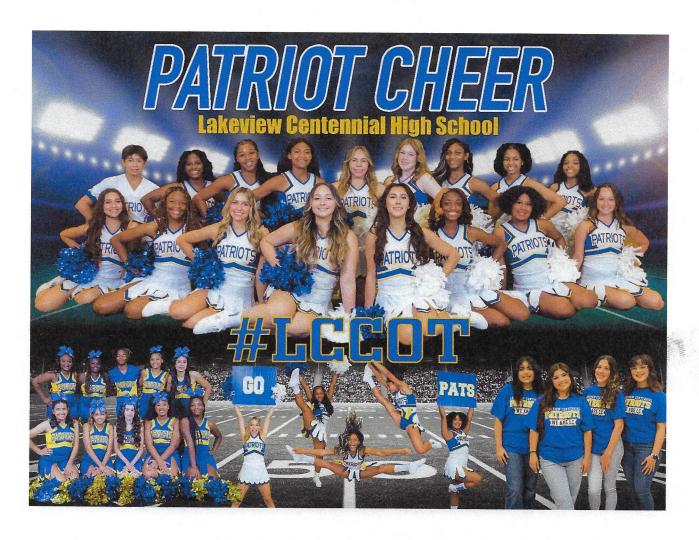
Cheerleading Tryout Packet

2025-2026



"We all have dreams. But in order to make dreams come into reality, it takes an awful lot of determination, dedication, discipline, and effort."

- Jesse Owens, Olympian

Dear Tryout Candidate and Parents/Guardians,

Thank you for your interest in the Lakeview Centennial Patriot Cheer Program. Members of this program earn the privilege to promote school spirit and sportsmanship on our campus and in the community.

Cheerleading is a year-round sport and requires commitment. Cheer must be the top priority for those involved in multiple activities. So, we want to ensure that you, as parents/guardians and prospective cheerleaders, are aware of what it takes to be a member of the LC Patriot Cheer Program. Candidates selected to be a member of Patriot Cheer are expected to commit for the full cheerleading year (tryout date to tryout date). We cheer for multiple sports throughout the year, organize pep rallies, participate in parades, compete, host fundraisers, and much more. You must be willing to give your time and energy to all of our cheerleading obligations.

Members of our Cheer Program are also expected to be **leaders** for the student body by serving others and setting an example of good character. They will be held to **high academic and behavioral standards**, different from the average student. This packet and the GISD Fine Arts Handbook both outline expectations. We take pride in our program and expect cheerleaders to **represent LCHS and GISD in a positive light**.

Lastly, we hope that you will discuss the expectations and level of commitment necessary to be a Patriot Cheerleader with your son/daughter. The LC Patriot Cheer Program is a **worthwhile** organization that provides countless opportunities for members to develop and enrich qualities that will prove beneficial later in life.

We wish you the best in your tryout experience! Please do not hesitate to email us with any questions or concerns.

Good luck!
Coach Parker - Head Cheer Coach
bwparker@garlandisd.net
Coach Flack - Asst. Cheer Coach
eflack@garlandisd.net

GISD 25-26 Fine Arts Handbook:

https://garlandisd.net/media/18325/download?inline

National Federation of State High School Associations:

https://www.nfhs.org/activities-sports/spirit/

- → Please read this packet in its entirety.
- → Both the candidate and parent/guardian must sign all forms included in this packet.
- → Join the LC Patriot Cheer Tryout Band group with the QR code below for updates and communication.



<u> Important Dates - Important Dates - Important Dates</u>

When	Where	What
February/March 2025 Tuesdays 5:30pm-6:30pm	LC Main Gym	FREE Technique Clinics Any Middle & High School students interested in cheer may come work on motion and jump technique. *HIGHLY recommended for those new to High School cheer* 2/26, 3/3, 3/10 Click here for waiver
March 3, 2025 Monday 7pm-8:30pm OR March 24, 2025 Monday 6:30pm-8pm	LCHS Cafeteria	Mandatory Informational Meeting All candidates and at least one parent/guardian <u>must</u> attend in order to tryout for LC Patriot Cheer Attendance will be taken, and the doors will lock 5 minutes after start time.
March 28, 2025 Friday	Coach Parker LCHS Room 1246 Coach Flack LCHS Room 1119	Tryout Packet Due by 3:00pm Under no circumstance will late or incomplete applications be accepted. Packets may be submitted before March 28, 2025 but not after. *Packets MAY NOT be submitted electronically (email, Band)*
March 31 - April 2, 2025 Monday - Wednesday 5:30pm-7:30pm April 3, 2025 Thursday 5:30pm-8:30pm	LCHS Main Gym	Mandatory Tryout Clinic Registration begins at 5:00pm Mon/Tues/Wed: Learn material (school-appropriate t-shirt & athletic shorts with athletic shoes) Tryout numbers will be assigned on Tuesday. Wednesday = OPTIONAL Open Gym Thursday: Mock tryouts (wear tryout attire)

April 5, 2025 Saturday 8:45am - 11:30am	Garland High School 310 S. Garland Ave. Garland, TX 75041	LC Patriot Cheer Tryouts Solid white t-shirt & black shorts with athletic shoes, no bow
April 7, 2025 Monday 6:30pm - 8pm	LCHS Library	Mandatory MADE IT! Meeting 2025-26 Cheerleaders and at least one Parent/Guardian must attend Get reusable attire approved by respective coach Payment #1 due (Cash/M.O.) - \$250 (camp)
April 9, 2025 3pm - 5pm	LCHS	Varsity Practice
April 11 & 12, 2025 Friday & Saturday 6:30pm-9pm (V)	LCHS Auditorium	Sweethearts Spring Show Performance Varsity Only
April 12, 2025 Saturday 2:30pm-3:45pm (V) 3:45pm-5:00pm (JV)	GHS Library Garland High School 310 S. Garland Ave. Garland, TX 75041	Fittings Mandatory for all squads Parents/Guardians will not be permitted to enter the library during fittings
April/May 2025 Mondays 5:30pm-7:30pm	LCHS Commons LCHS Small Gym LCHS Main Gym	Spring Practice 4/14, 4/28, 5/5, 5/12, 5/19
April/May 2025 Tuesdays 6:00pm-7:00pm	Bullitt Training Center 8900 Princeton Rd, Rowlett, TX 75089	Spring Practice 4/15, 4/22, 4/29, 5/6, 5/13, 5/20 Payment #2: \$10 per class (cash or card) Cheerleaders are responsible for their rides to and from cheer camp. Parents/friends may attend/work out with us!!
April 23, 2025 Wednesday	Online	Payment #3 due (online) - \$600 (camp/practice gear) Prices will vary by cheerleader but will not exceed \$650.
May 2025	TBD	Spring Game ALL Cheerleaders attend this game
May 19, 2025 Monday	LCHS	Payment #4 due (Cash/M.O.) - \$400 (camp - Varsity only)
May 24, 2025 Saturday	TBD	Volunteer at Garland Track Club Track Meet
July 2, 2025 10am - 1pm	LCHS Gym	ALL Practice Payment #5 due (online) - \$325 (game day gear) Prices will vary by cheerleader but will not exceed \$325.

July 7-9, 2025 Monday - Wednesday	Rowlett High School	UCA Cheer Camp - JV Monday - Start Time: 12:00 PM, End Time: 6:30 PM Tuesday - Start Time: 9:00 AM, End Time: 4:00 PM Wednesday - Start Time: 9:00 AM, End Time: 4:00 PM Mandatory for all 2024-25 LC Patriot Cheerleaders Parents may attend show-offs/awards on the final day of camp Cheerleaders are responsible for their rides to and from cheer camp.
July 9, 2025 Wednesday 10am - 1pm	LCHS Gym	Varsity Practice
July 10-13, 2025 Thursday - Sunday	Great Wolf Lodge	UCA Cheer Camp - Varsity Mandatory for all 2024-25 LC Patriot Cheerleaders Parents may attend show-offs/awards on the final day of camp We will take a GISD bus to and from camp.
July 21, 23, 28, 2025 Mondays & Wednesdays 10am - 2pm	LCHS Commons LCHS Small Gym	Summer Practice
August 6, 2025 Wednesday 5:30pm - 7:30pm		Summer Practice Payment #6 due (cash/M.O.) - \$30 (game day shirt) Payment #7 due (online) - \$200 (winter gear)
August 2025 TBD	LCHS	Fish Camp & Community Pep Rally
September 1, 2025 Monday	Garland, TX	Labor Day Parade
November 2025	TBD	Competitions TBD
December 2025	TBD	Competitions TBD GISD UIL Show-Offs
January 15-17, 2026 (January 17, 2026)	Ft Worth Convention Center (Garland, TX)	2026 UIL Spirit State Championship (MLK Parade if we are not competing this weekend)
February 2026	Garland, TX	GISD Middle School Cheer Classic

- The cheer calendar is subject to change.
- The cheer calendar is demanding, and all events are mandatory.

Tryout Clinic Information

What:

Clinic - Tryout material will be taught

When:

Monday, March 31, 2025 - Wednesday, April 2, 2025

5:30pm - 7:30pm

Thursday, April 3, 2025

5:30pm - 8:30pm

Candidates must attend Monday, Tuesday, & Thursday of the clinic to be eligible to try out.

Where:

Lakeview Centennial Main Gym

Attire:

School-appropriate t-shirt, no crop tops or bra tops

Athletic shorts
Athletic shoes

Hair in a secure ponytail

No jewelry of any kind, including nose rings, belly rings, earrings, necklaces, etc.

Agenda:

3/31/25	4/1/25	4/2/25	4/3/25
Review cheer technique Learn cheer Learn dance	Review cheer technique Clean cheer Clean dance	OPTIONAL Open Gym	Review material Mock tryouts

Candidates:

Returning GISD students - you must have been selected and been accepted to Lakeview for the

2025-26 school year.

New to GISD - Make sure you have contacted Student Services and have pre-enrolled for LCHS.

Documentation is required.

All paperwork must be turned in by Tuesday, March 28, 2025, by 3:00pm to participate in the clinic and try out for the 25-26 team. Packets <u>MAY NOT</u> be submitted electronically.

→ The Tryout Clinic is open to eligible candidates only, and closed to the public. No parents, friends, or ineligible candidates are allowed to attend.

Tryout Day Dress Code

All candidates must wear:

- ★ Solid white t-shirt (no visible logo)
- ★ Solid black shorts (no visible logo)
- ★ White socks
- ★ White athletic or cheer shoes (no shoe tags or rubber bands)
- ★ Supportive undergarments
- ★ Hair must be in a secure high ponytail, out of the candidate's face. To ensure uniformity, no hair bows, ribbons, or any other accessories will be permitted.
- ★ Natural makeup at the very least, pink or red toned lips and mascara or natural-looking eyelashes.
- ★ No jewelry allowed, including earrings, nose rings, necklaces, belly rings, bracelets, etc.
- ★ Fingernails "sports" length (no longer than finger tip), neutral color (french tip, clear, or nude)

Tryout Day Information

What:

GISD Cheer Tryouts - Lakeview Centennial Candidates

When:

Saturday, April 5, 2025

8:45am - 9:30am

Warm-up in designated area

9:30am - 11:30am

Tryout time

Where:

Garland High School 310 S. Garland Ave. Garland, TX 75040

These tryouts are closed to the public. No parents or friends will be allowed in the building at any time during tryouts. No exceptions. Candidates do not leave until they are dismissed, after everyone has completed the tryout process.

Tryout results will be posted at each school on the window at the front of the building and in the Tryout Band group. A school designated area and an on-line address will be given to each candidate prior to leaving the tryout location. GISD has up to 72 hours to post the results

Each candidate will have a pre-score based on prior attendance, discipline, grades, clinic effort, and demerits. This score will be added to all candidates that meet the minimum skill score in order to calculate the final rankings. The pre-score will be based on:

- Discipline (includes infractions for returning cheerleaders)
- ➤ Attendance (includes cheer event attendance for returning cheerleaders)
- ➤ Leadership (grades, attitude, spirit/enthusiasm, team player, sportsmanship)
- > Tryout Clinic Effort

Each of the five judges will enter each candidate's scores into a spreadsheet. At the conclusion of the tryouts, a technical assistant will download all of the judge's individual score sheets into a master database. The score sheet will have a possible of 100 points and each candidate will be judged in following areas: Tumbling (10pts), Spirit (10pts), Jumps (30pts), Cheer (30pts), Dance (20pts)

More information regarding tryouts, scores, and notification can be found in the GISD Fine Arts Handbook.

Garland ASD High School Cheer Tryout Criteria

Tumbling 10 pts.

*If a skill is not executed properly, then points may be deducted into a lower scale

0	None
1	Cartwheel
2	Round off
3	Back walkover/Front walkover
4	Round off 1 BHS
5	Round off series BHS
6	Round off BHS tuck/layout
7	Standing BHS
8	Back handspring to back tuck
9	Standing back
10	Standing full

Jumps

1-3	Below level jumps
4-6	Level jumps
7-10	Above level jumps

Right Hurdler - 10 pts.

Left Hurdler - 10 pts.

Toe touch- 10 pts.

Incorporation 10 pts.

*If a skill is not executed properly, then points may be deducted into a lower scale

may be deducted into a	lower scale
0	No incorporation
1	Toe touch x1/prop inc.
2	Toe touch x2/prop inc. good
3	Standing back handspring poor
4	Standing back handspring good
5	Jump to back handspring poor
6	Jump to back handspring good
7	Back tuck or back handspring to tuck poor
8	Back tuck or back handspring to tuck good
9	Jump to BHS tuck series poor
10	Jump to BHS tuck series good

Dance

Motion Technique 10 pts.

1-3	Motion levels off, lacking in sharpness, missed motions
4-7	Average motion levels, needing more sharpness
8-10	Good motion levels, sharp, exhibits individuality

Timing 10 pts.

1-3	Timing off throughout
4-7	Ok timing
8-10	Good timing with group

Spirit

Spirit/Enthusiasm 10 pts.

1-5	No energy/No smile/ No spirit
6-10	Energetic/Smiling/ Loud spiriting

Cheer

Motion Technique 10 pts.

1-3	Motion levels off, lacking in sharpness, missed motions
4-7	Average motion levels, needing more sharpness
8-10	Good motion levels, sharp, exhibits individuality

Voice Projection 10 pts.

1-3	Soft/speaking words
4-7	Saying words loud/yelling words without enthusiasm
8-10	Yelling words with enthusiasm and inflection

Sample Scoresheets

Tryout Day:

Candidate Number	Tumbling (0 - 10)	Spirit/ Enthusias m (0 - 10)	Toe Touch (0 - 10)	Left Hurdier (0 - 10)	Right Hudler (0 - 10)	Motion Technique (0 - 10)	Voice Projection (0 • 10)	Incorporati on (0 - 10)	Motion Technique (0 - 10)	Timing (0-10)	TOTAL
1											0
2											0
3											0
4											0
5											0
6											0
7											0
8					(A)						0
9										100	70
10											0

Pre-Score:

	New to GISD Cheer				Current GISD Cheerleaders				
Maralana Tay	لستسا	بيلينين	ļil.	<u> </u>	· 🕅			4 5	°
Positive Role Model 25 possible points Includes:				Score:	Model 25 possible points	Includes: Administration evaluation of discipline & FA Handbook infractions			
Administration evaluation of discipline					25 Superior	24-16 Above Average	15-10 Average	9 and under Below Average	0 Poor
25 pts Superior	20 pts Above Average	15 pts Average	5 pts Below Average	0 Poor	Never assigned ISS, office referral, or detentions	Never assigned ISS, office referral, 1 detention 1-2 minor infractions	Never assigned ISS, office referral, 2-3 detentions 3-5 minor infractions	Never assigned ISS, 4-5 office referrals or detentions 6-7 minor infractions	Assigned ISS, Suspension, AE 7 or more detentions 2 or more major infractions
Never assigned ISS, office referral, or detentions Superior Behavior	Never assigned ISS, office referral, 1 detention	Never assigned ISS, office referral, 2-3 detentions	Never assigned ISS, 4-5 office referrals or detentions	Assigned ISS, Suspension, AEC 7 or more detentions	Superior Behavior	1 detention/2 infractions- 16 pts 1 detention/1 infraction- 18 pts	3 detentions/5 infractions- 10 pts 3 detentions/4 infractions- 11 pts 3 dentions/3 infractions-	1 major infraction 1 major infraction- 5 pts 5 pts 1 major infraction- 5 detentions/7 infractions- 6 ots	
Attendance 25 possible points	2 pts deducted for each unexcused absence			Score:		O detentions/12 infractions- 20 pts O detentions/1 infraction- 22 pts	12 pts 2 detentions/5 infractions- 13 pts 2 detentions/4 infractions- 14 pts 2 detentions/3 infractions-	-5 detentions 6 infraction- 7 pts -4 detentions/7 infractions- 8 pts -4 detentions/6 infraction- 9 pts	
Academic Performance 25 possible points	All A's - 25 A/B - 23 B - 20 B/C - 18 C - 15 Any Failing grades (minus 5 from the list above)			Score:	Attendance 25 possible points Unexcused- -Attendance to school -Attendance to all events	Minus 2 pts for each unexcused absence or missed event	16 pts		Score:
	net above)				Academic Performance		All As - 25 A/B - 23		Score:
Clinic Effort 25 possible points For each category: Includes: 2 points for low ability 5 points for high	Includes: al-Alteridance-1 pt. for each day b)-Purchasity-1 pt. for each day c)-Appearance-1 pt. for each day d)-Papearance-1 pt. for each day d)-Papearance-1 pt. for each in an time (-1 pt. for each	a) b) c) d) e)		Score:	25 possible points		B - 20 B/C-18 C-15 Any Failing grades (minus 5 from the list above)		
ability a)Attendance b)Punctuality c)Appearance d)Paperwork e)Effort	day late) e)Effort- up to 5 pts,	TOTAL:			Clinic Effort 25 possible points For each category: 1-5 pts.	includes: a)Allendance 1 pt. for each day b)Punchasity 1 pt. for each day c)Appearance 1 pt. for each day d)Papearance 1 pt. for each day late) e)Effort up to 5 pts.	a)		Score:

LC Patriot Cheer Standard of Uniformity

LC Patriot Cheer has set expectations to keep all members in uniform and safe. For the various activities cheerleaders do, there will be different expectations for hair, makeup, nails, and colors. Presentation is an incredibly important part of enhancing a cheerleader's presence and building the atmosphere of a performance. Furthermore, hair, nails, and jewelry can be safety hazards. Safety rules are mandated and governed by GISD and the National Federation of State High School Associations.

1) Hair Expectations

a) <u>Male Cheerleaders</u> - if hair is long, it must be in a neat and secure bun or ponytail. Facial hair should be neatly groomed.

b) Female Cheerleaders

remaie encencació		
Event	JV	Varsity
Practice	Hair secure and out of face	Hair secure and out of face
Game Day @ School	High ponytail with bow Half up/half down with bow	High ponytail with bow Half up/half down with bow Hair down
Games	High ponytail with bow *Homecoming - Half up/half down with bow	High ponytail with bow Half up/half down with bow Low ponytail with bow
Parades, Competition, pep rallies, etc.	High ponytail with bow Mid ponytail with bow	High ponytail with bow Mid ponytail with bow

c) General Guidelines

- i) Hair must be pulled back completely and tightly secured and not fall or become loose while performing cheer activities, i.e. stunting, jumping, tumbling.
- ii) Bangs are not permitted.
- iii) Hair length will be monitored for the safe execution of tumbling and stunting.
- iv) Hair must not have wispies/loose hair falling around the face.
- v) Hair must not have elaborate "edges" gelled to the forehead.
- vi) Bows will be worn at every performance or event, regardless of hair length, and must be facing forward and pinned.
- vii) A braid or twist leading into the ponytail is not permitted.
- viii) Extensions must be blended and be the same color as your natural hair.
- ix) Braids must be able to be styled in the required hairstyles.
 - (1) Box braids are ideal for hair to be pulled back into a high ponytail or half up/half down style.
 - (2) Corn Rows must be styled in a way that will go into a high ponytail or half up/half down style, depending on what the coach has requested for that week's events.
- x) Sew-in's or quick weaves must be able to be pulled back into a high ponytail or half up/half down style depending on what the coach has requested for that week's events.
- xi) No wigs will be allowed (ex. Medical).
- xii) No unnatural hair color will be allowed at performances/events. If you are unsure please ask your coach first.

- xiii) Beads worn in hair are permitted, if they are worn in a manner that does not interfere with the safe execution of stunting or tumbling. The beads must be school colors (clear, royal blue, goldenrod, white).
- xiv) Rhinestones are not permitted in the hair.

2) Make-up Expectations

a)

Event	JV-A	Varsity
Game Day @ School	Natural	Natural Spirit tattoos
Games	Mascara/natural lashes Pink or red lip color Face paint Glitter-infused make-up	Mascara/natural lashes Pink or red lip color Face paint Glitter-infused make-up Spirit tattoos
Parades, Competition, etc.	Mascara/natural lashes Pink or red lip color	Mascara/natural lashes Pink or red lip color

b) General Guidelines

- i) Make-up must be age-appropriate and natural-looking. If you have any questions, please ask your coach.
- ii) Make-up must compliment the LC Patriot Cheer uniform.
- iii) Lashes should look natural and be of natural color and length (no longer than 9mm).
- iv) Lip color should be a pink or red shade that compliments your skin tone.
- v) Rhinestones are not permitted on the face.

3) Fingernail Expectations

- a) Nails must be a "sports length" throughout the year. That means they should not be longer than the finger tip.
- b) For practices, games, performances, and competitions, nails must be a neutral color (french tip, clear, or nude).

4) Jewelry Expectations

- a) Jewelry is not permitted during practices, games, performances, and competitions. This includes but is not limited to: earrings, nose rings, necklaces, belly rings, bracelets, rings, and anklets.
- b) Band-aids and/or tape are not permitted to be used to cover piercings.
- c) Spacers and plugs are not permitted. Members should schedule fresh piercings around the cheer calendar or be prepared for consequences.

5) Tattoos

- a) Tattoos may not be visible while in uniform.
- b) Band-aids, tape, wraps, make-up, etc. are not permitted to be used to cover tattoos. Members should schedule body art around the cheer calendar or be prepared for consequences.

The coach reserves the right to instruct the cheerleader to fix their hair, make-up, fingernails, jewelry, and/or tattoos, as well as issue consequences if the cheerleader is not in compliance.

All expectations of uniformity are subject to change with at least 1 day's notice.

Always communicate with your coach if you are unsure about any of these expectations.

LC Patriot Cheer Expectations

1) UCA Cheer Camp

- a) Participation in all days of summer camp is mandatory. No exceptions are made for outside cheer teams or vacations.
- b) Not attending camp will result in removal from the team.

2) Communication

- a) Members of LC Patriot Cheer and their parents/guardians are expected to use the Band app to communicate.
- b) It is the member's and their parent's/guardian's responsibility to ensure personal access to the Band group.

3) Attendance - Everything we do is mandatory.

- a) Members of LC Patriot Cheer are expected to notify their coach <u>in writing</u>, <u>at least 5 days in advance</u>, of any tardies or absences. Notification does not excuse the absence or tardy.
- b) Regardless if the tardy/absence is excused or unexcused, the member may be removed from the performance.
- c) Informing the coach of a conflict/absence does not excuse anything. It is a gesture that allows the team to plan accordingly and maximize time.
- d) Any demerits for absences are not erasable with merits.
- e) Arriving late and leaving early may also earn demerits.
- f) Absences are excused for: personal illness with a doctor's note, death in family, illness in family that requires out-of-town travel, funeral, approved college days, mandatory court appearance, and religious holidays.

4) Outside Activities

- a) If the candidate makes the cheer squad, they must complete their commitment to cheerleading before being released to any other activity they will be participating in. (This includes other school activities, jobs, and/or all-star cheer).
- Varsity cheerleaders cannot be on the squad and play varsity volleyball or varsity basketball. JV cheerleaders may play another JV or Freshman sport if there are minimal conflicts.
- c) The cheerleader must work out the conflicts with both coaches and provide a conflict calendar PRIOR to the event.
 - i) **THERE MUST BE A 50/50 SPLIT IN AFTER SCHOOL EVENTS BETWEEN TIME FOR CHEER AND THE SPORT/SCHOOL-SPONSORED CLUB/ORGANIZATION.
 - ii) Communication must be initiated by the cheerleader.

5) Transportation

- a) All members are expected to travel to and from games/competitions/performances/events on GISD school buses.
- b) All members are to be picked up from the school after games/competitions/performances/events no later than 20 minutes after being dismissed.
 - i) Repeated tardiness of pick up will result in a principal/teacher review with the parent/guardian and benching or removal may be possible.

LC Patriot Cheer Estimated Costs

The estimated cost of cheerleading is for one year and varies for each squad, as well as years of involvement. The costs will be broken down into multiple payments, and all payments are non-refundable. Every effort has been made to keep the cost to a minimum. There will be additional costs that arise throughout the year.

Payment	Date	Amount (will vary by squad, but should not exceed the number shown)	Description
#1	April 7, 2025	\$250 - cash or money order only	Camp Fees: *JV = \$250 total *Varsity = \$650 total (remaining due 5/19)
#2	Every Tuesday, starting April 15, 2025	\$60 (\$10 per practice) - cash or card	Cheer Boot Camp @ Bullitt Training Center
#3	April 23, 2025	\$600 - online through Varsity Spirit Fashion Prices will vary by cheerleader.	Camp/Practice Gear - backpack, bag tag, cheer shoes, bows, briefs, sports bra, 3 shorts, 3 shirts, socks
#4	May 19, 2025	\$400 (cash or money order only)	Remaining Camp Fees (Varsity only)
#5	July 2, 2025	\$325 (online through Team Leader portal) Prices will vary by cheerleader.	Game Day jersey, warm-up set, poms, pom tag
#6	August 6, 2025	\$165 (online through Varsity portal) Prices will vary by cheerleader.	Winter Gear - sweatshirt, fleece headband, pink-out poms, pink bow, rain jacket
#7		\$30 (cash)	Game Day Shirt
TOTAL		\$1830	Maximum cost for a brand new cheerleader

- Members not paying on time will be left out of the order, and therefore will not be able to participate in events that require uniformity.
- ➤ GISD provides uniforms, but the cheerleader is responsible for all alterations needed, as well as any damages to the uniforms that may have occurred throughout the year. All uniforms must be dry-cleaned before returning them to LC Patriot Cheer.
- ➤ <u>Booster Club</u> Our Booster Club will be responsible for raising funds for Homecoming needs, competition needs, banquet, as well as other needs that arise throughout the year..

GASD Cheering Activities

In accordance with UIL rules, high school cheerleading squads are only permitted to cheer at one contest per school week. It would not be a violation for cheerleaders to cheer at a double header (two contests at the same site on one school night) or to participate in a pep rally prior to a contest and also lead cheers at the contest even though both occur during the school week. Friday night and weekend contests do not count toward the one contest per week rule.

CHEERLEADER COMPETITION

The expectation is that <u>ALL</u> cheerleaders will participate in competition. Failure to commit and participate in competition(s) will result in removal at semester. Tryouts may be held to determine competition groups etc. A separate handbook, approved by the campus principal, will be given to each competition member. Each high school team is required to attend the UIL Spirit State Championship January 16-18, 2024.

PARADES

Participation in the Martin Luther King Parade and Labor Day Parade is mandatory.

FOOTBALL

- A. Varsity cheerleaders will cheer at all varsity games.
- B. JV cheerleaders will cheer at all JV games at the sponsor's discretion.
- C. JV cheerleaders may be asked to cheer at additional varsity games at the discretion of the campus.
- E. Playoff games will be covered by both Varsity and JV cheerleaders.

VOLLEYBALL

- A. Games can be covered by any squad at the discretion of the campus administration and sponsor.
- B. Playoff games should be covered.

BASKETBALL

- A. All district varsity boys and girls games should be covered. Squad assignments will be at the discretion of the campus administration and the sponsor.
- C. Exceptions to the above rules are as follows:
 - a. No out of town games on Monday through Thursday nights.
 - b. No cheering during the holiday break.
- D. Playoff games should be covered.

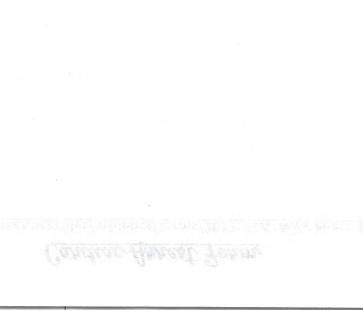
OTHER ACTIVITIES

Additional activities such as community events, etc. will be at the discretion of the sponsor and the campus principal. Cheerleaders are required to attend each of these events.

Concussion Acknowledgmant Form

LC Patriot Cheer Candidate Checklist

Candidate (Name:	
Trying out	for: JV (9th-12th)	Varsity (10th-12th)
1119) at LCI documents μ	HS. DO NOT EMAIL SCANNE	March 28, 2025 to Coach Parker (room 1246) or Coach Flack (room D COPIES, as they will not be accepted. You need the following ad paper clipped together. THIS PAGE SHOULD BE THE FIRST on the checklist below.
	_ LC Patriot Cheer Candidate (Checklist
	_ GISD Cheerleader Applicatio	on
	_ LCHS Cheerleader Agreemer	nt Form
TOWNS AND THE PROPERTY OF THE PARTY OF THE P	_ Social Media Contract and Pi	icture/Video Form
WW481-2	_ GISD Handbook Signature Pa	iges
·	_ Media Release Form	
	Pre-Participation Physical Fo	rm *New complete physicals will be due on April 14, 2025*
	Concussion Acknowledgeme	ent Form
	Sudden Cardiac Arrest Aware	eness Form
	_ 1st Semester & 3rd Cycle Gra	ades (acquired from current school's administration)
· · · · · · · · · · · · · · · · · · ·	Attendance/ Discipline Profile	e (acquired from current school's administration)
and the second s	Choice of School Form (Only	for students NEW TO LCHS- Transfers and incoming 9th graders)



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 cheerlead cheerleader is expected to meet a and the prioritization of, cheerlead Candidates selected to be a member the full cheerleading year. Prior to cheerleaders should carefully continuous may cause participation voluntarily quits the squad before sponsor will not be allowed to try of I understand the above and confined ampus. Student Signature	Il financial responsibiliting is obligatory from a ber of the squad are exponsible of the squad are exponsible of the conflicts of the end of the cheerlead out for the next year on that I have not volunt	ies identified by their ill cheerleaders to me pected to maintain the to be involved in ram requirements, with cheerleading of ding year without the any GISD campus.	r specific campus. Dedication to, eet the objectives of the program. heir commitment to the activity for a other school activities, as involvement in other duties. Any cheerleader who a approval of the principal and eading squad at any GISD
Parent/Guardian			
For parents/guardians:			
I understand that I/we will not be	e allowed in the build	ing on the day of th	ne tryouts.
Parent/Guardian			

Pres Perticipation Physical Reports 14 ps. //www.ningas.com/fines/athletics/Pre-Pre-Pres-Form-Posd2.21.pdf

LCHS CHEERLEADER AGREEMENT FORM

I have received, read, and understand the information outlined in the LCHS Cheer Tryouts Packet, including but not limited to -

Student's Initials	Guardian's Initials			
		Mandatory Dates		
	-	*I will arrange transportatio	n to LCHS and all other required	d functions.
**************************************		*I will communicate absence Arts Handbook and GHS cl	es in a timely manner as outline neer coaches.	ed by the GISD Fine
		Estimated Cheer Costs		
		*I understand that failure to or service, and can result in	pay will result in not performing removal from the team.	յ, not receiving an item
	-	LCHS Hair & Makeup Star	ndard of Uniformity	
	- Control of the Cont	*I understand that failure to	comply will result in not practici	ng/performing.
		GISD Fine Arts Handbook	•	
		*I have reviewed the Code	of Conduct (FA Handbook, page	∍ 7).
-		*I have reviewed eligibility r	equirements. (FA Handbook, pa	ıge 8).
alloyed in a style or a style of the style o		*I have reviewed the merit/o	demerit system. (FA Handbook,	page 10).
positive light	. I behave appro and policies. I w	priately at school, during sch	v squad and Lakeview Centenni nool functions, and while in unifo grades so that I can be academ	orm and follow all
practices and be at the disc	d games. I unde cretion of the co	erstand that final decisions re	ligations and their due dates. I very garding benching/ point deduction derstand that being a cheerleader even death.	ons/ demerits/ etc. will
damaged it is	s my responsibil	ity to replace them. The unifor	ew Centennial High School and orms may be altered without cut the designated date and they w	ting the fabric, with
Guardian Na	me (Print)	Date	Signature	-
Cheerleader	Name (Print)	 Date	Signature	

Social Media Contract

Maintaining a higher standard of conduct will also include ensuring the GISD/Fine Arts Students' websites are appropriate. The internet is a worldwide, publicly accessible form of communication. Therefore, any communication such as Twitter, YouTube, Instagram, SnapChat, Vines, Tumbler, or any other photo/video sharing or social media site, etc. appearing on the internet is public domain, even if it is marked private. Per the GISD Code of Conduct, students are responsible for their personal websites and postings on others' websites. The areas of appropriateness will include, but not limited to, the following: language, sexual or other (abbreviated or alluding to); pictures, reference to sexually explicit conduct or content, bullying/harassment within school and to other campuses, clothing, alcohol, drugs, and/or tobacco, which includes e-cigs and vapes. Excessive amounts of postings during the school day and posting updates in the middle of the school day is unacceptable and will be considered if a principal/teacher review takes place. Messages, Snap Chats, pictures, etc. sent via text messages or any other form of communication can be used as a screenshot and therefore can be considered public domain. By sending any content electronically to someone else, you are giving them permission to use that information as they see fit so please be aware of what you are sending and to whom you are sending it to at any time. Any question of appropriateness will be decided by the principal and teacher.

Students selected as Fine Arts student performers must recognize this distinction as an honor and privilege and must be held accountable to a greater standard than that of the general school population. A student has no ordained right to participate in Fine Arts. It is a privilege that has been granted to the student and it is possible that the privilege can be taken away. In addition to the GISD Fine Arts Handbook, GISD Code of Conduct, and the standards outlined in the Fine Arts Code of Conduct will be in effect twenty- four hours a day, seven days a week, twelve months a year, in season and out of season, whether in school or school is not in session.

Parent Signature		Date
Cheerleader's Signatur	re	Date
	Video, Image, and Audio Re	elease Form
1	parent of	
		ising, illustration, or publication on campus,
		des but is not limited to GRS-TV, newspaper,
daily announcements,	advertising, and local news stations.	
Parent Signature		Date

	3.			

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 attendang 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).
-1-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/UIL 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 am to ride to and from all 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.

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.
Thave 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/UIL 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 is required to ride to and from all events and performances on school transportation with their 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
Dete



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

Address Phone	4					Date of Birth	
Prisonal Physician In case of emergency, contact: Name Relationship Phone (H) Wy Suplial "Ke" answers in the box holow**. Circle questions you don't know the answers to. You are physical provided the prison of the past year? Have you had a medical illness or injury since your last check you or physical? Lave you been hospitalized overnight in the past year? Have you over had dainy? Base you ever had dainy? Base you over had dainy? Do you gove passed out during or after exercise? Do you gove passed out during or after exercise? Do you got litted more quickly than your friends do during coveries. Have you ever had a facing of your heart or akipped beartheats? Have you ever had a facing of your heart or akipped beartheats? Have you ever heart only have a heart nummer? Have you ever heart only have a heart nummer? Have you ever heart only have a heart nummer? Have you have here noted you have a heart nummer? Have you have not ever the contained by (fringed) syndrome, etc., Marfalls yearty only have problems or of such contained and the form of the problems or of such contained and the form of the problems of the problems of the problems with pain or welling in muscles, teadons, hones, or joints? Have you have a level not have problems or of the problems of the problems with pain or welling in muscles, teadons, hones, or joints? Have you have a level not have problems with pain or welling in muscles, teadons, hones, or joints? Have you have a level not have problems? Have you were had a lead injury or concussion? Have you were had a lead injury or concussion? Have you were had a lead injury or concussion? Have you were had a saitage. When was your last concussion? Have you were had a saitage. When was your last concussion? Have you were had a saitage, burner, or pinched nerve? An you missing any paided organs? On you have any allerpies (for cample, to pellen, medicine, reads, s		Address				Phone	
Name	,	School School	-				
Name Relationship Phone (II) (W)	J	Personal Physician				Phone	7
Explain "Yes" answers in the lox below"*. Circle questions you don't know the answers to. Have you had a medical illness or injury since your last check por or physicial? Have you been hospitalized overnight in the post year? Have you even had prior testing for the heart ordered by a physician? Have you even had prior testing for the heart ordered by a physician? Have you even had prior testing for the heart ordered by a physician? Have you even had prior testing for the heart ordered by a physician? Have you even had prior testing for the heart ordered by a physician? Have you even had prior testing for the heart ordered by a physician? Have you even had prior testing for the heart ordered by a physician? Have you even had prior testing for the heart ordered by a physician? Have you even had prior testing for the heart ordered by a physician? Have you even had prior testing for the heart ordered by a physician? Do you get tired more quickly than your friends do during exercise? Do you get tired more quickly than your friends do during exercise? Have you even had racing of your heart or akiped heartheats? Have you even had racing of your heart or akiped heartheats? Have you had racing of your heart or akiped heartheats? Have you had racing of your heart or akiped heartheats? Have you have a heart murrun? Have you had you were problems or disclosured and the febra age 50? Have you had you have a heart murrun? Have you were had problems or or included and heart murrun? Have you were had problems or or hearth murrun. Hearth murrun.							
Have you were potten unexpectedly short of breath with Potential Potenti		NameRelationship			Phone (H)	(W)	
Have you are a medical illuses or injury since your last check pury physician? Like you been hospitulized overnight in the past year? Do you have a sathma? Do you have sathma? Do you have send a large is that require medical treatmen? Do you have send a surgery? Do you have send a larger in the past year? Do you have send a surgery? Do you have send a surgery? Do you have send a surgery? Do you were that do you wantly used for your artifying or after exercise? Do you get irred more quickly than your friends do during coxecities? Do you get irred more quickly than your friends do during coxecities? Do you were had a surgery for your heart or a skipped hearth-east? Have you were had neight photociteror? Have you were had neight holosteror? Have you were had a pyrain, strain, or swelling after nighty? Have you have a heart murnur? Have you were heart of the problems or of sudden unexplained death hefore age 50? Have you have a nother hor chambelgoed heart, (dilated candomyopathy), hypertrophic cardiomyopathy, long If yes, chock appropriate box and explain below: Hipping your advises of the problems of sudden unexplained death hefore age 50? Have you have a nother hor chambelgoed heart, (dilated candomyopathy), hypertrophic cardiomyopathy, long Problems of the p	Expla	iin "Yes" answers in the box below**. Circle questions you don	't know	the an	swers to.		
Have you were had aurgery? Have you ever had prior testing for the heart ordered by a physician? Have you ever had prior testing for the heart ordered by a physician? Have you ever had prior testing for the heart ordered by a physician? Have you ever had chest pain during or after exercise? Have you ever had chest pain during or after exercise? Do you get tred more quickly than your friends do during exercise? Have you ever had chest pain during or she kepped heartheats? Have you ever had chest pain during or she kepped heartheats? Have you have the chest pain during or she kepped heartheats? Have you have the chest pain during or she kepped heartheats? Have you have the chest pain during the chelestor? Have you have the chest pain during the chelestor? Have you have the chest pain during the chelestor? Have you have the chest pain during the chelestor? Have you have the chest pain during the chelestor? Have you have the chest pain during the chelestor? Have you have the chest pain during the chelestor? Have you have the chest pain during the chelestor? Have you have the chest pain during the chelestor? Have you have a sheart mamura? Have you have not here the chest pain during the chelestor? Have you have not the chest pain during the chest pain during the chelestor? Have you have not enther in changead which the chest month? Have you ever had a seed injury or connusion? Have you ever had a seed injury or connusion? Have you ever had a seed injury or connusion? Have you ever had a seed injury or connusion? Have you ever had a seed injury or connusion? Have you ever had a seed injury or connusion? Have you ever had a stager, burner, or pinched nerve? Have you ever had a stager, burner, or pinched nerve? Have you ever had a stager hurner, or pinched nerve? Have you ever had a stager, burner, or pinched nerve? Have you ever had a stager, burner, or pinched nerve? Have you ever had a stager printer pr	1. F	lave you had a medical illness or injury since your last check p or physical?	announce of			gotten unexpectedly short of breath with	Yes
Have you ever had grore testing for the heart ordered by a physician? Alwey you ever had prior testing for the heart ordered by a physician? Alwey you ever had prior testing for the heart ordered by a physician? Have you ever had chest pain during or after exercise? Have you ever had chest pain during or after exercise? Have you ever had chest pain during or after exercise? Have you ever had chest pain during or after exercise? Have you ever had chest pain during or after exercise? Have you ever had chest pain during or after exercise? Have you be not mening of your heart or skipped heartheats? Have you were had mening of your heart or skipped heartheats? Have you be not hearth or skipped heartheats? Have you were hearth or skipped heartheats? Have you ever hearth or skipped heartheats? Have you were hearth or skipped heart						sthma?	П
Have you ever had chest pain during or after exercise? 14. Do you use any special protective or corrective equipment or devices that arreit usually used for your activity or position (for example, knee brace, special neck roll, foot orthotics, retainer on your tech, hearing airly). Have you ever had chest pain during or after exercise? Do you ever had chest pain during or after exercise? Do you ever had chest pain during or after exercise? Have you ever had a sprain, strain, or swelling after injury? (secretice). Have you ever had a high blood pressure or high cholesterol? Have you ever heat old you have a heart nummer? Have you ever heat old you have a heart nummer? Have you had high blood pressure or high cholesterol? Have you ever heat only you have a heart nummer? Have you had any other problems with pain or swelling in muscles, tondons, bones, or joints? Have you had and explain below: Has any family member been disposed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long of syndrome or other ion channelpathy (Brugada syndromy ed.), Marfan's syndrome, or abnormal heart rilythin? Have you had a server wind infection (for example, anyocardisis or mononucleosis) within the last month? Have you ever heat knocked out, become unconscious, or lost unconscision? Have you ever heat a head injury or concussion? Have you ever heat a servine; Have you were heat disco							Ħ
Have you cree passed out during or after exercise? Do you get tired more quickly than your friends do during exercise? Do you get tired more quickly than your friends do during exercise? Have you ever had chest pain during or after exercise? Have you ever had racing of your heart or skipped heartbeats? Have you were been told you have heart mrumur? Has any family member or relative died of heart problems or of side unexplained death before a heart mrumur? Has any family member or relative died of heart problems or of side unexplained death before age 50? Has any family member or relative died of heart problems or of side unexplained death before age 50? Has any family member or relative died of heart problems or of side unexplained death before age 50? Has any family member or relative died of heart problems or of side unexplained death before age 50? Has any family member or relative died of heart problems or of least problems with pain or swelling in muscles, tendons, hones, or joints? If yes, check appropriate box and explain below: Have you even had a severe vital infection (for example, mother) Have you even had a head injury or concussion? Have you ever bend a lead dinjury or concussion? Have you ever bend as exitate? Do you have frequent or severe headschess? Have you ever bend as sizure? How many periods have you had in the last year? How many periods have you had in the last year? How many periods have you had in the last year? How many periods have you had in the last year? How many periods have you had in the last year? How many periods have you had in the last year? How many periods have you had in the last year? How many periods have you had in the last year? How many periods have you had in the last year? How many periods have you had in the last year? How many periods have you had in the last year? How many periods have					Do you use an	y special protective or corrective equipment or	Н
Have you ever had chest pain during or after exercise? Do you get tred more quickly than your friends do during exercise? Have you ever had a neing of your heart or skipped heartbeats? Have you ever had a neing of your heart or skipped heartbeats? Have you ever had a neing of your heart or skipped heartbeats? Have you ever been toddy our have a heart murmur? Have you ever been toddy our have a heart murmur? Have you ever been toddy our have a heart murmur? Have you ever had neing of your heart or skipped heart, (diblated cardiomyopathy), hypertrophic cardiomyopathy, long of your does not other in champelophy (Brugads syndrome, etc.), Marfan's syndrome, or other in champelophy (Brugads syndrome, etc.), Marfan's syndrome, or abnormal heart ritylian? Have you and a sever viral infection (for example, myocarditis or monoruclosis) within the last month? Have you ever had a head figury or concussion? Have you ever had a head figury or concussion? Have you ever had a head figury or concussion? Have you ever had a serioure? When was your last concussion? Have you ever had a serioure? When was your last concussion? Have you ever had a serioure? Do you have firement or severe headaches? Have you ever had a serioure? Have you ever had a serioure? Do you have many times? Have you ever had a serioure? Have you ever had a serioure? Do you have my allergies (for example, to pollen, medicine, food, or stinging in your arms, hands, legs or foot? Have you ever had a serioure? Have you ever had a serioure?	•	• 10 100 000	П		devices that ar	en't usually used for your activity or position	finescond
Do you get tired more quickly than your friends do during exercise? Have you ever had nesting of your heart or skipped heartheast? Have you ever been told you have a heart nummer? Have you ever been told you have a heart nummer? Have you ever been told you have a heart nummer? Have you ever been told you have a heart nummer? Have you ever been told you have a heart nummer? Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? Have you are for the fine the problems with pain or swelling in muscles, tendons, bones, or joints? Have you ever been diagnosed with enlarged heart, dilated cardiomyopathy, long OT syndrome or other ion channelpathy (Brugada syndrome, etc.), Marfan's syndrome, or shorman heart rhythma? Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? Have you ever had a head injury or concussion? Have you ever bad a head injury or concussion? Have you ever bad a head injury or concussion? Have you ever bad a head injury or concussion? Have you ever bad a new of (Explain below) How sever was each one? (Explain below) How say your last concussion? How sever was each one? (Explain below) How say your last concussion? How sever was each one? (Explain below) How say your last concussion? How sever was each one? (Explain below) How was your instrumental period? How many periods have you had in the last year? How many periods have you had in the last year? How many periods have you had in the last year? How many periods have you had in the last year? How many periods have you had in the last year? How many periods have you had in the last year? How many periods have you had in the last year? How many periods have you had in the last year? How many periods have you had in the last year? How many periods have you had in the last year? How many periods have you had in the last year? How many periods have you had in the last year? How you ceve head a singer, bumer, or pinched nerve? Are you urden a douter's case? Ar			片	H			
exercise? Have you wer had nacing of your heart or skipped heartheats? Have you had high blood pressure or high cholesterol? Have you be proben told you have a heart murmur? Has any family member or relative died of heart problems or of sudden unexplained death before age 507 Have you ever been told you have a heart murmur? Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertophic cardiomyopathy, long OT syndrome or other in ochanoplathy (Brugada syndrome, etc.), Marfain's syndrome, or abnormal heart rhythm? Have you had a server viral infection (for example, myocarditis or monoueleosis) within the last month? Have you had a server viral infection (for example, myocarditis or monoueleosis) within the last month? Have you ever had a head injury or concussion? Have you ever been knocked out, become unconscious, or lost your memory? Have you ever been knocked out, become unconscious, or lost your memory? Have you ever had a setzure? No you have frequent or severe headaches? Have you ever had a stinger, burner, or pinched nerve? Have you ever had a stinger, burner, or pinched nerve? Are you missing any pard organs? Are you unissing any pard organs? Are you unissing any pard organs? Are you unissing any pard organs? Have you ever been diagnosed with or treated for sickle cell disease? Have you ever had a stinger, burner, or pinched nerve? Are you unissing any pard organs? Have you ever had a stinger, burner, or pinched nerve? Are you unissing any pard organs? Have you ever been diagnosed with or treated for sickle cell disease? Have you ever had a stinger, burner, or pinched nerve? Are you under a doctor's care? On you have any ellergies (for example, toching, rashes, anne, warts, fungos, or blisters			Ħ	H			
Have you had raing of your heart or skipped hearbears?				ш			Н
Have you ever been told you have a heart murmur? Has any family member or relative did of heart problems or of sudden unexplained death before age 50? Has any family member bern diagnosed with chlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or store in channelpathy (Brugada syndrome, etc), Marfaris synd	\mathbf{H}	ave you ever had racing of your heart or skipped heartbeats?				cen of fractured any bonies of dislocated any	Ц
Have you ever been told you have a heart murmur? Has any family member or relative did of heart problems or of sudden unexplained death before age 50? Has any family member bern diagnosed with chlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or store in channelpathy (Brugada syndrome, etc), Marfaris synd	H	lave you had high blood pressure or high cholesterol?		\Box	3	any other problems with pain or swelling in	
studen unexplained death before age 50? Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy, long off syndrome or other ion channelpathy (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? Have you ever had a head injury or concussion? Have you ever had a head injury or concussion? Have you ever had a head injury or concussion? Have you ever head a head injury or concussion? Have you ever head a head injury or concussion? Have you ever head a head injury or concussion? Have you ever had a seam of the standard the injury of the standard the injur					muscles, tend	ons, bones, or joints?	
Has any family member been diagnosed with enlarged heart, didlated cardiomyopathy), hypertrophic cardiomyopathy, long OT syndrome or other ion channelpathy (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? Have you are as 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? Have you ever had a head injury or concussion? Have you ever bead knocked out, become unconscious, or lost your memory? Have you ever bead knocked out, become unconscious, or lost your memory? Have you ever had a seizure? No you have frequent or severe headaches? When was your first monstraul period? How swere was each one? (Explain below) Have you ever had numbness or tingling in your arms, hands, legs or feet? Have you ever had a singer, burner, or pinched nerve? Are you missing any paired organs? Are you under a doctor's care? Are you under a doctor's care? Are you ower had a singer, burner, or pinched nerve? Are you ower had a singer, burner, or pinched nerve? Are you under a doctor's care? Are you ower my allergies (for example, to pollen, medicine, lood, or stinging insects)? Have you ever had numbness or tingling in your arms, hands, legs or feet? Have you ever hee nd izzy during or after exercise? Do you have any ultergreat for example, to pollen, medicine, lood, or stinging insects)? Have you ever been dizzy during or after exercise? Do you have any ultergreat for example, to pollen, medicine, lood, or stinging insects)? Have you ever been dizzy during or after exercise? Do you have any unterest skin problems (for example, the hing, rashes, again, wast, fongus, or blisters)? Lave you have should any problems with your eyes or vision? It is understood that even though protective equipment is worn by athletes, whenever needed, the possibility of an ac							
(dilated cardiomyopathy), hypertrophic cardiomyopathy, long OT syndrome or other ion chamelpathy (Brugada syndrome, etc.), Marfan's syndrome, or abnormal heart rhythm? Have you had a severe viral infection (for example, myocardities or monoucleosis) within the last month? Has a physician ever denied or restricted your participation in activities for any heart problems? Have you ever had a head injury or concussion? Have you ever been king of the standard of				processor .		3	
Off syndrome or other ion chamselpathy (Brugada syndrome, etc.), Marfan's syndrome, or abnormal heart rhythm? Have you had a severe viral infection (for example, myocarditis or mononucloosis) within the last month? Have you had a severe viral infection (for example, myocarditis or mononucloosis) within the last month? Has a physician ever denied or restricted your participation in activities for any heart problems? Has a physician ever denied or restricted your participation in activities for any heart problems? Have you ever had a head injury or concussion? Have you ever bean knocked out, become unconscious, or lost your memory? Have you ever bean knocked out, become unconscious, or lost your memory? Have you ever head a head injury or concussion? Have you ever head a seizure? Do you have frequent or severe headaches? Have you ever had a seizure? Do you have frequent or severe headaches? Have you ever had a singer, burner, or pinched nerve? Have you ever had a singer, burner, or pinched nerve? Have you ever had a singer, burner, or pinched nerve? Have you ever had a singer, burner, or pinched nerve? Have you ever had mumbness or tingling in your arms, hands, legs or feet? Have you ever had a singer, burner, or pinched nerve? Have you ever had a singer, burner, or pinched nerve? Have you currently taking any paired organs? Are you under a doctor's care? Are you necessary in medication or pills or using an inhaler? Do you have any altergies (for example, topollen, medicine, look of the post problems (for example, populant) in the last year; with the problems (for example, populant) in the last year; with the problems (for example, populant) in the last year; with the problems (for example, populant) in the last year; with the problems (for example, itching, rashes, ame, worts, frauge to problems; (for example, itching, rashes, ame, wort	((lilated cardiomyonathy) hypertrophic cardiomyonathy long	Ц	Ц		T to the second of the second	
teto), 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? Have you ever had a head injury or concussion? Have you ever been knocked out, become unconscious, or lost your memory? Have you ever been knocked out, become unconscious, or lost your memory? If yes, how many times? If yes, how many times? How severe was each one? (Explain below) Have you ever had a seizure? Do you have frequent or severe headaches? Have you ever had a singer, burner, or pinched nerve? Have you ever had a singer, burner, or pinched nerve? Have you ever had a singer, burner, or pinched nerve? Are you unissing any paired organs? Are you unternity taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler? Do you have any allergies (for example, to pollen, medicine, lood, or stinging insects)? Have you ever been dizzy during or after exercise? Lave you have any current skin problems (for example, itching, stakes, acne, warts, fungus, or blisters?) Lave you have any current skin problems (for example, itching, stakes, acne, warts, fungus, or blisters?) It alway you have any current skin problems (for example, itching, stakes, acne, warts, fungus, or blisters)? Lave you have any responsibility in case an accident occurs. If, the by dogment of any representative of the school, the above student should need immediate care and treatment as any separation, any illness or injury should occur that may limit this student's participation, any illness or injury should occur that may limit this student's participation, any illness or injury. In the by dogment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or					Tables of the latest of the la		
Have you ever had a severe viral infection (for example, myocarditios of mononuclosis) within the last month? Has a physician ever denied or restricted your participation in activities for any heart problems? Have you ever head a head injury or concussion? Have you ever been knocked out, become unconscious, or lost your memory? If yes, how many times? If yes, how many times? If yes, how many times? When was your last concussion? Have you ever had a seizure? Do you have frequent or severe headaches? Have you ever had a seizure? Do you have frequent or severe headaches? Have you ever had a unbess or tingling in your arms, hands, legs or feet? Have you ever had a stinger, burner, or pinched nerve? Are you missing any paired organs? Are you under a doctor's care? Are you under a doctor's care? Are you were head as finger, burner, or pinched nerve? Are you under a doctor's care? Are you under a doctor's care? Are you were been diagenge or masses? Have you ever been diagenge or masses? Are you under a doctor's care? Are you under a doctor's care? Are you was allergies (for example, to pollen, medicine, low, and any problems with your eyes or vision? Have you ever become ill from exercising in the heat? Have you ever become ill from exercising in the heat? Have you ever become ill from exercising in the heat? Have you ever become ill from exercising in the heat? Have you ever become ill from exercising in the heat? Have you ever become ill from exercising in the heat? Have you ever become ill from exercising in the heat? Have you ever become ill from exercising in the heat? Have you ever become ill from exercising in the heat? Have you ever become ill from exercising in the heat? Have you ever become ill from exercising in the heat? Have you ever become ill from exercising in the heat? Have you had any problems with your eyes or vision? Have you ever become ill from exercising in the heat? Have you ever become ill from exercising in the heat? Have you had any problems with your	ef	c), Marfan's syndrome, or abnormal heart rhythm?			Description of the last of the		
Impocarditists or monouncleosis) within the last month? Has a physician ever denied or restricted your participation in activities for any heart problems? Have you ever head a head injury or concussion? Have you ever been knocked out, become unconscious, or lost your memory? If yes, how many times? How severe was each one? (Explain below) Have you ever head a seizure? How severe was each one? (Explain below) Have you ever had a seizure? How many periods have you usually have from the start of one period to the start another? Have you ever had a singer, burner, or pinched nerve? Have you ever had a stinger, burner, or pinched nerve? Are you missing any paired organs? Are you missing any paired organs? Are you unrently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler? Are you our any allergies (for example, to pollen, medicine, looy or stinging insects)? Have you ever bene dizzy during or after exercise? Do you have any current skin problems (for example, itching, rashes, anea, wars, fungus, or blisters)? Have you ever bene dizzy during or after exercise? Have you a ver bene dizzy during or after exercise? Have you aver any current skin problems (for example, itching, rashes, anea, wars, fungus, or blisters)? Have you ever become till from exercising in the heat? Have you ever beone dizzy during or after exercise? Lave you have any representative of the school, the above student should need immediate care and reatment as may be given said student by any physician, alhelic trainer, nurse or school repostative. I do hereby agree to indemnify and save harmles school and any school or hospital representative form any claim by any person on account of such care and treatment as may be given said student by any physician, alhelic trainer, nurse or school repostative. I do hereby agree to indemnify and save harmles school and any school or hospital representative form any claim by any person on account of such care and treatment as may be given			П		Second .	grand to the state of the state	
activities for any heat problems? Have you ever had a head injury or concussion? Have you ever had a head injury or concussion? How severe was each one? (Explain below) Have you ever had a scizure? How severe was each one? (Explain below) Have you ever had a stinger, burner, or pinched nerve? Have you ever had a stinger, burner, or pinched nerve? Are you mider a doctor's care? Are you mider a doctor's care? Are you under a doctor's care? Are you under a doctor's care? Are you currently taking any paired organs? Are you currently taking any prescription or non-prescription (cover-the-counter) medication or pills or using an inhaler? Do you have any allergies (for example, to pollen, medicine, looy or stinging insects)? Have you ever beem dizzy during or after exercise? Have you ever beem exercise in the heat? Have you ever beem only the for example, itching, mashes, acne, warts, fungus, or blisters)? Have you ever beem only the for example, itching, mashes, acne, warts, fungus, or blisters)? Have you have the completing the heat? Have you ever beem offer exercise? His is understood that even though protective equipment is worn by abhletes, whenever needed, the possibility of an accident occurs. If, in the judgment of any representative of the school, the above student should need immediate care and treatment as any be given said student by any physician, athletic trainer, nurse or school expressmentar. I do hereby request, authorize consent to such care and treatment as any be given said student by any physician, athletic trainer, nurse or school expressmentar. I do hereby tequest, authorize consent to					and the second		
Have you ever had a head injury or concussion? If yes, how many times? If yes were was each one? (Explain below) If yes, how many times? If yes were was each one? (Explain below) If yes, how many times? If yes were head as exizure? If yes were head as exizure? If yes you ever had a stinger, burner, or pinched nerve? If yes you under a doctor's care? Are you unissing any paired organs? If yes you unissing any paired organs? If yes you were any all yes you were the year yes, hospitally in yes, and year yes, hospitally yes, and year yes, hospitally yes, and year yes, yes, yes, yes, yes, yes, yes, yes,					16. Do you want t	to weigh more or less than you do now?	
your memory? If yes, how many times? How severe was each one? (Explain below) Have you ever had a seizure? Do you have frequent or severe headaches? Have you ever had a stinger, burner, or pinched nerve? Are you missing any paired organs? Are you missing any paired organs? Are you merely taking any persecription or non-prescription (over-the-counter) medication or pills or using an inhaler? Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? Have you ever been dizzy during or after exercise? Have you ever been dizzy during or after exercise? Lave you have any unrent skin problems (for example, itching, rashes, acne, wars, fungus, or blisters)? Lave you have any enverted that in problems (for example, itching, rashes, acne, wars, fungus, or blisters)? Lave you have 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 any begiven said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify any have from the start of one period to the start another? How much tree do you usually have from the start of one period to the start another? How many periods have you had in the last year? How many periods have you had in the last year? Males Only 20. Are you missing a testicle? 21. Do you have sany testicular swelling or masses? Awareness Form. By checking this box, I choose to obtain an BCG for my family to schedule and pay for such ECG. EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary): my family to schedule and pay for such ECG. EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary): atthorize consent to such care and treatment as any element by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harmles school and any school or hospital representative from any claim by any person on account of such car	H	ave you ever had a head injury or concussion?			, 1001 50		Ц
Females Only Semales Only Sema			H	H			
When was your last concussion? How severe was each one? (Explain below) Have you ever had a seizure? Do you have frequent or severe headaches? Have you ever had a stinger, burner, or pinched nerve? Have you ever had a stinger, burner, or pinched nerve? Have you ever had a stinger, burner, or pinched nerve? Are you missing any paired organs? Are you under a doctor's care? Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler? Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? Have you ever been dizzy during or after exercise? Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? Have you ever been dizzy during or after exercise? Do you have any pollenger in the heat? Have you had any problems with your eyes or vision? It is understood that even though protective equipment is wom by athletes, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic Leagun or 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 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 harmles school and any school or hospital representative from any claim by any person on account of such care and treatment as a result of any injury or sickness, I do hereby request, authorize 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 harmles 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 th			- President		Females Only	cell disease?	
How severe was each one? (Explain below) 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 numbness or tingling in your arms, hands, legs or feet? Have you ever had a stinger, burner, or pinched nerve? Are you missing any paired organs? Are you missing any paired organs? Are you under a doctor's care? Are you under a doctor's care? Are you under a doctor's care? Are you had any paired organs? Are you had any paired organs? Are you had any estricular swelling or masses? Are you have any testicular swelling or masses? And 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 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 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 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 my family to schedule and pay for such ECG. EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary): have you ever become ill from exercising in the heat? Alave you ever become ill from exercising in the heat? Alave you ever become ill from exercising in the heat? Alave you ever become ill from exercising in the heat? Alave you ever become ill from exercising in the heat? Alave you ever become ill from exercising in the heat? Alave you ever become ill from exercising in the heat? Alave you ever become ill from exercising in the heat? Alave you ever become ill from exercising in the heat? Alave you ever become ill from exercising	W	/hen was your last concussion?			19. When was your first	menstrual period?	
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? Are you missing any paired organs? Are you under a doctor's care? Are you currently taking any persoription or non-prescription (over-the-counter) medication or pills or using an inhaler? Do you have any allergies (for example, to pollen, medicine, looy on the you ever been dizzy during or after exercise? Have you ever been dizzy during or after exercise? Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? Have you ever become ill from exercising in the heat? Lave you had any problems with your eyes or vision? 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 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 harmles school and any school or hospital representative from any claim by any person on account of 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 harmles 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. In hereby state that, to the best of my kno							
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? Are you missing any paired organs? Are you missing any paired organs? Are you under a doctor's care? Are you unternetly taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler? Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? Have you ever been dizzy during or after exercise? Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? Have you ever become ill from exercising in the heat? Have you had any problems with your eyes or vision? 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 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 harmles school and any school or hospital representative for may 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. In 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 subdent: Parent/Guardian Signature: Date:			П	П		ou usually have from the start of one period to the	start of
Have you ever had a stinger, burner, or pinched nerve? Have you ever had a stinger, burner, or pinched nerve? Are you missing any paired organs? Are you under a doctor's care? Are you under a doctor's care? Are you under a doctor's care? Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler? Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? Have you ever been dizzy during or after exercise? Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? Have you had any problems with your eyes or vision? 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 Leagun 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 consent to such care and treatment as may be given said student by any physician, athletic trainer, rurse or school representative. I do hereby agree to indemnify and save harmles 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 should occur that may limit this student's participation, I agree to notify the school authorities of such 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	D	o you have frequent or severe headaches?	Ħ	Ħ		over your the still still a three to see	
Have you ever had a stinger, burner, or pinched nerve? Are you missing any paired organs? Are you under a doctor's care? Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler? Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? Have you ever been dizzy during or after exercise? Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? Have you ever been mill from exercising in the heat? Have you had any problems with your eyes or vision? 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 Leagus 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 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 harmles 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:	H	ave you ever had numbness or tingling in your arms, hands,	Ħ	百			
Are you missing any paired organs? Are you missing any paired organs? Are you under a doctor's care? Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler? Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? Have you ever been dizzy during or after exercise? Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? Have you ever been dizzy during or after exercise? Have you had any problems with your eyes or vision? 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 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 harmles school and any school or hospital representative from any claim by any person on account of such care and treatment as a result of any injury or sickness, I do hereby request, authorize consent to such care and treatment as a result of any injury or sickness, I do hereby request, authorize consent to such care and treatment as a result of any injury or sickness, I do hereby request, authorize consent to such care and treatment as a result of any injury or sickness, I do hereby request, authorize consent to 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						time between periods in the last year?	
Are you under a doctor's care? Are you currently taking any perscription or non-prescription cover-the-counter) medication or pills or using an inhaler? Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? Have you ever been dizzy during or after exercise? Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? Have you ever become ill from exercising in the heat? Have you ever become ill from exercising in the heat? Have you have any problems with your eyes or vision? 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 Leagus 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 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 harmles 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:						esticle?	
Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? Have you ever been dizzy during or after exercise? Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? Have you ever become ill from exercising in the heat? Have you ever become ill from exercising in the heat? Have you had any problems with your eyes or vision? 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 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 harmles 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:						***************************************	
Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? Have you ever been dizzy during or after exercise? Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? Have you ever become ill from exercising in the heat? Have you had any problems with your eyes or vision? 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 school and any school or hospital representative from any claim by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harmles 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:							d the
Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? Have you ever been dizzy during or after exercise? Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? Have you ever become ill from exercising in the heat? Have you had any problems with your eyes or vision? 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 Leagun 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 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 harmles 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:					information about ca	rdiac screening on the UIL Sudden Cardiac Arrest	u me
food, or stinging insects)? Have you ever been dizzy during or after exercise? Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? Have you ever become ill from exercising in the heat? Have you had any problems with your eyes or vision? 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 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 harmles 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:	D	you have any allergies (for example, to pollen, medicine,	П	П	Awareness Form. By	checking this box, I choose to obtain an ECG for n	ıv
EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary): 1. Have you ever become ill from exercising in the heat? 2. Have you had any problems with your eyes or vision? 3. 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. 3. 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 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 harmles school and any school or hospital representative from any claim by any person on account of such care and treatment of said student. 3. 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. 3. In the provide truthful responses could subject the student in question to penalties determined by the UIL Student Signature: 4. Parent/Guardian Signature: 4. Date: 4.					student for additional	l cardiac screening. I understand it is the responsib	ility of
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 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 harmles 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:				П			
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 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 harmles 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:). De	you have any current skin problems (for example, itching,		百	LATEAU ILS ANSWEI	AS IN THE BOX BELOW (attach another sheet if necess	ary):
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 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 harmles 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:	I. Ha	ave you ever become ill from exercising in the heat?	$\overline{\Box}$				
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 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 harmles 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:	2. Ha	we you had any problems with your eyes or vision?	Ħ	H			
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 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 harmles 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:			ac when	ever ne	adad the possibility of an arrive		-
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:	iio	the school assumes any responsibility in case an accident occurs.					-
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:	II,	in the judgment of any representative of the school, the above student posent to such care and treatment as may be given said student by any	should i	need im	nediate care and treatment as a r	esult of any injury or sickness, I do hereby request, auth	orize, ar
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:	scl	nool and any school or hospital representative from any claim by any per	son on a	an, ami	of such care and treatment of said	esentative. I do hereby agree to indemnify and save has student.	rmless tl
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: Date:	If,	between this date and the beginning of participation, any illness or injury					ess or
Student Signature: Date: Date:			a the al	2010 0	lections are complete and ac	Surrect Fellows & surrelated IC I	
Date:	su	bject the student in question to penalties determined by the	UIL			ATTECH L'AMUTE TO BLOAME ILITURIMI LES DOUSES CO	uld
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	-						
School Use Only:	PA	istant, eniropractor, or nurse practitioner is required before any pa RTICIPATION IN ANY PRACTICE, SCRIMMAGE, PERFORMAN	rticipat	ion in L	IL practices, games or matches	THIS FORM MUST BE ON FILE PRIOR TO	

Student's Name	· · · · · · · · · · · · · · · · · · ·	Sex	Age	Date of Birt	h	
Height Weight	% Body fat (option	nal)	Pulse	BP	_/ (brachial ble	_/,/
Vision: R 20/ L 20/	Correcte					☐ Unequal
As a minimum requirement, this I prior to first and third years of hig the student's MEDICAL HISTORY FO	h school participation	on. It mus	st be completed	if there are ves	answers to s	specific questions of
MEDICAL	NORMAL		ABNORMA	L FINDINGS		INITIALS*
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				345		
Lungs					7	
Abdomen Comitalia (1 1) 'S' 1' 1 1			· · · · · · · · · · · · · · · · · · ·			
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		The state of the s				
Leg/Ankle						
Foot						
*atation board						
*station-based examination only						
CLEARANCE						
□ Cleared						
☐ Cleared after completing evaluation	on/rehabilitation for:	:				
□ Not cleared for:			Reason:	· · · · · · · · · · · · · · · · · · ·		
The following information must be fit	lled in and signed by	either a P	hysician, a Physic	cian Assistant lic	ensed by a S	State Roard of
Physician Assistant Examiners, a Reg						
or a Doctor of Chiropractic. Examin						
					-	
Name (print/type)				mination:		
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.

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

Date

Student Signature



ARREST (SCA) **AWARENESS** CARDIAC SUDDEN FORM

Sudden Cardiac Arrest The Basic Facts on

Website Resources:

American Heart Association: www.heart.org Lead Author: Arnold Fenrich, MD and Benjamin Levine, MD Additional Reviewers: UIL Medical Advisory Committee

What is Sudden Cardiac Arrest?

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

What causes Sudden Cardiac

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

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

the ion channels (electrical system) of Long QT Syndrome - abnormality in

Brugada Syndrome - other types of Catecholaminergic Polymorphic Ventricular Tachycardia and

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 -

supply blood to the heart muscle. This abnormality of the blood vessels that 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 properly; usually causes a loud heart the heart and the aorta) to develop

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

an extra conducting fiber is present in Wolff-Parkinson-White Syndrome 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.

inflammation of the heart, usually Myocarditis - infection or 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
- unusually fast or skipping beats) Palpitations (heart is beating
- Family history of sudden cardiac arrest at age < 50

signs that occur while exercising may ANY of these symptoms and warning 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?

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

includes ALL 14 of these important cardiac elements and is mandatory The UIL <u>Pre-Participation Physical</u> Evaluation - Medical History form

recommendations for screening What are the current young athletes?

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

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

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

available to screen for cardiac Are there additional options

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

When should a student athlete see a heart specialist?

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

prevented just through proper Can Sudden Cardiac Arrest be

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

Why have an AED on site during sporting events

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

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

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

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

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

Student & Parent/Guardian Signatures

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

Parent/Guardian Signature

Parent/Guardian Name (Print)

Date

Student Signature

Student Name (Print)

Date