

GARLAND HIGH SCHOOL



GOLD JACKETS

JUNIOR VARSITY
DRILL TEAM TRYOUT
PACKET

DO YOU WANT TO BE A MEMBER OF THE GARLAND HIGH
SCHOOL JUNIOR VARSITY DRILL TEAM?
DO YOU WANT TO LEARN MORE ABOUT OUR AMAZING
TEAM AND WHAT WE DO?

SCAN THE QR CODE TO JOIN OUR CANVAS PAGE!!



OR YOU CAN JOIN USING THIS LINK:

[HTTPS://GARLANDISD.INSTRUCTURE.COM/ENROLL/L3TDEC](https://garlandisd.instructure.com/enroll/L3TDEC)

THIS IS FOR YOU TO GET INFORMATION ON TRYOUTS TO
BECOME A MEMBER OF THE GOLD JACKETS!
ON THIS CANVAS PAGE, YOU WILL FIND INFORMATION
ABOUT TRY OUT CLINIC DATES, TRYOUTS, AND MORE
ABOUT THE TEAM.

IF YOU HAVE ANY QUESTIONS, PLEASE FEEL FREE TO
EMAIL ME AT:

BTHOMAS3@GARLANDISD.NET

WHO ARE THE GOLD JACKETS?

GOLD JACKETS IS THE JV DRILL TEAM AT GARLAND HIGH SCHOOL. IT IS A TEAM OF ENERGETIC AND FUN PERFORMERS WHO ENJOY SHOWING SCHOOL SPIRIT THROUGH DANCING AND PERFORMING THROUGHOUT THE YEAR. IT IS OPEN TO ANY 9TH -11TH GRADE STUDENTS. YOU DO NOT NEED DANCE EXPERIENCE TO TRYOUT AND JOIN THE FUN!

WHAT DO THE GOLD JACKETS DO?

- ATTEND SUMMER CAMP
- PARTICIPATE IN THE LABOR DAY AND MLK PARADES
- PERFORM AT HALFTIME OF DISTRICT JV FOOTBALL GAMES
- MAKE SPIRIT TUNNELS, DANCE, AND ATTEND VARSITY FOOTBALL GAMES
- DANCE AND/OR ATTEND ALL PEP RALLIES
- DANCE AT JV BASKETBALL GAMES AND SPECIAL EVENTS
- PERFORM AT THE DISTRICT FINE ARTS DANCE AND DRILL TEAM FESTIVAL
- LEARN DANCE & DRILL TEAM TECHNIQUE
- EARN P.E. AND FINE ARTS GRADUATION CREDITS

WHAT ARE THE REQUIREMENTS FOR TEAM MEMBERS?

GOLD JACKETS WILL BEGIN MEETING THIS SUMMER TO PREPARE FOR A FABULOUS YEAR; ALL MEMBERS MUST ATTEND SUMMER CAMP AND PRACTICES. ONCE SCHOOL BEGINS, GOLD JACKETS ATTEND A CLASS THAT MEETS EVERY OTHER DAY DURING SCHOOL (SINGLE BLOCKED) FALL AND SPRING SEMESTERS. DURING THE SCHOOL YEAR, THERE WILL BE NO MORE THAN ONE PRACTICE AFTER SCHOOL EACH WEEK. ALL MEMBERS ARE EXPECTED TO MAINTAIN PASSING GRADES, HONORABLE BEHAVIOR, AND GOOD ATTENDANCE. GOLD JACKETS MUST FOLLOW THE DISTRICT HANDBOOK OUTLINING REGULATIONS FOR ALL JV DRILL TEAMS AND THE DIRECTOR'S RULES. PLEASE CAREFULLY REVIEW THE JV DRILL TEAM HANDBOOK. IT MAY BE ACCESSED THROUGH THE GARLAND ISD WEBSITE.

HOW DO I JOIN THE TEAM?

ATTEND THE DANCE CLINIC AND TRYOUTS STARTING APRIL 22ND. COMPLETE THE ATTACHED LINE MEMBER APPLICATION/ ALL OTHER FORMS AND RETURN TO MRS. THOMAS, GOLD JACKETS DIRECTOR, BY TUESDAY APRIL 22ND

EXPENSES:

TEAMLEADER PAYMENT #1 - \$95.00 - DUE APRIL 29TH

**THIS IS THE MINIMUM PAYMENT TO MAKE AT FITTINGS.

- THIS IS FOR YOUR TWO SPIRIT SHIRTS, PRACTICE TOP, POMS, AND BAG

CAMP AND FOOTBALL PAYMENT: \$65.00- DUE JULY 23RD

- THIS IS FOR YOUR CAMP FEE AND FOOTBALL SEASON SPANDEX

TEAMLEADER BALANCE: \$82.00 - DUE AUGUST 18TH (IF NOT PAID IN FULL AT FITTINGS)

- THIS IS FOR YOUR TIGHTS, SWEATSHIRT, AND TAN LEOTARD

CONTEST AND SHOW PAYMENT: \$50 - DUE JANUARY 12TH, 2026

- THIS IS FOR YOUR CHOREOGRAPHY, COSTUMES, AND DANCE SHOES

—

**TEAMLEADER PAYMENTS CAN BE MADE BY CASH, OR
CREDIT/ DEBIT CARD TO THE COMPANY.**

**CAMP AND FOOTBALL/ CONTEST AND SHOW PAYMENTS
WILL BE COLLECTED AT PRACTICE/ IN CLASS AND CAN BE
MADE BY CASH, CHECK, OR VENMO.**

TOTAL AMOUNT BEING PAID FOR THE WHOLE YEAR: \$292

**YOU MAY BUY USED ITEMS FROM PAST GOLD JACKETS FOR A DISCOUNTED PRICE.
THIS WILL HAPPEN DURING FITTINGS AND IS A FIRST COME FIRST SERVE BASIS.

INMPORTANT DATES:

APRIL 2ND

6:00PM - OPTIONAL PARENT MEETING

JOIN USING THIS LINK: [MEET.GOOGLE.COM/SRQ-JRXH-OXF](https://meet.google.com/SRQ-JRXH-OXF)

APRIL 22ND-25TH

5:00-6:15 - CLINIC

*ALL PAPERWORK DUE TO MRS. THOMAS ON APRIL 22ND

APRIL 26TH

TIME TBD - TRYOUTS AT LAKEVIEW CENTENNIAL

APRIL 29TH

6:00PM - MANDATORY NEW TEAM PARENT MEETING

6:30PM- FITTINGS

JUNE 3RD

9:00AM-11:00AM FREE FUN DANCE CLINIC

JULY 12TH

9:00AM-11:00AM FREE FUN DANCE CLINIC

JULY 23RD

9:00AM-11:00AM PRE-CAMP

JULY 24TH-25TH

9:00AM-3:00PM - CAMP

JULY 26TH

9:00AM-12:30PM - CAMP

JULY 26TH

12:15PM - SHOW OFF

SEPTEMBER 1ST

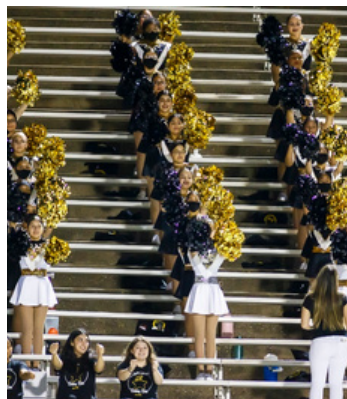
TBD - LABOR DAY PARADE

JANUARY 17TH 2026

TBD- MLK DAY PARADE

MARCH (TBD)

GISD DANCE FESTIVAL



Please inform your parents that workouts and tryouts are closed. They cannot stay and watch you practice. If they arrive early, they need to wait outside.

-Attire for workouts on Tuesday through Thursday is your choice. Attire on Friday, the day of mock tryouts and Saturday, the day of tryouts, is a black fitted top or tank top, black leggings and white tennis shoes or jazz shoes or paws or pirouettes. Hair needs to be back in a low ponytail. Make sure to wear make-up so you look awake and professional.

**GARLAND HIGH SCHOOL GOLD JACKETS
LINE MEMBER APPLICATION NAME:**

*THE HANDBOOK CAN BE FOUND AT
[HTTPS://DRIVE.GOOGLE.COM/FILE/D/14_P9KGJUAHJ-
US1D7SM5CL7S8OSBKFHT/VIEW?USP=SHARING](https://drive.google.com/file/d/14_P9KGJUAHJ-US1D7SM5CL7S8OSBKFHT/view?usp=sharing)

AS A GOLD JACKET, I AGREE TO FOLLOW ALL POLICIES OF THE JUNIOR VARSITY DRILL TEAM HANDBOOK, WHICH I HAVE READ AND UNDERSTAND. I KNOW THAT SOME PRACTICES AND PERFORMANCES WILL BE OUTSIDE SCHOOL HOURS, INCLUDING THIS SUMMER, AND THAT ATTENDANCE IS MANDATORY. I AM FULLY AWARE OF THE REQUIREMENTS AND AM WILLING TO ACCEPT RESPONSIBILITY TO BE A PART OF THIS GREAT TEAM.

STUDENT FIRST/ LAST NAME

STUDENT JACKET SIGNATURE

DATE

AS A GOLD JACKET PARENT, I AM AWARE OF THE COST AND TIME NECESSARY FOR MY CHILD TO BE A MEMBER OF THE JUNIOR VARSITY DRILL TEAM. I HAVE READ AND UNDERSTAND ALL POLICIES OUTLINED IN THE CONSTITUTION, INCLUDING ATTENDANCE, DISCIPLINE, ACADEMIC ELIGIBILITY, AND PERFORMANCE STANDARDS. I GIVE PERMISSION FOR MY CHILD TO BE A MEMBER OF THE 2025-2026 GOLD JACKETS.

PARENT/GUARDIAN SIGNATURE

DATE

*PLEASE TURN IN ALL PAPERWORK TO THE GOLD JACKETS' DIRECTOR, BROOKE THOMAS, BY TUESDAY, APRIL 22ND, 2025.



Checklist for the packet application/ forms!

- Fill out the concussion acknowledgement form
- Read the GISD handbook :
https://drive.google.com/file/d/13CHXLC4V7haE1DoNHeU_ieL25LBKDCac/view?usp=sharing
 - Once you have read the handbook, you and your parent/guardian will sign the handbook signature page
 - Don't forget you and your parent/guardian need to initial each box, Please do not put a check or an X in the box.
- Fill out the cardiac arrest form
- Fill out the UIL pre-participation form in Spanish or English
 - If you answer yes to any of the questions on the UIL pre-participation form, you will need to get a physical before you can try out. Make sure when you are filling it out, your parent signs and dates inside the tiny box on page one. (Again, you do not need to go to the doctor and get a physical yet and you do not need to turn in page two at this time if you answered no to all the questions..)
- Once you have read through this packet, make sure you fill out your application
- fill out your media parent release. This is so we can take pictures of you gorgeous girls.

PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

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

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

In case of emergency, contact:

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

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

<p>1. Have you had a medical illness or injury since your last check up or physical? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Have you been hospitalized overnight in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Have you ever had prior testing for the heart ordered by a physician? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever passed out during or after exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had chest pain during or after exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you get tired more quickly than your friends do during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had racing of your heart or skipped heartbeats? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you had high blood pressure or high cholesterol? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been told you have a heart murmur? <input type="checkbox"/> Yes <input type="checkbox"/> No Has any family member or relative died of heart problems or of sudden unexplained death before age 50? <input type="checkbox"/> Yes <input type="checkbox"/> No Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelopathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? <input type="checkbox"/> Yes <input type="checkbox"/> No Has a physician ever denied or restricted your participation in activities for any heart problems? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Have you ever had a head injury or concussion? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been knocked out, become unconscious, or lost your memory? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many times? _____ When was your last concussion? _____ How severe was each one? (Explain below) _____ Have you ever had a seizure? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have frequent or severe headaches? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had numbness or tingling in your arms, hands, legs or feet? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had a stinger, burner, or pinched nerve? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Are you missing any paired organs? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Are you under a doctor's care? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Have you ever been dizzy during or after exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Have you ever become ill from exercising in the heat? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12. Have you had any problems with your eyes or vision? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>13. Have you ever gotten unexpectedly short of breath with exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have asthma? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have seasonal allergies that require medical treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Do you use any special protective or corrective equipment or devices that aren't usually used for your activity or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>15. Have you ever had a sprain, strain, or swelling after injury? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you broken or fractured any bones or dislocated any joints? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check appropriate box and explain below:</p> <table border="0" style="width:100%;"> <tr> <td><input type="checkbox"/> Head</td> <td><input type="checkbox"/> Elbow</td> <td><input type="checkbox"/> Hip</td> </tr> <tr> <td><input type="checkbox"/> Neck</td> <td><input type="checkbox"/> Forearm</td> <td><input type="checkbox"/> Thigh</td> </tr> <tr> <td><input type="checkbox"/> Back</td> <td><input type="checkbox"/> Wrist</td> <td><input type="checkbox"/> Knee</td> </tr> <tr> <td><input type="checkbox"/> Chest</td> <td><input type="checkbox"/> Hand</td> <td><input type="checkbox"/> Shin/Calf</td> </tr> <tr> <td><input type="checkbox"/> Shoulder</td> <td><input type="checkbox"/> Finger</td> <td><input type="checkbox"/> Ankle</td> </tr> <tr> <td><input type="checkbox"/> Upper Arm</td> <td><input type="checkbox"/> Foot</td> <td></td> </tr> </table> <p>16. Do you want to weigh more or less than you do now? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17. Do you feel stressed out? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Females Only</i></p> <p>19. When was your first menstrual period? _____ When was your most recent menstrual period? _____ How much time do you usually have from the start of one period to the start of another? _____ How many periods have you had in the last year? _____ What was the longest time between periods in the last year? _____</p> <p><i>Males Only</i></p> <p>20. Are you missing a testicle? _____</p> <p>21. Do you have any testicular swelling or masses? _____</p>	<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip	<input type="checkbox"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Thigh	<input type="checkbox"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee	<input type="checkbox"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Shin/Calf	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle	<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Foot	
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<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle																	
<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Foot																		

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

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

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

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

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

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

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

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

For School Use Only:

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

PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION

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

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

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

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

	NORMAL	ABNORMAL FINDINGS	INITIALS*
Genitalia (males if indicated)			
Marfan's stigmata pectus excavatum, hypermobility,			

Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

*station-based examination only

CLEARANCE

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

Not cleared for: _____ Reason: _____

Recommendations: _____

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

Name (print/type) _____ Date of Examination: _____

Address: _____

Phone Number: _____

Signature: _____

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

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

Student Name (Please Print) _____

Legal Parent/Guardian (Please Print) _____

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

Cheer _____ Junior Varsity Drill Team _____ Varsity Drill Team _____

Step Team _____ World Dance Company _____

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

Candidate/Member:

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

_____ I understand that the judges' decision is final.

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

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

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

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

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

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

Legal Parent/Guardian:

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

_____ I understand the judges' decision is final.

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

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

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

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

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

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.

Thank you for your cooperation and support in celebrating the achievements of our National Merit Finalists.

Student's Name(s)

Parent/Guardian Signature

Date



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, 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



FORMULARIO DE ACUSE DE RECIBO DE CONMOCIÓN CEREBRAL

Nombre de estudiante _____

Definición de conmoción cerebral: significa un proceso fisiopatológico complejo que afecta al cerebro y es causado por una fuerza física traumática o un impacto en la cabeza o el cuerpo que puede: (A) incluir una función cerebral alterada temporal o prolongada que resulta en síntomas físicos, cognitivos o emocionales o patrones de sueño alterados; e (B) implicar pérdida de conciencia.

Prevención: enseñar y practicar el juego seguro y la técnica adecuada.

- Siga las reglas del juego.
- Asegúrese de que se use el equipo de protección requerido para todas las prácticas y los juegos.
- El equipo de protección debe caber correctamente y ser inspeccionado regularmente.

Signos y síntomas de la conmoción cerebral: los signos y síntomas de la conmoción cerebral pueden incluir, entre otros: Dolor de cabeza, parecer estar aturdido o atontado, tinnitus (zumbido en los oídos), fatiga, dificultad para hablar, náuseas o vómitos, mareos, pérdida de equilibrio, visión borrosa, sensibilidad a la luz o al ruido, sensación de mareo o borroso, pérdida de memoria o confusión.

Supervisión: cada distrito designará y aprobará un Equipo de Supervisión de Conmociones cerebrales (COT). El COT debe incluir al menos un médico y un entrenador atlético si uno es empleado del distrito escolar. Otros miembros que pueden incluir: Enfermera de práctica avanzada, neuropsicólogo o asistente de médico. El COT se encarga de desarrollar el protocolo Regreso al Juego basado en evidencia científica revisada por pares.

El tratamiento de la conmoción cerebral: el estudiante-atleta/porrista deberá ser retirado de la práctica o participación de inmediato si se sospecha que tiene una conmoción cerebral. Todo estudiante-atleta/porrista sospechoso de sufrir una conmoción cerebral deberá ser visto por un médico antes de que puedan regresar a la participación de atletas o porristas. El tratamiento para la conmoción cerebral es el descanso cognitivo. Los estudiantes deben limitar la estimulación externa, como mirar televisión, jugar videojuegos, enviar mensajes de texto, usar computadora y las luces brillantes. Cuando todos los signos y síntomas de la conmoción cerebral se hayan despejado y el estudiante haya recibido la autorización escrita de un médico, el estudiante-atleta/porrista podrá comenzar el protocolo de Regreso al Juego de su distrito, según lo determinado por el Equipo de supervisión de conmociones cerebrales.

Regreso al juego: según el Código de Educación de Texas, sección 38.157:

A un estudiante retirado de una práctica o competencia interescolar de atletismo (incluidos, por regla de la UIL, los porristas) bajo la Sección 38.156 se le puede no permitir practicar o participar nuevamente después de la fuerza o el impacto que se cree que ha causado la conmoción cerebral hasta que:

(1) el estudiante haya sido evaluado, usando protocolos médicos establecidos basados en evidencia científica revisada por pares, por un médico tratante elegido por el estudiante o el padre o el tutor del estudiante, u otra persona con autoridad legal para tomar decisiones médicas por el estudiante;

(2) el estudiante haya completado con éxito cada requisito del protocolo de regreso al juego establecido en la Sección 38.153 necesaria para que el estudiante regrese a jugar;

(3) el médico tratante haya proporcionado una declaración por escrito que indique que, según juicio profesional del médico, es seguro para el estudiante para volver a jugar; y

(4) que el estudiante y el padre o el tutor del estudiante, u otra persona con autoridad legal para tomar decisiones médicas para el estudiante:

(A) haya reconocido que el estudiante ha completado los requisitos del protocolo de regreso al juego necesarios para que el estudiante vuelva a jugar;

(B) haya proporcionado la declaración escrita del médico tratante bajo la Subdivisión (3) a la persona responsable del cumplimiento del protocolo de regreso al juego bajo la Subsección (c) y la persona que tiene responsabilidades de supervisión bajo la Subsección (c); y

(C) haya firmado un formulario de consentimiento que indique que la persona que firma:

(i) haya sido informado y consiente que el estudiante participe en regresar a jugar de acuerdo con el protocolo de regreso al juego;

(ii) entiende los riesgos asociados con el regreso del estudiante a jugar y cumplirá con todo requisito continuo en el protocolo de regreso al juego;

(iii) aprueba la divulgación a las personas apropiadas, de conformidad con la Ley de Portabilidad y Responsabilidad del Seguro Médico de 1996 (Pub. L. No. 104-191), de la declaración escrita del médico tratante bajo la Subdivisión (3) y, en su caso, las recomendaciones de regreso al juego del médico tratante; y entiende las disposiciones de inmunidad bajo la Sección 38.159.

Firma del padre o el tutor

Fecha

Firma del estudiante

Fecha

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.

Aviso



Sobre los datos de directorio y la respuesta de los padres sobre la divulgación de datos estudiantiles

La ley estatal requiere que el distrito le provea la siguiente información:

Cierta información acerca de los alumnos del distrito es considerada como datos de directorio y se divulgará a cualquier persona que siga los procedimientos de solicitud de información, a menos que el padre o tutor objete la divulgación de los datos de directorio del alumno. Si usted no desea que Garland ISD divulgue los datos de directorio del expediente educativo de su hijo sin su consentimiento escrito previo, deberá notificar al distrito por escrito dentro de diez días escolares del primer día de clases de su hijo para este año escolar.

Esto significa que el distrito se verá obligado a revelar ciertos datos personales de su hijo (conocidos como "datos de directorio"), a cualquier persona que los pida, a menos que usted haya ordenado al distrito, por escrito, no hacerlo. Además, usted tiene el derecho de indicar al distrito que puede, o no puede, usar ciertos datos personales de su hijo para efectos específicos auspiciados por la escuela. El distrito le ofrece este formulario para que usted le pueda comunicar sus deseos en relación con estos temas.

(Para más información, vea datos de directorio en el Manual Estudiantil.)

Garland Independent School District ha designado la siguiente información como datos de directorio:

- Nombre del alumno
- Fecha y lugar de nacimiento
- Escuela más recientemente asistida
- Domicilio
- Campo principal de estudios
- Participación en actividades y deportes oficialmente reconocidas
- Teléfono
- Títulos, honores y premios recibidos
- Peso y estatura, si es miembro un equipo deportivo
- Dirección de correo electrónico
- Fechas de asistencia
- Fotografía
- Nivel académico

Padre/Tutor: Por favor señale una de las siguientes opciones

- SÍ – Permiso divulgar al público los datos de directorio de mi alumno.** Cualquier persona que solicite datos de directorio de alumnos de GISD los puede recibir.
- SÍ – Permiso divulgar los datos de directorio de mi alumno solamente para fines de publicidad distrital.** Esto puede incluir, pero no se limita a: publicaciones de actividades extracurriculares, anuarios, boletines del distrito/campus, directorios de campus, comunicados de prensa para los medios locales, cobertura por los medios de comunicación, sitios web distritales/de campus, vídeos distritales/de campus, publicaciones distritales/de campus, redes sociales distritales/de campus y reconocimientos públicos.
- NO – No permito divulgar los datos de directorio de mi alumno.** Al señalar esta casilla, confirmo que entiendo que el nombre de mi alumno, su fotografía, etc., no se incluirán en las publicaciones distritales/escolares - entre ellas, el anuario - ni se divulgarán a los medios de comunicación. Entiendo además que es necesario presentar esta solicitud anualmente para que tenga validez en cada año escolar.

Nombre del alumno *(en letra de molde)*

Apellido _____ Primer Nombre _____ Inicial _____

ID Escolar _____ Grado _____

Firma del Padre/Tutor _____ Fecha _____

De no entregarse este formulario en el plazo especificado arriba, el distrito supondrá que se ha dado permiso para divulgar esta información.



SUDDEN CARDIAC ARREST (SCA) AWARENESS FORM

The Basic Facts on Sudden Cardiac Arrest

Website Resources:

American Heart Association:

www.heart.org

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

Additional Reviewers: UIL Medical
Advisory Committee

Revised 2016

What is Sudden Cardiac Arrest?

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

What causes Sudden Cardiac Arrest?

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

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

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

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

Inherited conditions present at birth of the electrical system:

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

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

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

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

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

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

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

Conditions not present at birth but acquired later in life:

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

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

Recreational/Performance-Enhancing drug use.

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

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

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

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

What is the treatment for Sudden Cardiac Arrest?

Time is critical and an immediate response is vital.

➤ **CALL 911**

➤ **Begin CPR**

➤ **Use an Automated External**

Defibrillator (AED)

What are ways to screen for Sudden Cardiac Arrest?

The American Heart Association

recommends a pre-participation history and physical including 14 important cardiac elements.

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

What are the current recommendations for screening young athletes?

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

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

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

Are there additional options available to screen for cardiac conditions?

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

When should a student athlete see a heart specialist?

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

Can Sudden Cardiac Arrest be prevented just through proper screening?

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

Why have an AED on site during sporting events

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

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

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

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

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

Student & Parent/Guardian Signatures

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

Parent/Guardian Signature

Parent/Guardian Name (Print)

Date

Student Signature

Student Name (Print)

Date