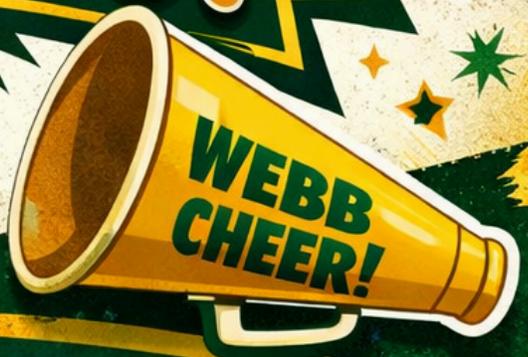


WEBB MIDDLE SCHOOL



**CHEER
TRYOUTS!**



**TRYOUT INFORMATION
PACKET**

Table of Contents

Page 2	Letter to the Candidates and their Parents
Page 3	Important Mandatory Dates
Page 4	Tryout Clinic Information
Page 5	Tryout Day Dress Code
Page 5	Tryout Day Information
Page 6	Tryout Sequence of Events
Page 7	Tryout Judging Criteria
Page 8	Cheer Standard of Uniformity
Page 10	Cheer Expectations
Page 11	Cheer Estimated Costs
Page 12	GISD Cheer Activities
Page 13	Tryout Checklist
Page 14	GISD Cheer Application
Page 15	Social Media Contract
Page 16	GISD Handbook Signature Page
Page 18	JV Consent Form
Page 19	Media Release Form
Page 20	Pre-Participation Physical Form
Page 22	Concussion Acknowledgment Form

Intro Letter

Your child has indicated an interest in being a 7th/8th grade Webb Bear cheerleader for the 2026- 2027 school year. Before tryouts, I want each student to know what will be expected if she/he is selected for the cheerleading squad. I especially want to inform the parents about general policies and requirements that have been set for all the Webb Middle School cheerleaders.

The position that these students will hold is a tremendous responsibility and requires dedication. The responsibilities and obligations of a cheerleader are listed in this packet. Please make sure to go over every one of these with your child and make sure they understand the rules which are set.

If selected, there are certain personal and financial responsibilities and obligations, which you and your child must assume in order to qualify and remain a member in good standing. This packet contains all of the information that you will need to know before making the decision on whether or not to allow your child to try out. We hope that you, as a parent of a prospective cheerleader, are aware of the time and energy it takes to be an effective student leader here at Webb Middle School.

We are thrilled to be your Middle School Cheerleading Coaches for the upcoming season! We're incredibly excited to welcome all cheerleaders who've shown interest in joining our squad as we embark on a fun, challenging, and rewarding year.

GISD Fine Arts Handbook Link:

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

- Please read this packet in its entirety.
- Both the candidate and parent/guardian must sign all forms included in this packet.
- Join the Cheer Tryout Canvas

Important Dates - Important Dates - Important Dates

When	Where	What
February 26, 2026 Thursday 5:30pm	Library	Mandatory Informational Meeting All candidates and at least one parent/guardian <i>must</i> attend in order to tryout for Cheer
March 1st, 2026	Done at Clinic or Doctors office	Physical's for cheer must be dated March 1st
March 13, 2026 Friday	Room B16 or D125	Tryout Packet Due by 4:00pm
March 23-26, 2026 Monday-Thursday 4:30pm-6:00pm	Main Gym	Mandatory Tryout Clinic M - T: school-appropriate t-shirt & athletic shorts with athletic shoes Tryout numbers will be drawn on Wednesday Mock tryouts on Thursday (wear tryout attire)
March 28, 2026 Saturday 12:30pm - 3:30pm	Garland High School 310 S. Garland Ave. Garland, TX 75041	Cheer Tryouts Solid white t-shirt & black shorts with athletic shoes
April 1, 2026 Wednesday 5:30pm	Library	Mandatory MADE IT! Meeting 2026-27 Cheerleaders and at least one Parent/Guardian <i>must</i> attend
April 7th, 2026 Tuesday 4:10 - 6:00	Gym	Fittings Mandatory for all squads Parents/Guardians will not be permitted to enter the gym during fittings
May 1st, 2026 Friday	Online	All Money Due
July 8-10 2026 Wednesday-Friday	Garland HS	GISD Cheer Camp Mandatory for all 2026-27 Cheerleaders Parents may attend show-offs/awards on the final day of camp
TBD	Small Gym Cafeteria	Summer Practice Mandatory for all squads
February 2027	Garland, TX	GISD Middle School Cheer Classic

**The cheer calendar is subject to change.

Tryout Clinic Information

What: Clinic - Tryout material will be taught

When: Monday, March 23, 2026 - Thursday, March 26, 2026
4:30pm - 6:00pm

Where: Webb Middle School (Comp Gym)

Attire: School-appropriate t-shirt, no crop tops or bra tops
Athletic shorts
Athletic shoes
Hair in a secure ponytail
No jewelry of any kind, including nose rings, belly rings, earrings, necklaces, etc.

Agenda:

3/23/26	3/24/23	3/25/23	3/26/23
Review cheer technique Learn chant Learn dance	Review cheer technique Review chant Review dance Learn cheer	Review cheer technique Review chant Review dance Review cheer Draw for tryout numbers	Mock tryouts *Wear tryout attire (solid white t-shirt, black athletic shorts, white athletic/cheer shoes)

Candidates: Returning GISD students - you must have been selected and been accepted to **Webb** for the 2025-26 school year.
New to GISD - Make sure you have contacted Student Services and have pre-enrolled for .
Documentation is required.

To receive the points on your pre-score, all applications are **due by 4:00 pm on March 13th, 2026** to Coach Vinson (B16) or Coach Soliz (D125) . Application materials are to be complete and turned in before your participation in clinics.

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

Tryout Day Dress Code

All candidates must wear:

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

Tryout Day Information

What: GISD Cheer Tryouts

When: Saturday, March 28, 2026

12:30pm - 1:00pm

Warm-up in designated area

1:00pm - 3:30pm

Tryout time

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

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

Three judges will be hired and compensated by the Director of Fine Arts for tryouts. Efforts will be made to reflect the diversity of the campus in selection of judges. Professional judges with outstanding credentials and references will be hired for all tryouts. They will be instructed to judge the candidates based only on the mastery of the skills that they see demonstrated during the tryouts.

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

Tryout Sequence of Events

The whole group of candidates will enter together and perform as a whole group to show the judges the material first.

TUMBLING

Groups will enter the gym and line up on the short end of the mat. Each candidate will be asked if they have tumbling skills to demonstrate. Afterwards, students will line up in numerical order in the middle of the mats.

INDIVIDUAL JUMPS:

Once the nod has been given, the candidate should do whatever jump they wish to do first and then wait for a nod before doing their second jump and then their third jump, giving the judges time to score each jump. Each middle school candidate must perform a toe touch, a right hurdler, a left hurdler, and a jump of their choice. The jump of their choice can include, but is not limited to, a jump that they have already performed.

GROUP DANCE AND CHEER:

Once the nod has been given, the school representative should start the music for the dance. The cheer will have a section(s) incorporating a jump(s) and/or tumbling. Candidates will be scored based on difficulty and execution. Candidates will also be judged on their smile, motion technique and voice projection during this time.

CALL BACKS

This year call backs will be added to our cheer tryout procedures. Students cannot leave the tryout area until the decision has been made regarding call backs.

Tryout Judging Criteria

Tumbling 10 pts.	Jumps	Incorporation 10 pts.																																																
<p><small>*If a skill is not executed properly, then points may be deducted into a lower scale</small></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">0</td><td style="text-align: center;">None</td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">Cartwheel</td></tr> <tr><td style="text-align: center;">1-2</td><td style="text-align: center;">Round off</td></tr> <tr><td style="text-align: center;">3-4</td><td style="text-align: center;">Round off BHS</td></tr> <tr><td style="text-align: center;">5</td><td style="text-align: center;">Round off 2 BHS</td></tr> <tr><td style="text-align: center;">6</td><td style="text-align: center;">Series 3 or more BHS</td></tr> <tr><td style="text-align: center;">7</td><td style="text-align: center;">Round off BHS back tuck</td></tr> <tr><td style="text-align: center;">8</td><td style="text-align: center;">Series to back tuck</td></tr> <tr><td style="text-align: center;">9</td><td style="text-align: center;">Layout or whip to back tuck</td></tr> <tr><td style="text-align: center;">10</td><td style="text-align: center;">Full or specialty full</td></tr> </table>	0	None	1	Cartwheel	1-2	Round off	3-4	Round off BHS	5	Round off 2 BHS	6	Series 3 or more BHS	7	Round off BHS back tuck	8	Series to back tuck	9	Layout or whip to back tuck	10	Full or specialty full	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">1-3</td> <td style="text-align: center;">Below level jumps ^</td> </tr> <tr> <td style="text-align: center;">4-6</td> <td style="text-align: center;">Level jumps —</td> </tr> <tr> <td style="text-align: center;">7-10</td> <td style="text-align: center;">Above level jumps v</td> </tr> </table> <p>Toe touch- 10 pts.</p> <p>Right Hurdler/Herkie- 10 pts.</p> <p>Left Hurdler/Herkie- 10 pts.</p>	1-3	Below level jumps ^	4-6	Level jumps —	7-10	Above level jumps v	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">0</td><td style="text-align: center;">No incorporation</td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">Other jump poor</td></tr> <tr><td style="text-align: center;">2</td><td style="text-align: center;">Other jump good</td></tr> <tr><td style="text-align: center;">3</td><td style="text-align: center;">Toe touch poor</td></tr> <tr><td style="text-align: center;">4</td><td style="text-align: center;">Toe touch good</td></tr> <tr><td style="text-align: center;">5</td><td style="text-align: center;">Double toe touch poor</td></tr> <tr><td style="text-align: center;">6</td><td style="text-align: center;">Double toe touch good</td></tr> <tr><td style="text-align: center;">7</td><td style="text-align: center;">Tuck poor</td></tr> <tr><td style="text-align: center;">8</td><td style="text-align: center;">Tuck good</td></tr> <tr><td style="text-align: center;">9</td><td style="text-align: center;">Back handspring to tuck poor</td></tr> <tr><td style="text-align: center;">10</td><td style="text-align: center;">Back handspring to tuck poor</td></tr> </table>	0	No incorporation	1	Other jump poor	2	Other jump good	3	Toe touch poor	4	Toe touch good	5	Double toe touch poor	6	Double toe touch good	7	Tuck poor	8	Tuck good	9	Back handspring to tuck poor	10	Back handspring to tuck poor
0	None																																																	
1	Cartwheel																																																	
1-2	Round off																																																	
3-4	Round off BHS																																																	
5	Round off 2 BHS																																																	
6	Series 3 or more BHS																																																	
7	Round off BHS back tuck																																																	
8	Series to back tuck																																																	
9	Layout or whip to back tuck																																																	
10	Full or specialty full																																																	
1-3	Below level jumps ^																																																	
4-6	Level jumps —																																																	
7-10	Above level jumps v																																																	
0	No incorporation																																																	
1	Other jump poor																																																	
2	Other jump good																																																	
3	Toe touch poor																																																	
4	Toe touch good																																																	
5	Double toe touch poor																																																	
6	Double toe touch good																																																	
7	Tuck poor																																																	
8	Tuck good																																																	
9	Back handspring to tuck poor																																																	
10	Back handspring to tuck poor																																																	

Dance	Spirit	Cheer																												
<p style="text-align: center;">Motion Technique 10 pts.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">1-3</td><td style="text-align: center;">Motion levels off, lacking in sharpness, missed motions</td></tr> <tr><td style="text-align: center;">4-7</td><td style="text-align: center;">Average motion levels, needing more sharpness</td></tr> <tr><td style="text-align: center;">8-10</td><td style="text-align: center;">Good motion levels, sharp, exhibits individuality</td></tr> </table> <p style="text-align: center;">Timing 10 pts.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">1-3</td><td style="text-align: center;">Timing off throughout</td></tr> <tr><td style="text-align: center;">4-7</td><td style="text-align: center;">Ok timing</td></tr> <tr><td style="text-align: center;">8-10</td><td style="text-align: center;">Good timing with group</td></tr> </table>	1-3	Motion levels off, lacking in sharpness, missed motions	4-7	Average motion levels, needing more sharpness	8-10	Good motion levels, sharp, exhibits individuality	1-3	Timing off throughout	4-7	Ok timing	8-10	Good timing with group	<p style="text-align: center;">Spirit/Enthusiasm 10 pts.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">1-5</td><td style="text-align: center;">No energy/No smile/ No spirit</td></tr> <tr><td style="text-align: center;">6-10</td><td style="text-align: center;">Energetic/Smiling/ Loud spiriting</td></tr> </table>	1-5	No energy/No smile/ No spirit	6-10	Energetic/Smiling/ Loud spiriting	<p style="text-align: center;">Motion Technique 10 pts.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">1-3</td><td style="text-align: center;">Motion levels off, lacking in sharpness, missed motions</td></tr> <tr><td style="text-align: center;">4-7</td><td style="text-align: center;">Average motion levels, needing more sharpness</td></tr> <tr><td style="text-align: center;">8-10</td><td style="text-align: center;">Good motion levels, sharp, exhibits individuality</td></tr> </table> <p style="text-align: center;">Voice Projection 10 pts.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">1-3</td><td style="text-align: center;">Soft/speaking words</td></tr> <tr><td style="text-align: center;">4-7</td><td style="text-align: center;">Saying words loud/yelling words without enthusiasm</td></tr> <tr><td style="text-align: center;">8-10</td><td style="text-align: center;">Yelling words with enthusiasm</td></tr> </table>	1-3	Motion levels off, lacking in sharpness, missed motions	4-7	Average motion levels, needing more sharpness	8-10	Good motion levels, sharp, exhibits individuality	1-3	Soft/speaking words	4-7	Saying words loud/yelling words without enthusiasm	8-10	Yelling words with enthusiasm
1-3	Motion levels off, lacking in sharpness, missed motions																													
4-7	Average motion levels, needing more sharpness																													
8-10	Good motion levels, sharp, exhibits individuality																													
1-3	Timing off throughout																													
4-7	Ok timing																													
8-10	Good timing with group																													
1-5	No energy/No smile/ No spirit																													
6-10	Energetic/Smiling/ Loud spiriting																													
1-3	Motion levels off, lacking in sharpness, missed motions																													
4-7	Average motion levels, needing more sharpness																													
8-10	Good motion levels, sharp, exhibits individuality																													
1-3	Soft/speaking words																													
4-7	Saying words loud/yelling words without enthusiasm																													
8-10	Yelling words with enthusiasm																													

Cheer Standard of Uniformity

Cheer has set expectations to keep all members in uniform. For the various activities cheerleaders do, there will be different expectations for hair, makeup, nails, and colors. Presentation is an incredibly important part of enhancing a cheerleader’s presence and building the atmosphere of a performance. Furthermore, hair, nails, and jewelry can be safety hazards.

1) Hair Expectations

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

b) Female Cheerleaders

Event	7th	8th
Practice	Hair secure and out of face	Hair secure and out of face
Game Day @ School	High ponytail with bow, or Half up/half down with bow	High ponytail with bow, or Half up/half down with bow
Games	High ponytail with bow, or Half up/half down with bow	High ponytail with bow, or Half up/half down with bow
Parades, Competition, pep rallies, etc.	High ponytail with bow, or Half up/half down with bow	High ponytail with bow, or Half up/half down with bow

c) General Guidelines

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

VIDEO CONSENT FORM

GARLAND INDEPENDENT SCHOOL DISTRICT CHEERLEADING PROGRAM

ONE TAKE PROMISE

This document must be signed by all parties the day of the taping.

Student's Name _____

GISD Campus _____

Date _____

The candidate, coach, and administrator attest that only one take was used for the video submission. Candidates should only be referred to by number. There will only be one take unless there is a technical difficulty. This difficulty will be notated on this form. The video should be reviewed by all parties before the candidate is excused.

*All GISD Fine Arts handbook rules apply.

Signature of Student _____ Date _____

Signature of Cheer Coach _____ Date _____

Signature of Administrator _____ Date _____

PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

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

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

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

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or physical?	<input type="checkbox"/>	<input type="checkbox"/>	13. Have you ever gotten unexpectedly short of breath with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been hospitalized overnight in the past year? Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had prior testing for the heart ordered by a physician?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever passed out during or after exercise?	<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 had chest pain 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"/>
Do you get tired more quickly than your friends do during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you broken or fractured any bones or dislocated any joints?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had racing of your heart or skipped heartbeats?	<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 had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, check appropriate box and explain below:		
Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip
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"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Thigh
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"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee
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"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Shin/Calf
Has a physician ever denied or restricted your participation in activities for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle
4. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Foot	
Have you ever been knocked out, become unconscious, or lost your memory?	<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"/>
If yes, how many times? _____			17. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
When was your last concussion? _____			18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
How severe was each one? (Explain below)			<i>Females Only</i> <input type="checkbox"/> I choose not to provide written information on Question 19 but will discuss with a medical professional: 19. When was your first menstrual period? _____ When was your most recent menstrual period? _____ How much time do you usually have from the start of one period to the start of another? _____ How many periods have you had in the last year? _____ What was the longest time between periods in the last year? _____		
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: 20. Are you missing a testicle? _____ Do you have any testicular swelling or masses? _____		
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 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.		
Have you ever had numbness or tingling in your arms, hands, legs or feet?	<input type="checkbox"/>	<input type="checkbox"/>	EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary): _____ _____ _____		
Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>			
5. Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>			
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 _____

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*

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine position.			
Heart-Auscultation of the heart in the standing position.			
Heart-Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only) if indicated			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			

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

*station-based examination only

CLEARANCE

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

Not cleared for: _____ Reason: _____

Recommendations: _____

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

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

Address: _____

Phone Number: _____

Signature: _____

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



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

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