pep rallies, painting signs, and acting as hostesses for various school activities. A great amount of time and energy will also be asked of the parents/guardians in providing transportation to and from all activities, and volunteering time to help with activities for the team such as fundraisers, along with other miscellaneous functions during the school year.

Cheerleader Expectations

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

Grades

Cheerleaders must maintain passing grades or risk extended probation/termination. All cheerleaders will complete grade checks starting the grading cycle after tryouts. Grade sheets are due the Friday after grades are due unless otherwise determined by the sponsors.

Time

If selected, plan to spend an average of a minimum of 4 hours per week practicing various cheerleading skills to prepare for cheerleading performances. We will also cheer at football and basketball games from September- February. Games require an average of three hours per week in addition to the above-mentioned practice and the GISD Cheer Classic.

Transportation

Each parent/guardian must arrange for his/her own child's ride to and from games, practices, and cheerleading functions. You will be provided a calendar for all cheerleading functions. Therefore, parents are responsible for their child's timely arrival at events. All members are to be picked up from the school after games/competitions/performances/events no later than 15 minutes after being dismissed by the sponsor. Please be respectful of the sponsor's time and contact the sponsor if you are running late to pick up your student. Repeated tardiness of pick-up will result in a principal/teacher review with the parent/guardian and may result in benching or removal from the team.

Attendance

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

Rules

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

Tryout Eligibility

Academic Details

All participants trying out for the squad must turn in an OFFICIAL Report Card for the current 2024-2025 school year. Students may ask the front office for a copy of their official report card.

Enrollment

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

- At the time of the tryout, the student 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.
- 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.

PAPERWORK

Physical Evaluation: Pre-Participation Physical Evaluation – Medical History Form – Please note that you are NOT required to have a physical exam before tryouts unless you answer yes to questions 1, 2, 3, 4, 5, or 6. If none of these apply, you only need to turn in the first page. If you answer yes to any of these questions, you must have a pre-physical exam and must turn in both pages of the form with your application packet on Monday, March 3rd, 2025.

***Selected candidates must have a physical on file dated before April 1, 2025**

Application and Release Forms:

All paperwork must be turned in by 4:20 p.m. on Monday, March 10th, 2025. Please return all paperwork to Coach Hobbs Room 115 in the 8th-grade hallway:

- ___ Cheer Application
- ___ Parent/Guardian Release Form
- ___ Fine Arts Signature Page
- ___ Cardiac Awareness Form
- ___ Pre-Participation Physical Evaluation
- ___ UIL Concussion Acknowledgment Form
- ___ Copy of Official report card
- ___ Media Release form
- ___ 3 teacher recommendation
- ___ Why I want to be a Sellers cheerleader essay (no more than 500 words)

***If you failed cycle 2, then you must also bring a signed copy of your cycle 3 progress report.**

TIMELINE/IMPORTANT DATES:

Monday, February 24th, 2025	Parent Meeting in library	6:00-7:00 PM
Friday, March 10th, 2025	Paperwork due to Coach Hobbs	4:20PM
Monday, March 31st, 2025	Tryout Clinic Practice Gym	4:30pm – 6:00pm
Tuesday, April 1st, 2025	Clinic Practice Gym	4:30pm – 6:00pm
Wednesday, April 2nd, 2025	Clinic Practice Gym	4:30pm – 6:00pm
Thursday, April 3rd, 2025	Clinic Practice Gym	4:30pm – 6:00pm
Friday, April 4th, 2025	Clinic Practice Gym	4:30pm – 6:00pm
Monday, April 7th, 2025	Clinic Practice Gym	4:30pm – 6:00pm
Tuesday, April 8th, 2025	Mock Tryouts	4:30pm – 6:00pm
Saturday, April 12th, 2025	Garland High School	12:30 – TBA
Monday, April 14th, 2025	Cheer Results Posted	In the Morning
Tuesday, April 15th, 2025	Newly elected cheerleader and parent meeting	5:30pm – 6:30pm
Tuesday, April 15th, 2025	Uniform Fitting	6:30pm
Tuesday, July – July	Summer Camp – Garland High School	11:00am – 5:00pm
TBD	Cheer Classic Competition	TBD

***Please note: ALL practices are closed.** This includes clinic, mock tryouts, camp, and school practices

TRYOUT CLINIC

- The Clinic is **Mandatory**
- The clinic will be held in the practice gym on: Monday, March 31st, 2025 - April 8th, 2025 from 4:30pm - 6:00pm (Not including weekends/student holidays)
- The dress needs to be appropriate for moving and jumping. No tank tops or crop tops, sports bras are required, and appropriate length shorts must be worn.
- Hair must be in a ponytail. no jewelry, etc
- Cheers, jumps, and dance used at tryouts will be taught at the clinic
- NO Video of the clinic will be allowed at any time
- All clinics are closed events. Only candidates will be allowed in the practice gym
- A copy of the music will be provided for the candidates to practice

MOCK TRYOUT ATTIRE

- A plain white t-shirt with no visible logo - must be tucked in
- Solid black shorts (elastic waist/cotton)
- Solid white ankle socks
- Solid white athletic shoes
- Hair needs to be in a secure ponytail — no ribbons or bows may be worn
- No jewelry may be worn
- No fingernail polish or artificial nails
- Tryout numbers should be attached neatly to the front of shirts — do not switch numbers!
- Numbers will be given to you by the sponsor

TRYOUTS

Tryouts will be held on **Saturday, April 12th, 2025**, at Garland High School. Participants must meet Coach Hobbs outside the school **no later than 12:00pm. Warm-ups begin promptly at 1:30pm and tryouts are from 2:00 - 3:00pm.** Parents will **not** be allowed in the building during any phase of the tryouts

TRYOUT ATTIRE

- Plain white t-shirt with no visible logo — must be tucked in
- Solid black shorts (elastic waist/cotton)
- Solid white ankle socks
- Solid white athletic shoes
- Hair needs to be in a secure ponytail — No ribbons or bows may be worn
- No jewelry may be worn
- No fingernail polish or artificial nails
- The tryout number should be attached neatly to the front of the shirt — do not switch numbers!!!
- Numbers will be given to you by the sponsors

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 will result in a principal review which may lead to removal from the squad. You will not be able to try out for the upcoming year if the previous year has not been paid for.

Estimated Costs for SMS Cheer 2025-2026

The estimated cost of cheerleading for the 2025-2026 school year is at most **\$475**. The stated cost includes all fees for accessories (pom poms, shoes, socks, bows, etc.) camp clothes, and breast cancer awareness accessories.

All payments for accessories and camp clothes will be collected by our school secretary no later than 23rd 2025. Payments can be made via cashiers check, personal check and money order(**exact price and due date of fees to be discussed when available**). Required items that are not part of the above-mentioned costs:

- All candidates who make the squad will need to purchase a solid black, racerback sports bra on their own that they must wear to the uniform fitting.
(Sponsors will approve that the sports bra does not show while wearing the uniform)
- Extra bows if needed
- Team pictures
- Other cheer wear if decided as a squad to order

IMPORTANT LINKS

[FINE ARTS HANDBOOK SIGNATURE](#)

[CARDIAC AWARENESS FORM](#)

[UIL CONCUSSION ACKNOWLEDGMENT FORM](#)

[CHEERLEADING APPLICATION](#)

[SAMPLE SCORE SHEET](#)

[MEDIA RELEASE FORM](#)

[TEACHER RECOMENDATION FORM \(3\)](#)

[SIGNATUE FORM](#)

[PHYSICAL FORM](#)

Garland Independent School District Cheer Application

Name_____ID#_____

Grade Next

Yr._____Age_____Phone_____

Address_____

City_____Zip_____

Email_____

School Enrolled for Next Yr._____

Participation in the GISD cheerleading program carries both a significant time and financial commitment. Each cheerleader is expected to meet all financial responsibilities identified by their specific campus. Dedication to, and the prioritization of, cheerleading is obligatory from all cheerleaders to meet the objectives of the program. Candidates selected to be a member of the squad are expected to maintain their commitment to the activity for the full cheerleading year. Prior to making commitments to be involved in other school activities, cheerleaders should carefully consider specific program requirements, as involvement in other activities may cause participation and time conflicts with cheerleading duties. Any cheerleader who voluntarily quits the squad before the end of the cheerleading year without the approval of the principal and sponsor will not be allowed to try out for the next year on any GISD campus.

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

Student

Signature_____

Parent/Guardian_____

For parents/guardians:

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

Parent/Guardian _____

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

____ Application

____ Fine Arts Handbook Signature Pages [Cheerleading |](#)

[Garland Independent School District \(garlandisd.net\)](#)

____ Preparticipation Form (physical)

____ UIL Concussion Acknowledgement Form

____ Cardiac Awareness

____ Media Release Form

____ Signature Form

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 handspring to tuck poor
				10	Back handspring 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 spiriting	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 loud/yelling words without enthusiasm
8-10	Good timing with group			8-10	Yelling words with enthusiasm



Date _____

Dear Parent/Guardian,

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

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

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

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

Garland ISD Release

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

Student's Name(s)

Parent/Guardian Signature

Date

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

Student Name (Please Print) _____

Legal Parent/Guardian (Please Print) _____

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

Cheer _____ Junior Varsity Drill Team _____ Varsity Drill Team _____

Step Team _____ World Dance Company _____

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

Candidate/Member:

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

_____ I understand that the judges' decision is final.

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

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

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

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

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

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

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

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

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

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

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

Candidate/Member Printed Name _____

Candidate/Member Signature _____

Date _____

Legal Parent/Guardian Printed Name _____

Legal Parent/Guardian Signature _____

Date _____



SUDDEN CARDIAC ARREST (SCA) AWARENESS FORM

The Basic Facts on Sudden Cardiac Arrest

Website Resources:

American Heart Association:
www.heart.org

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

Additional Reviewers: UIL Medical
Advisory Committee

Revised 2016

What is Sudden Cardiac Arrest?

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

What causes Sudden Cardiac Arrest?

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

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

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

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

Inherited conditions present at birth of the electrical system:

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

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

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

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

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

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

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

Conditions not present at birth but acquired later in life:

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

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

Recreational/Performance-Enhancing drug use.

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

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

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

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

What is the treatment for Sudden Cardiac Arrest?

Time is critical and an immediate response is vital.

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

What are ways to screen for Sudden Cardiac Arrest?

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

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

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

Teacher Recommendation Form

Instructions: Each prospective cheerleader is required to have this form completed and signed by **three (3) of their current teachers in order to try out.** The purpose of this recommendation form is to assess the student's character, academic standing, and overall suitability for the cheerleading program.

Students Information

Student Name: _____

Grade Level: _____

Date: _____

Teacher Information

Teacher's Name: _____

Subject : _____

Rating Scale (1 = Needs Improvement, 2 = Fair, 3 = Satisfactory, 4 = Good, 5 = Excellent)

1. Academic Performance: 1 2 3 4 5
2. Classroom Behavior/Conduct: 1 2 3 4 5
3. Work Ethic/ Responsibility: 1 2 3 4 5
4. Punctuality/Attendance: 1 2 3 4 5
5. Respect for Authority/Peers: 1 2 3 4 5

Additional Comments (Please include specific feedback or examples):

Teacher Recommendation Form

Instructions: Each prospective cheerleader is required to have this form completed and signed by **three (3) of their current teachers in order to try out.** The purpose of this recommendation form is to assess the student's character, academic standing, and overall suitability for the cheerleading program.

Students Information

Student Name: _____

Grade Level: _____

Date: _____

Teacher Information

Teacher's Name: _____

Subject : _____

Rating Scale (1 = Needs Improvement, 2 = Fair, 3 = Satisfactory, 4 = Good, 5 = Excellent)

1. Academic Performance: 1 2 3 4 5
2. Classroom Behavior/Conduct: 1 2 3 4 5
3. Work Ethic/ Responsibility: 1 2 3 4 5
4. Punctuality/Attendance: 1 2 3 4 5
5. Respect for Authority/Peers: 1 2 3 4 5

Additional Comments (Please include specific feedback or examples):

Teacher Recommendation Form

Instructions: Each prospective cheerleader is required to have this form completed and signed by **three (3) of their current teachers in order to try out.** The purpose of this recommendation form is to assess the student's character, academic standing, and overall suitability for the cheerleading program.

Students Information

Student Name: _____

Grade Level: _____

Date: _____

Teacher Information

Teacher's Name: _____

Subject : _____

Rating Scale (1 = Needs Improvement, 2 = Fair, 3 = Satisfactory, 4 = Good, 5 = Excellent)

1. Academic Performance: 1 2 3 4 5
2. Classroom Behavior/Conduct: 1 2 3 4 5
3. Work Ethic/ Responsibility: 1 2 3 4 5
4. Punctuality/Attendance: 1 2 3 4 5
5. Respect for Authority/Peers: 1 2 3 4 5

Additional Comments (Please include specific feedback or examples):



CONCUSSION ACKNOWLEDGEMENT FORM

Name of Student _____

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

Prevention – Teach and practice safe play & proper technique.

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

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

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

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

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

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

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

Parent or Guardian Signature

Date

Student Signature

Date

PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

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? Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had prior testing for the heart ordered by a physician? Have you ever passed out during or after exercise? Have you ever had chest pain during or after exercise? Do you get tired more quickly than your friends do during exercise? Have you ever had racing of your heart or skipped heartbeats? Have you had high blood pressure or high cholesterol? Have you ever been told you have a heart murmur? Has any family member or relative died of heart problems or of sudden unexplained death before age 50? 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? Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? Has a physician ever denied or restricted your participation in activities for any heart problems?	<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"/>
4. Have you ever had a head injury or concussion? Have you ever been knocked out, become unconscious, or lost your memory? If yes, how many times? _____ When was your last concussion? _____ How severe was each one? (Explain below)	<input type="checkbox"/>	<input type="checkbox"/>	15. Have you ever had a sprain, strain, or swelling after injury? Have you broken or fractured any bones or dislocated any joints? Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? If yes, check appropriate box and explain below:	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a seizure? Do you have frequent or severe headaches? Have you ever had numbness or tingling in your arms, hands, legs or feet? Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	<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		
5. Are you missing any paired organs?	<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"/>
6. Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>	17. Do you feel stressed out?	<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"/>	18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	<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"/>	<i>Females Only</i> 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? _____		
9. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<i>Males Only</i> I choose not to provide written information on Question 20 but will discuss with a medical professional: 20. Are you missing a testicle? _____ Do you have any testicular swelling or masses? _____		
10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<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.		
11. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>	EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary): _____ _____ _____		
12. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>			

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

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

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

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

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

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

For School Use Only:

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

PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION

Student's Name _____ Sex _____ Age _____ Date of Birth _____

Height _____ Weight _____ % Body fat (optional) _____ Pulse _____ BP ____/____ (____/____, ____/____)
brachial blood pressure while sitting

Vision: R 20/____ L 20/____ Corrected: Y N Pupils: Equal Unequal

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

	NORMAL	ABNORMAL FINDINGS	INITIALS*
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.