



# SOUTH GARLAND HIGH SCHOOL

CHEERLEADING TRYOUT  
PACKET 2025-2026

Dear Parents,

I am excited about your student wanting to be a part of South Garland High School by trying out for cheer. I hope you are as excited about this as I am and hopefully as they are. It takes a lot of time and energy to be an effective leader responsible for guiding students at extracurricular activities. We must also remember, SGHS spirit members are expected to be strong leaders at school and in the community.

SGHS cheerleaders will abide by the standards and guidelines as stated in the Garland ISD Cheerleading handbook. You may view the handbook by going to the GISD website. This will explain the district's expectations for cheer as well as the disciplinary actions for non-compliance. Please make sure you read all of the information in the packet.

I hope you will read and discuss the expectations and obligations of being a cheerleader at South Garland High School with your prospective spirit member. Cheerleading is an exciting, fun and worthwhile organization. Each member will form new friendships, enrich their communication skills and enhance their group dynamic skills. Members will have many opportunities to foster leadership skills that will benefit them continuously in life.

With your support, we can work together to make this time memorable for each spirit member. I look forward to meeting and working with you and your prospective cheer members. If you have any questions, need more information or clarification, please contact me by email or calling the school.

Sincerely,

*Mea Farmer*

Mea Farmer  
[mfarmer@garlandisd.net](mailto:mfarmer@garlandisd.net)  
972\*-926\*2700

## Commitment

Candidates selected to be a member of the cheer squad must remember that when they signed the intent to tryout they were making a commitment to serve for the full year. Each SGHS cheerleader once selected will honor this commitment by accepting all responsibilities and expectations of being an SGHS cheerleader. There will be many performances throughout the year. Cheer is not just for football games; it is much more. Yes, you will attend each football game, pep rallies, basketball games and other games as required throughout the year. Attendance is also mandatory at the Labor Day parade, MLK Jr. parade, homecoming festivities, competition and various school and community activities. Cheer will be in two competitions during the year, UIL and a TBA competition will also be mandatory.

Below you see the estimated cost of cheerleading for one year. The greater part of the expenses will incur during the first three months after tryouts. Every effort will be made to keep the costs at a minimum. The stated costs include fees for a week of instruction at a cheer camp, camp/practice wear, season wear and accessories. This does not include costs for homecoming, pink out or other t-shirts or essentials throughout the year.

JV cheer/\$800-\$1000

Varsity/\$900-\$1100

Following tryouts, the new cheer squads will receive a list of spring and summer obligations for SGHS cheerleaders. It is very important that all newly selected cheerleaders attend the practices and functions listed. The absence of any member affects the productivity of the entire squad. Consequences for missing these activities are explained in the GISD Cheerleader Handbook. All SGHS cheerleaders may participate in other sports or activities. The cheerleader must work out the conflicts with both coaches/sponsors to ensure only minimal disruptions in practice or games.

## Standard of Uniformity

All cheer members will adhere to the same standard of dress for all appearances and activities. Makeup is allowed but not extreme. Hairstyle will be uniform for all, half up and half down. Except during competition, hair will be pulled into a low ponytail. This is for safety. Fingernails are not to be longer than fingertips. Salon nails will not be allowed for safety purposes. No jewelry: earrings, watch, bracelets, necklaces, facial piercings when wearing the uniform.



## **GISD Handbook**

The GISD Handbook can be accessed here:

<https://garlandisd.net/media/17470/download?inline>

### **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 requirement is that all cheerleaders will participate in competition. Failure to commit and participate in competition(s) may result in removal at semester. Tryouts may be held to determine competition groups etc. UIL Spirit competition is a requirement of the district.

#### **PARADES**

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

#### **SUMMER CAMP**

Participation in all days of summer camp is mandatory. No exceptions are made for outside cheer teams or vacations.

#### **FOOTBALL**

- A. Varsity cheerleaders will cheer at all varsity games.
- B. JV cheerleaders will cheer at all JV games at the sponsor's discretion. You may choose to cheer for the A or B team.
- C. JV cheerleaders may be asked to cheer at additional varsity games at the discretion of the campus.
- D. Freshmen games will be covered if there is a JV B squad.
- E. Playoff games will be covered.

#### **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.
- B. If a campus has a JV B squad, they will be assigned either JV or freshmen games.
- C. Exceptions to the above rules are as follows:
  - 1. No out of town games on Monday through Thursday nights.
  - 2. 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.

### Cheer Dates

February 19th	6:00-7:00 pm/ Cafeteria	Cheer hopeful and Parent meeting
March 5 <b>Mandatory*</b>	6:00-7:00 pm/ Cafeteria	Cheer hopeful and Parent meeting
March 26th INCOMING 9th GRADERS March 31st	Room 110	Cheer Application due Signature Page must be turned in
March 31st-April 3rd	5:00-7:00 pm/West Gym	Cheer hopeful clinic *
April 4th	5:00-6:30 pm/West Gym	Cheer hopeful practice and mock tryout *
April 5th	7:30am Garland HS Gym	Cheer hopeful tryouts*
April 9th <b>Mandatory*</b>	6:00-7:00 pm/Cafeteria	New Cheer Squads and Parent meeting
April 12th	Varsity 12:30 JV 1:30 Garland HS Library	Cheer uniform fittings with Ms. Hause/Varsity Representative **

### Please Note

\*Clinic and Mock Tryouts are closed to the public and therefore open to eligible candidates ONLY! No one else is allowed to attend—i.e. parents, siblings, friends, students \*\* Varsity Spirit Brand Fitting: This fitting is for game day uniforms, warmups & camp clothing. All payments to be completed online. Balance may be paid online with debit/credit card. All balances must be paid before orders will be processed. Payment due day is April 19th. Total due starting at \$152.76 for returning cheerleaders.

### Other Important Dates

May	Dates TBA	Spring Cheer Practice
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	3:30-6pm/ E Gym	
May 8th	<b>CAMP PAYMENT DUE</b>	
June 3rd- 26th	Dates TBA 5:30-7:30	Summer Conditioning and Practice
June 22nd – 25th	Great Wolf Lodge Grapevine, TX (\$514+)	UCA cheer camp

August 5th	3:13-5:15/ Location TBA	Summer Practice Resumes
September 1	Labor Day Parade/	
January TBA	UIL Competition	
January	Martin Luther King Jr. Parade/mandatory/ time and route TBA	

## **Clinic Information**

When: March 31st-April 3rd, Monday-Friday

Time: 5:00-6:30 pm

Where: SGHS West Gym

Attire: Athletic/cheer shorts, t-shirt and tennis shoes are acceptable for the clinic. No half shirts or bra tops. No jewelry of any kind-including belly button rings, nose rings, spacers, etc. Hair should be up and secure.

Candidates: Make certain that you have been accepted to attend South Garland HS. Call the office and request to speak with the Data clerk/972-926- 2700 for verification.

Only candidates who are academically eligible may attend this clinic.

Clinic will be open to eligible candidates only. No parents, friends, siblings, or ineligible candidates are allowed to attend. Cell phone or IPAD video may be used to film the instructor demonstrating the cheer, chant and dance.

All forms must be turned by the clinic date to attend the clinic.

Safety procedures will be followed.

## Panel Tryouts

**Who: All candidates aspiring to be a cheerleader for South Garland High School**

**When: Saturday April 5th**

**Time: 7:30 am Warm Up time - Tryouts to begin by 8:30 am**

**Where: Garland High School Gym, 310 S First St, Garland, 75049**

**Attire:** All candidates must wear black athletic shorts, white knit shirt with no visible logos, white socks and athletic shoes. Each candidate will receive their number on the day of tryouts. The sponsors will provide their number and safety pins the day of tryouts.

**Female participants must have hair in a ponytail, no bows. No long nails, nail polish, or jewelry.**

**Safety procedures will be followed.**

**Numbers must be worn on your shirt at chest level. You will receive your number at tryouts. You must tryout in number order and the number you receive is your number. Numbers may not be switched!**

**After all candidates have completed their tryout, an administrator will dismiss the group. Tryouts are closed. Parents and friends may wait for their candidate outside of the building.**

### SELECTION PROCESS

- A. The procedures for selection are based on the Board Policies of the Garland Independent School District and from the guidelines in this handbook. At the time of tryouts, one of two conditions must be met. The student must be enrolled in the Garland Independent School District and trying out at the school where the student is registered to attend for the next school year or if the student is currently not enrolled in GISD, but is registered to attend a GISD campus for the next school year, the student may try out at that campus. A student may only try out for one GISD school.



- B. Each sponsor/coach will be responsible for the preparation and distribution of a packet of information to be made available to all candidates. A MANDATORY parent meeting will be called by the sponsor/coach prior to tryouts. This information will include specific tryout dates, times, attire, and procedures. This information must be approved by the building principal and the Fine Arts Department prior to distribution. Candidates and parents must sign a form stating that they understand and will comply with all information in the packet before the student is allowed to participate in the tryout process.
- C. Cheerleader candidates are required to submit the Pre-participation Medical Evaluation-Medical History form prior to tryouts. If the candidate answers yes to the questions outlined on this form, then the candidate must also complete the physical exam form. Once a candidate is selected as a member of the cheerleading squad, the member will be required to complete the physical form before the first practice but no earlier than April 1st. All members must complete this form each year. Most schools will offer low cost physicals through the athletic department.
- D. Potential candidates that have been assigned ISS, Suspension, or AEC the year prior to tryouts, must have director/coach and principal approval.
- E. All cheerleaders will be required to try out for the team each year. All candidates must be physically present at the tryouts. An individual's video can only be used in the case of injury. (see Injury and Use of Video, page 3)
- F. The Garland Independent School District will hold a tryout for the selection of high school cheerleaders. The goal of the tryout will be to provide a consistent, equitable and monitored tryout process for all high school cheer candidates across the district. Tryouts will be held during a designated week, Spring semester, as determined by the Director of Fine Arts, principals and sponsors/coaches. The date will not be during the week of six weeks and/or state-mandated testing. Every student wishing to try out must do so on this date with no exceptions. There will be no application fees or tryout fees for students trying out for Cheer.
- G. The school district will bring in judges to assist in the selection process. The Director of Fine Arts will have final approval of judges hired. There will be a five-member judging panel that will score candidates from each school. The high and low scores for each candidate will be thrown out. Each candidate must score 50 for varsity, 40 for JV A and JV B out of 100 points in order to be placed on a cheer squad. The number of candidates selected each year will be based on the number of candidates that fall within the natural break from the judging panel. In order to try out, a student must be at least a freshman and meet all State, TEA, and GISD requirements. Scores given to a student by an individual judge will not be changed by a sponsor/coach, principal, or the Director of Fine Arts. Complaints about any aspect of the tryout process are subject to the requirements of GISD Board Policy FNG (LOCAL). Copies of such policy may be obtained from the school principal.
- H. Each campus sponsor/coach and principal will establish a uniform tryout outfit. Every item of clothing should be carefully considered to insure equity, affordability, and safety for the students during the tryout procedure. This uniform should be limited to a plain white polo-style shirt or t-shirt with no visible logo, a solid colored

short (style/color to be determined by sponsor/coach), and any type of white athletic shoe. Hair should be up and/or out of the candidate's face. Schools will not allow any accessory or addition (rings, bracelets, hair bows etc.) to the tryout outfit. No jewelry is permitted.

I. Mats will be available in all tryout gyms. It is each candidate's choice to use or not to use the mats. Certified judges will be instructed to score each candidate on the difficulty and execution of the candidate's tumbling skills.

J. Candidates selected to be a cheerleader are expected to make a commitment to the activity (camp, sporting events, competition, Martin Luther King Parade and Labor Day Parade, and special events) for the full year. Any cheerleader who voluntarily quits the team before the end of the school year will not be allowed to tryout at the next tryout session unless they have prior approval from the principal and sponsor/coach.

## **TRYOUTS**

A. Tryouts will be closed to everyone except judges, sponsors/coaches, principals, and Fine Arts designees. There will be no students, parents, or existing cheerleaders who are not part of the audition in the tryout room/area, nor will they be involved in the collection or tabulation of scores. Any deviation by the candidates from the tryout requirements may result in the disqualification of the candidate. PARENTS will not be allowed in the building during any phase of the tryouts.

B. Judges – Five judges will be hired and compensated by the Director of Fine Arts for tryouts. A Fine Arts designee will be responsible for preparing a list of judges for each tryout location. Efforts will be made to reflect the diversity of the campus in selection of judges. Judges will be selected from qualified professionals and can include coaches from high school and/or college campuses. Professional judges with outstanding credentials and references will be hired for all tryouts. Outside judges should not be hired to judge tryouts if they have tutored or taught the cheer candidates during the current school year. Every attempt should be made to hire outside judges who have not worked with students from the Garland area. However, with the hundreds of camps in the State of Texas, attended by thousands of cheerleaders and taught by hundreds of instructors, it may be possible at some time that a member of the judging panel may have had some contact with a candidate who is trying out. They will be instructed to judge the candidates based only on the mastery of the skills that they see demonstrated during the tryouts.

C. Each candidate will have a pre-score given to them by the director/coach. D. Scoring - 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)

E. Tabulation of Scores - When the tryouts are completed, only the campus administrator, technical assistant, and Fine Arts designee will be allowed in the tabulation location. When all scores are reviewed and ranked, the

sponsors/coaches will be allowed to review the totals. No one else should be in the tabulation location. The district-wide formula for tabulating final scores should be as follows: Each judge may award up to 100 points total per candidate. The high and low judge's scores will be dropped, and the remaining three scores will be averaged together with the coach's score, to get the candidate's average score. In order to be placed on the cheer squad, after dropping the high and low scores from the judging panel and averaging with the coach's score, a candidate must earn 50 for varsity, 40 for JV A and JV B out of the possible 100 points and fall within the natural break. Scores given to a student by an individual judge will not be changed by a sponsor/coach, principal, the Director of Fine Arts, or the Fine Arts designee. Complaints about any aspect of the tryout process are subject to the requirements of GISD Board Policy FNG (LOCAL). Copies of such policy may be obtained from the school principal.

F. Tryout results will be posted at each school in a designated area and online. A school designated area and an online address will be given to each candidate prior to leaving the tryout location.

G. Requests for scores should be made through the school principal's office.

## CHEER SQUADS

### A. Varsity

- a. The Varsity Squad will be composed of sophomores, juniors and seniors. Select campuses will also include freshmen.
- b. Candidates must score above the minimum score of 60 to earn a spot. c. The Fine Arts administration will review the scores for a natural break. The natural break will determine the size of the squad.
- d. The Varsity Squad will have a maximum of up to 22 members.

### B. Junior Varsity

- a. The Junior Varsity Squad will be composed of freshmen, and any sophomore, junior or senior who has agreed to accept a JV spot.
- b. Candidates must score above the minimum score of 40 to earn a spot. c. The JV Squad will be filled with candidates falling below the natural break for varsity and above the minimum score.
- d. The JV Squad will have a maximum of 32 members.

### C. Additional Considerations

- a. Any JV Squad consisting of more than 20 members may be, at the campus' discretion, divided into A and B squads.
- b. A and B cheerleader squads will be divided for the purpose of covering more games. The make-up of these squads and the cheering schedule for each is left to campus discretion.
- c. Campuses with a JV B squad will be allotted a third cheer sponsor. d. If scoring results in a tie for the 22nd varsity spot or the 32nd JV spot, all candidates with the tie score will be added to the squad.
- e. If a member of the cheerleading squad moves (or there is an opening for any reason), the principal and sponsor may fill the opening based on the tryout rank scores. Any replacement will take place on or before the first day of the first school term and is at the principal's and sponsor's discretion

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

**Student Name (Please Print)**

\_\_\_\_\_

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

\_\_\_\_\_

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

Cheer \_\_\_\_\_ Junior Varsity Drill Team \_\_\_\_\_ Varsity Drill Team  
\_\_\_\_\_ Step Team \_\_\_\_\_ World Dance Company \_\_\_\_\_

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

Candidate/Member:

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

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

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

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

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

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

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

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

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

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

### **Legal Parent/Guardian:**

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

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

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

\_\_\_\_\_ I have received, read and understand the GISD District Code of Conduct and agree to abide by all rules and regulations. (Internet access <https://garlandisd.net/media/15517/download?inline> )

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

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

\_\_\_\_\_ I have received, read and understand that my student must pass all classes, with the exception of waived classes, to be eligible to perform. (Refer to TEA 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 I will be responsible for returning all uniforms, poms, props etc. in good condition. Uniforms must be cleaned according to the instructions given by the director/coach. A cleaning receipt attached to the uniform may be required.

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

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

Date \_\_\_\_\_

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

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

Date \_\_\_\_\_

**Garland Independent School District Cheer Application**

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

Grade Next Yr. \_\_\_\_\_

Age \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Zip \_\_\_\_\_ Email \_\_\_\_\_

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

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

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

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

For parents/guardians:

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

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



## CONCUSSION ACKNOWLEDGEMENT FORM

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

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

**Prevention** – Teach and practice safe play & proper technique.  
 – Follow the rules of play.  
 – Make sure the required protective equipment is worn for all practices and games.  
 – Protective equipment must fit properly and be inspected on a regular basis.

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

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

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

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

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

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

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

\_\_\_\_\_  
 Date

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

\_\_\_\_\_  
 Date



PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

1004

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

Student's Name: (print) \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Grade \_\_\_\_\_ School \_\_\_\_\_  
 Personal Physician \_\_\_\_\_ Phone \_\_\_\_\_  
 In case of emergency, contact:  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

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

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or physical?	<input type="checkbox"/>	<input type="checkbox"/>	13. Have you ever gotten unexpectedly short of breath with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been hospitalized overnight in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had prior testing for the heart ordered by a physician?	<input type="checkbox"/>	<input type="checkbox"/>	14. Do you use any special protective or corrective equipment or devices that aren't usually used for your activity or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	15. Have you ever had a sprain, strain, or swelling after injury?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you broken or fractured any bones or dislocated any joints?	<input type="checkbox"/>	<input type="checkbox"/>
Do you get tired more quickly than your friends do during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, check appropriate box and explain below:		
Have you had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip
Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Thigh
Has any family member or relative died of heart problems or of sudden unexplained death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee
Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelopathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Shin/Calf
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle
Has a physician ever denied or restricted your participation in activities for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Foot	
4. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	16. Do you want to weigh more or less than you do now?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>	17. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how many times? _____			18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
When was your last concussion? _____			<i>Females Only</i> I choose not to provide written information on Question 19 but will discuss with a medical professional:		
How severe was each one? (Explain below)			19. When was your first menstrual period? _____		
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	When was your most recent menstrual period? _____		
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	How much time do you usually have from the start of one period to the start of another? _____		
Have you ever had numbness or tingling in your arms, hands, legs or feet?	<input type="checkbox"/>	<input type="checkbox"/>	How many periods have you had in the last year? _____		
Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	What was the longest time between periods in the last year? _____		
5. Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>	<i>Males Only</i> I choose not to provide written information on Question 20 but will discuss with a medical professional:		
6. Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>	20. Are you missing a testicle? _____		
7. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have any testicular swelling or masses? _____		
8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>	An electrocardiogram (ECG) is not required. I have read and understand the information about cardiac screening on the UIL Sudden Cardiac Arrest Awareness Form. By checking this box, I choose to obtain an ECG for my student for additional cardiac screening. I understand it is the responsibility of my family to schedule and pay for such ECG.		
9. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	EXPLAIN "YES" ANSWERS IN THE BOX BELOW (attach another sheet if necessary)		
10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>			
11. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>			
12. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>			

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

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

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

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

Student Signature: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

*For School Use Only:*

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

# Notice



## Regarding **Directory Information** and **Parent's Response** Regarding Release of Student Information

### State law requires the district to give you the following information:

Certain information about district students is considered directory information and will be released to anyone who follows the procedures for requesting the information unless the parent or guardian objects to the release of the directory information about the student. If you do not want Garland ISD to disclose directory information from your child's education records without your prior written consent, you must notify the district in writing within ten school days of your child's first day of instruction for this school year.

This means that the district must give certain personal information (called "directory information") about your child to any person who requests it, unless you have told the district in writing not to do so. In addition, you have the right to tell the district that it may, or may not, use certain personal information about your child for specific school-sponsored purposes. The district is providing you this form so you can communicate your wishes about these issues.

[See *Directory Information* in the Student Handbook for more information.]

### Garland Independent School District has designated the following information as directory information:

- Student's name
- Address
- Telephone listing
- E-mail address
- Photograph
- Date and place of birth
- Major field of study
- Degrees, honors, and awards received
- Dates of attendance
- Grade level
- Most recent school previously attended
- Participation in officially recognized activities and sports
- Weight and height, if a member of an athletic team

### Parent/guardian: Please select one of the choices below

- I want directory information about my child released to the public. Anyone requesting directory information for GISD students may receive it.
- I want directory information about my child released only for district publicity. This could include, but is not limited to: extracurricular activity publications, yearbooks, district/campus newsletters, campus directories, news releases to local media, media coverage, district/campus websites, district/campus videos, district/campus publications, district/campus social media and public recognitions.
- I do not want directory information about my child released. By marking this box, I understand that my child's name, photograph, etc., will NOT be included in district/school publications—including the yearbook—or released to the media. I also understand that this request must be made annually to be valid for each school year.

### Student Name (please print)

Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Student ID# \_\_\_\_\_ Grade \_\_\_\_\_

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

If this form is not returned within the specified timeframe above, the district will assume that permission has been granted for the release of this information.



# SUDDEN CARDIAC ARREST (SCA) AWARENESS FORM

## The Basic Facts on Sudden Cardiac Arrest

### Website Resources:

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

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

**Additional Reviewers:** UIL Medical  
Advisory Committee

Revised 2016

### What is Sudden Cardiac Arrest?

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

### What causes Sudden Cardiac Arrest?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Time is critical and an immediate response is vital.

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

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

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

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

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

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

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

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

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

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

**When should a student athlete see a heart specialist?**

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

**Can Sudden Cardiac Arrest be prevented just through proper screening?**

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

**Why have an AED on site during sporting events**

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

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

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

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

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

**Student & Parent/Guardian Signatures**

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

Parent/Guardian Signature

Parent/Guardian Name (Print)

Date

Student Signature

Student Name (Print)

Date



Date \_\_\_\_\_

Dear Parent/Guardian,

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

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

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

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

### Garland ISD Release

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

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Student's Name(s)

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Parent/Guardian Signature

Date