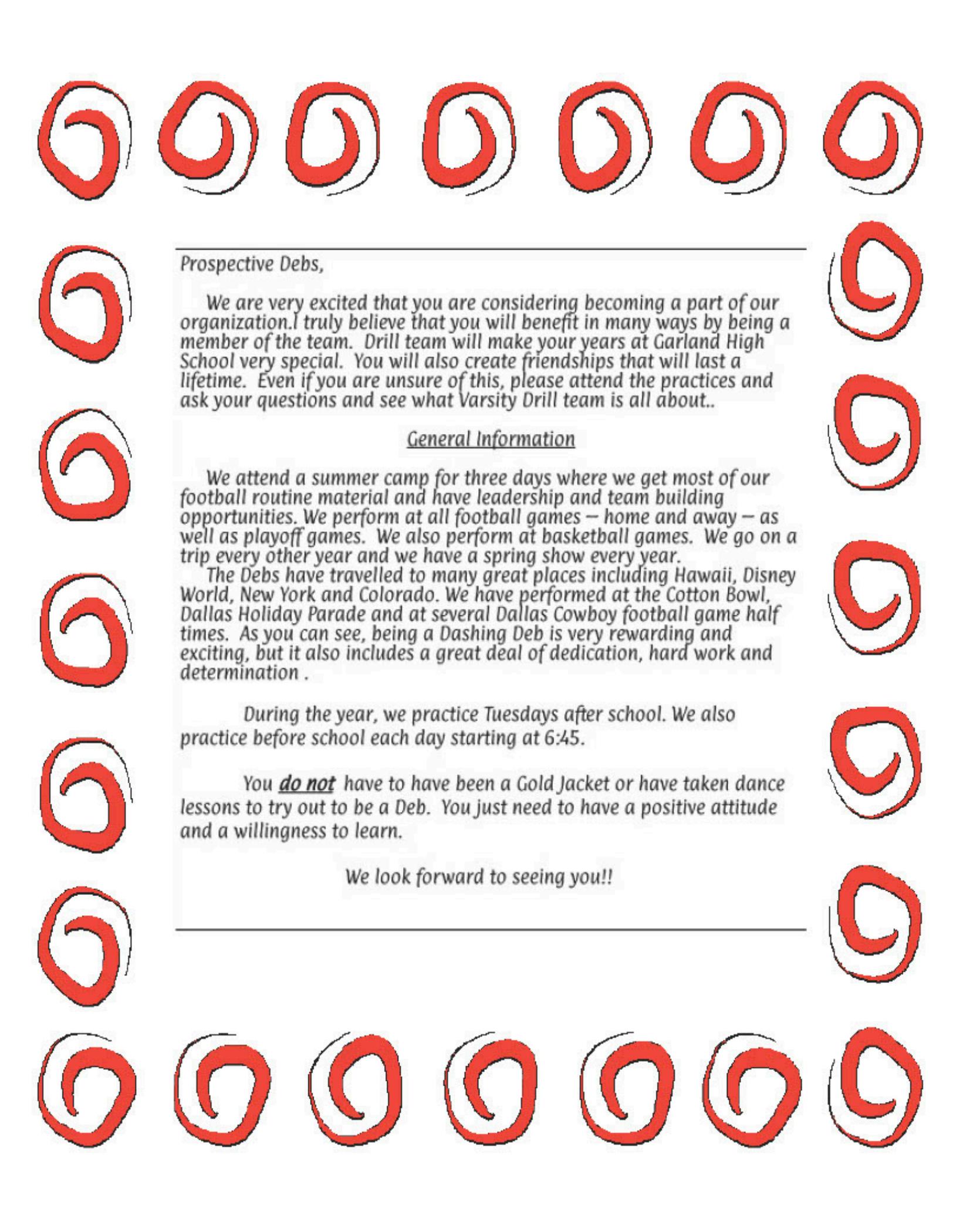




Dashing Deb  
tryout packet  
2026-2027

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A decorative border of red swirls surrounds the text. The swirls are arranged in a grid-like pattern, with some larger swirls at the corners and smaller ones in between. The swirls are drawn with a thick red line and have a white outline.

Prospective Debs,

We are very excited that you are considering becoming a part of our organization. I truly believe that you will benefit in many ways by being a member of the team. Drill team will make your years at Garland High School very special. You will also create friendships that will last a lifetime. Even if you are unsure of this, please attend the practices and ask your questions and see what Varsity Drill team is all about..

#### General Information

We attend a summer camp for three days where we get most of our football routine material and have leadership and team building opportunities. We perform at all football games – home and away – as well as playoff games. We also perform at basketball games. We go on a trip every other year and we have a spring show every year.

The Debs have travelled to many great places including Hawaii, Disney World, New York and Colorado. We have performed at the Cotton Bowl, Dallas Holiday Parade and at several Dallas Cowboy football game half times. As you can see, being a Dashing Deb is very rewarding and exciting, but it also includes a great deal of dedication, hard work and determination .

During the year, we practice Tuesdays after school. We also practice before school each day starting at 6:45.

You ***do not*** have to have been a Gold Jacket or have taken dance lessons to try out to be a Deb. You just need to have a positive attitude and a willingness to learn.

We look forward to seeing you!!



*We are so excited you are interested in being a member of the Dashing Debs varsity drill team. We would like you to join our Canvas course. It is not a commitment, it is just a place to learn more about us, get information and submit forms.*

Link to join Canvas course -

<https://garlandisd.instructure.com/enroll/6CA6BG>



Cut and paste the link below to read the GISD handbook:

<https://garlandisd.net/media/19482/download?inline>



### Important Dates

**Tuesday, April 7th - MANDATORY parent meeting 6:00 pm GHS cafeteria**

**Tuesday, April 14th - Application paperwork due at 3:15  
- Meet in Deb gym for workout 3:15 – 5:00**

**Tuesday, April 14th - Workout in Deb Gym 3:15 – 5:00**

**Wednesday, April 15th - Workout in Boys' Gym 3:15 – 5:00**

**Thursday, April 16th - Workout in Boys' Gym 3:15 – 5:00**

**Friday, April 17th - Mock tryouts in Boys' Gym 3:15 – 5:00**

**Saturday, April 18th - Tryouts at Garland High School. Arrival time 12:00 pm.**

**Tuesday, May 5th - 3:15 – 4:30 practice**

**Wednesday, May 6th - 4:00 - 5:30 (Cafeteria) Former Debs will sell used items at a reduced rate from 4:00 - 4:30 . (This will be a great way to save money.) 4:30 - 5:30 new items will be purchased.**

**Thursday, May 7th - 3:15 – 4:30 practice (Boys' Gym)**

**June 3, 4, 5 - Team camp 9:00 - 5:30 at GHS**

**June 4 and 5 - Practice at Williams from 6-8 pm**

**Wednesday, July 29th - Practice at GHS 10:00 - 12:30 in the Deb gym**

**Sept 7 - Labor Day parade**

**Nov - TDEA assessment**

**January 16 - Martin Luther King parade**

**February - Basketball games**

**March - Spring show/competition**



## what to expect during the week of tryouts

tuesday; you will learn the first half of your tryout dance. wednesday; you will learn the second half of your tryout dance. thursday; you will review and work on technique. friday; you will have a practice (mock) tryout that will be just like your tryout on saturday.

there will be debs that will stay after practice to help you on any needed areas/steps if you let them know you need help. friday will be a mock tryout to get you ready for saturday.

If your score averages out to a 70 or better, you will be selected as a member of the Debs.

If you score between a 45 and 69, you will be given the option to be on Gold Jackets.

If you score below a 45, you will be given the option to be in drill prep.

You will try out in groups. You do not have to try out by yourself!!

Results will be posted in the Canvas classroom at a pre-determined time during the week of tryouts.

### Scoring breakdown

Jazz portion of the dance 60

Kick portion of the dance 30

Right leg splits - 5 points

Left leg splits - 5 points

-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 pirouettes. hair needs to be back in a low ponytail. make sure to wear make-up so you look awake and your face looks bright for tryouts.

Saturday, April 18th, you will arrive at Garland at 12:00 pm. You will try out in the gym in a group of four. The only people in the gym will be the 3 judges, Ms. Banuelos and I, a principal from our school and a fine arts representative. No one will be allowed to watch. The judges will evaluate you independently. Their 3 scores will be added together and divided by 3. Your score will depend on what team you make. After all the groups have tried out, the judges may want to see some people again so they may ask for call backs. Once tryouts are concluded, you are free to leave. Results will be posted in our Canva class. We hope to have results posted a few hours after tryouts, but it could take up to 48 hours to get your results. Names will not be posted, only numbers.

-please inform your parents that workouts and tryouts are closed. they cannot come in the building or stay and watch you practice. if they arrive early; they need to wait outside.

## \*\*A few other notes/drill team standard of uniformity

\*\*Once you make the team, you will receive a full calendar of events.

\*\*We will have fundraisers to help purchase items for the Debs and we encourage you to help when possible, but fundraisers are always optional.

\*\*We wear our hair in a low bun for football season, half up for basketball season and in a bun for contest and spring show. You will need to be able to manipulate your hair to fit the hairstyles.

\*\*We will wear skin colored tights and shoes for contest and spring show season.

\*\*Each member is allowed to wear her own make-up during football season, but for contest and spring show, we wear matching make-up. Nails should be a natural color and sports length during performances.

\*\*Hair must be a natural color at all times.

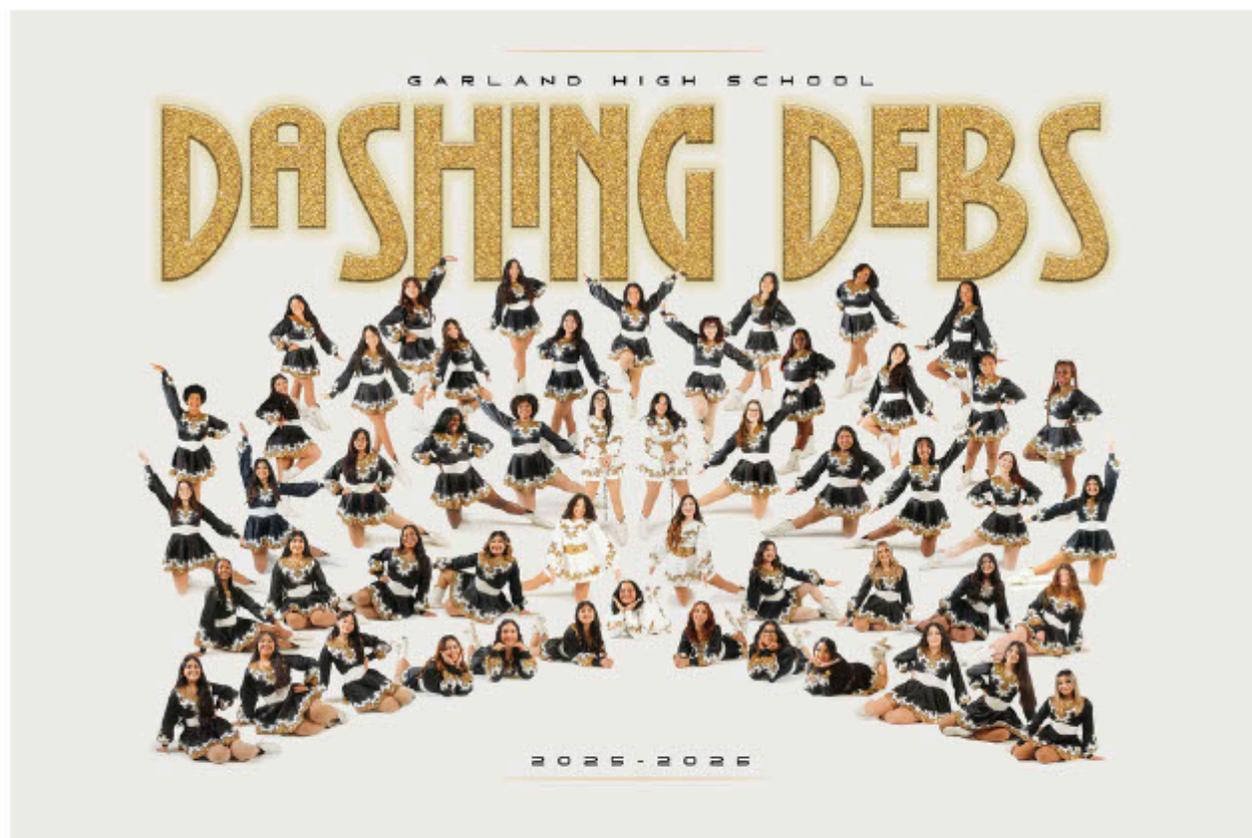
\*\*Body piercings must be covered during practice and removed during all performances. Tattoos must be covered with a bandage at practice and with makeup for performances.

\*\*Debs is a double blocked class so you will need to be able to be in the class both A days & B days. You cannot single block your first year, but under extenuating circumstances, single blocking may be an option once you have been on the team a full year.

\*\*Once you have made the team, there will be additional tryouts for all dances.

\*\*We practice before school at 6:45 am most of the year. Do not let this be a deterrent - we can help you find rides to school.

\*\*We are so excited about the upcoming year. We know it will be a fun, memorable, exciting time for all of us. Let me know if you have questions! [pjtomlin@garlandisd.net](mailto:pjtomlin@garlandisd.net)



## What does it cost to be a Dashing Deb?

Please do not let the costs on this page be your sole determining factor. Your child may already have many of the needed items from Gold Jackets or they may be purchased at a reduced price from graduating Debs. Although the first year is by far the most expensive, we have outlined a payment schedule below to help spread out the required expenditures. Also, almost all of the items on the list will be used for all three years on Debs and are only purchased once. The cost after the first year will be CONSIDERABLY less because they will already have most required items. Also, your child may sell many of her items her senior year to recover some of the cost.

### Payment schedule:

- Wednesday, May 16th - Former Debs will be in the cafeteria from 4:00 - 4:30 to sell their practice wear, boots, hat, etc. at a reduced rate.  
4:30 - 5:30, our vendor will be here to size the girls for new items  
\$100 cash or credit card deposit due to Team Leader for dancewear
- Wednesday, June 3rd - Summer camp payment due  
\$150 cash or check made out to Dashing Debs
- Wednesday, July 29th - Balance due to TeamLeader for dancewear (cash or credit card) (Your balance due will be between \$50 - \$243.)
- Thursday, August 21st - Payment due:  
hat (\$122.00)  
boots (\$73.00)  
sweatshirt (\$30)  
Friday t-shirt (\$20)  
(If you bought some of these used, your payment will be smaller.)
- Tuesday, February 3rd - \$75 spring show fee due

**IF YOU BUY EVERYTHING THAT YOU CAN USED, YOUR PRICE OVER FOUR MONTHS IS \$429. IF YOU BUY EVERYTHING NEW, YOUR PRICE OVER FOUR MONTHS IS \$803.00.**

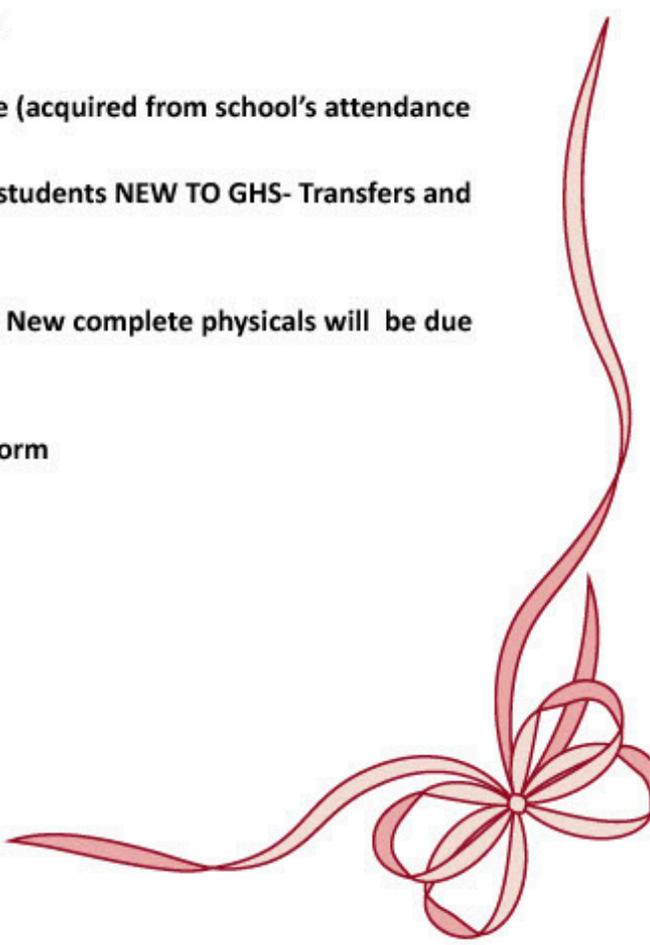




## Drill Team Candidate Checklist

All the forms in this packet are due the first day of tryout practice - Tuesday, April 14th by 3:15. There are a lot of forms to fill out, but it won't take you long. You can get a paper packet and turn in the sheets or you can fill out the forms in Canvas. You only need to submit them one way. *You do not need to turn this form in, it is to help you stay organized.*

Here is a checklist to help you make sure you have everything you need.

- \_\_\_\_\_ Tryout application
  - \_\_\_\_\_ Social Media Contract
  - \_\_\_\_\_ Photo release form
  - \_\_\_\_\_ GISD Handbook Signature Pages
  - \_\_\_\_\_ 1st Semester & 3rd Cycle Grades
  - \_\_\_\_\_ Attendance and Discipline Profile (acquired from school's attendance office)
  - \_\_\_\_\_ Choice of School Form (Only for students NEW TO GHS- Transfers and incoming 9<sup>th</sup> graders)
  - \_\_\_\_\_ Pre-Participation Physical Form - New complete physicals will be due on the first day of camp
  - \_\_\_\_\_ Concussion Acknowledgement Form
  - \_\_\_\_\_ Cardiac Awareness Form
- 



## Social Media Contract

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

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

---

Parent signature

---

Date

---

Drill team member's name

---

Date

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

**Student Name (Please Print)** \_\_\_\_\_

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

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

Cheer \_\_\_\_\_ Junior Varsity Drill Team \_\_\_\_\_ Varsity Drill Team \_\_\_\_\_

Step Team \_\_\_\_\_ World Dance Company \_\_\_\_\_

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

**Candidate/Member:**

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

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

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

\_\_\_\_\_ I have received, read and understand the GISD District Code of Conduct and agree to abide by all rules and regulations.

\_\_\_\_\_ 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 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

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

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

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

\_\_\_\_\_ 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** \_\_\_\_\_



Date \_\_\_\_\_

Dear Parent/Guardian,

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

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

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

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

**Garland ISD Release**

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

---

**Student's Name(s)**

---

**Parent/Guardian Signature**

**Date**



# 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



# 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 \_\_\_\_\_

**PREPARTICIPATION PHYSICAL EVALUATION – MEDICAL HISTORY**

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

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

*In case of emergency, contact:*

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

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

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or physical?	<input type="checkbox"/>	<input type="checkbox"/>	13. Have you ever gotten unexpectedly short of breath with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been hospitalized overnight in the past year?	<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> <input type="checkbox"/> 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? _____ 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? _____		
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	<i>Males Only</i> <input type="checkbox"/> I choose not to provide written information on Question 20 but will discuss with a medical professional:		
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	20. Are you missing a testicle? _____ Do you have any testicular swelling or masses? _____		
Have you ever had numbness or tingling in your arms, hands, legs or feet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <b>OPTIONAL: An electrocardiogram (ECG) is not required. By marking this box, I choose to obtain an ECG for my student. I understand it is the responsibility of my family to schedule and pay for such an ECG, I have read and understood the information about cardiac screening on the UIL Sudden Cardiac Arrest Awareness Form.</b>		
5. Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>	EXPLAIN "YES" ANSWERS IN THE BOX BELOW (attach another sheet if necessary):		
6. Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>			
7. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>			
8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>			
9. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>			
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 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 \_\_\_\_\_

