



SCHRADE FALCONS

Cheerleading Tryout Packet

2026–2027

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Dear Parents and Prospective Cheerleaders,

I am so excited about your interest in our Schrade Middle School Cheer Program.

I hope that you, as parents of a prospective cheerleader, are aware of the time and energy it takes to be an effective student leader responsible for guiding student conduct at extracurricular activities and during the school day, both on and off campus.

Candidates selected to be a member of the cheerleading squad are expected to make a commitment to the activity for the full cheerleading year (tryout date to tryout date). SMS Cheerleaders must give 100% and complete their commitments and responsibilities to SMS cheerleading before anything else.

SMS Cheerleaders will have additional duties, which they will be required to perform throughout the school year. These duties include, but are not limited to games, pep rallies, school events, fundraising events, preparation for competitions, and participation in various school and community events. A great amount of time and energy will also be asked of parents/guardians in providing transportation to some of the activities and supporting team obligations. Cheerleading is a year-round activity.

I hope you will discuss the expectations and obligations of being an SMS cheerleader with your student and agree that Schrade Middle School Cheerleading is a worthwhile organization. Cheerleading helps students form friendships, develop leadership skills, and build responsibility that will benefit them later in life. With your support, we can work together to make this year a successful and memorable one.

If you have any questions, please do not hesitate to contact me.

Sincerely,

Coach Bongyenyo Kir

Schrade Middle School Cheerleading

bkir@garlandisd.net

GISD Fine Arts Handbook Link: <https://garlandisd.net/media/16675/download?inline>

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

Important Mandatory Dates (Subject to Change)

Mandatory Interest Meeting

Wednesday, February 25, 2026 – 5:00 PM – Schrade Gym

Tryout Packets Due

Monday, March 9, 2026 – 4:15 PM

Tryout Clinics

March 10–12, 2026 – 4:30–6:30 PM – Schrade Gym

Mock Tryouts

Friday, March 13, 2026

Open Gym (Tryout Preparation)

Tuesday, March 24, 2026 – 4:30–6:30 PM

Thursday, March 26, 2026 – 4:30–6:30 PM

Official Tryouts

Saturday, March 28, 2026

Warm-Ups: 11:30 AM Tryouts: 12:00–12:30 PM

Results Announced

Later the same day via Band App

MADE IT Meeting (Mandatory)

Thursday, April 30, 2026 – 6:30 PM

Mandatory Fittings

Thursday, May 8, 2026

First Payments Due

Friday, May 22, 2026

GISD Cheer Camp (Mandatory)

July 8–10, 2026 (Wednesday–Friday) Garland High school

MLK Parade

Saturday, January 16, 2027

Cheer Classics -Last Week of February 2027 (exact date TBA)

Tryout Clinic Information

WHAT

Tryout Clinics – All tryout material will be taught

WHEN

Tuesday, March 10, 2026 – Thursday, March 12, 2026

4:30–6:30 PM

Mock Tryouts:

Friday, March 13, 2026

4:30–6:30 PM

WHERE

Schrade Middle School

Small 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.

Mock Tryout Attire:

Solid white t-shirt

Black athletic shorts

White athletic/cheer shoes

CANDIDATES

Returning GISD students must be eligible and enrolled at Schrade Middle School for the 2026–2027 school year.

Students new to GISD must be registered and enrolled at Schrade Middle School. Documentation may be required.

All application materials must be completed and submitted by **Monday, March 9, 2026**, to Coach Kir prior to participation in clinics.

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

Official Tryout Day Dress Code

All candidates must wear:

Solid white t-shirt (no visible logos); shirts must be tucked in

Solid black athletic shorts

White socks

White athletic or cheer shoes

Supportive undergarments.

Hair must be in a secure high ponytail and completely out of the candidate's face. To ensure uniformity, no hair bows, ribbons, or additional hair accessories will be permitted.

Makeup should be natural. At minimum, candidates should wear mascara and pink- or red-toned lip color.

No jewelry is allowed, including earrings, nose rings, necklaces, belly rings, bracelets, or any other visible jewelry.

Fingernails must be "sports length" and a neutral color (clear, nude, or French tip).

Official Tryout Day Information

What:

Middle School Cheer Tryouts

When:

Saturday, March 28, 2026

11:30 AM – Warm-ups (designated area)

12:00–12:30 PM – Tryout time

Where:

Garland High school

Tryouts are closed to the public. No parents, guardians, or friends will be allowed in the building during tryouts. No exceptions. Candidates must remain in the tryout area until officially dismissed.

Judging Information

Judges will be selected and approved in accordance with Garland ISD Fine Arts guidelines. Judges are instructed to evaluate candidates based solely on the skills demonstrated during the tryout process, including technique, execution, and performance quality.

More information regarding tryouts, scoring, and notification procedures can be found in the Garland ISD 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 high 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>_____</p> <p>*If a skill is not executed properly, then points may be deducted into a lower scale</p>		<p>_____</p>		<p>_____</p>	
0	None	1-3	Below level jumps Λ	0	No incorporation
1	Cartwheel	4-6	Level jumps —	1	Other jump poor
1-2	Round off	7-10	Above level jumps V	2	Other jump good
3-4	Round off BHS			3	Toe touch poor
5	Round off 2 BHS			4	Toe touch good
6	Series 3 or more BHS			5	Double toe touch poor
7	Round off BHS back tuck		Toe touch- 10 pts.	6	Double toe touch good
8	Series to back tuck		Right Hurdler/Herkie- 10 pts.	7	Tuck poor
9	Layout or whip to back tuck		Left Hurdler/Herkie- 10 pts.	8	Tuck good
10	Full or specialty full			9	Back handspring to tuck poor
				10	Back handspring to tuck poor

Dance		Spirit		Cheer	
Motion Technique 10 pts.		Spirit/Enthusiasm 10 pts.		Motion Technique 10 pts.	
1-3	Motion levels off, lacking in sharpness, missed motions	1-5	No energy/No smile/ No spirit	1-3	Motion levels off, lacking in sharpness, missed motions
4-7	Average motion levels, needing more sharpness	6-10	Energetic/Smiling/ Loud spiriting	4-7	Average motion levels, needing more sharpness
8-10	Good motion levels, sharp, exhibits individuality			8-10	Good motion levels, sharp, exhibits individuality
Timing 10 pts.				Voice Projection 10 pts.	
1-3	Timing off throughout			1-3	Soft/speaking words
4-7	Ok timing			4-7	Saying words loud/yelling words without enthusiasm
8-10	Good timing with group			8-10	Yelling words with enthusiasm

26-27 Schrade Middle School Cheerleading Standard of Uniformity

Schrade Middle School Cheerleading has established standards of uniformity to ensure that all cheerleaders present a consistent, professional, and safe appearance. Cheerleaders participate in a variety of activities, and expectations may vary depending on the event. Presentation plays an important role in performance quality, school representation, and safety. Hair, nails, and jewelry can also pose safety concerns during cheer activities.

Hair Expectations

All cheerleaders are required to keep hair secured and completely out of the face for all practices, games, performances, and events.

Practice

Hair secured and out of the face.

Game Day at School

High ponytail with bow.

Games

High ponytail with bow.

Parades, Competitions, Pep Rallies, and Special Events

High ponytail with bow unless otherwise directed by the coach.

General Hair Guidelines

Hair must be pulled back completely and tightly secured and must not fall or become loose while performing cheer activities such as stunting, jumping, or tumbling.

No loose hair or “wispsies” may fall around the face.

Bows will be worn at every performance or event and must face forward and be securely pinned.

Braids or twists leading into a ponytail are not permitted unless approved by the coach.

Hair extensions must be blended and match the cheerleader’s natural hair color.

Braids must be able to be styled into required hairstyles.

Box braids and cornrows must be styled so hair can be pulled into a high ponytail.

Sew-ins or quick weaves must allow hair to be styled into a high ponytail.

No wigs are permitted unless medically necessary and approved by the coach.

No unnatural hair colors are allowed at performances or events. If unsure, consult the coach prior to the event.

Beads are permitted if they do not interfere with safe execution of stunting or tumbling and must be school colors (clear, royal blue, white).

Make-Up Expectations

Practice

No makeup required.

Game Day at School
Natural makeup only.

Games, Parades, Competitions, Pep Rallies, and Special Events
Mascara or natural-looking lashes
Pink or red-toned lip color
Makeup must remain age-appropriate and natural in appearance.

General Make-Up Guidelines

Makeup must be always age-appropriate and natural-looking.
Makeup should complement the cheer uniform.
Lashes must appear natural in color and length.
Lip color should be a pink or red shade that complements the cheerleader's skin tone.
If there are questions regarding makeup, cheerleaders should consult the coach prior to the event.

Fingernail Expectations

Fingernails must be always maintained at a "sports length".
For practices, games, performances, and competitions, nails must be a neutral color (clear, nude, or French tip).

Jewelry Expectations

Jewelry is not permitted during practices, games, performances, or competitions. This includes, but is not limited to earrings, nose rings, necklaces, bracelets, rings, and anklets.
Band-aids may not be used to cover piercings. Spacers may be used. Cheerleaders should plan new piercings around the cheer calendar.

The coach reserves the right to instruct a cheerleader to correct hair, makeup, fingernails, or jewelry at any time. Failure to comply with the **Schrade Middle School Cheerleading Standard of Uniformity** will result in demerits.

Any violation of the **Schrade Middle School Cheerleading Standard of Uniformity** may result in demerits that cannot be removed through merit points.

Cheerleaders and families are encouraged to communicate with the coach if there are any questions or concerns regarding these expectations.

Cheer Expectations

Cheer Camp

Cheer camp is mandatory for all Schrade Middle School Cheerleaders. Camp provides an opportunity to build team bonds, develop skills, and prepare for the cheer season. Attendance is required. Failure to attend cheer camp may result in removal from the team unless prior approval is granted by the coach.

Communication

All Schrade Middle School Cheerleaders and their parents/guardians are required to use the **Band App** as the primary form of communication. Important announcements, schedules, updates, and reminders will be shared through the Band App. Parents and cheerleaders are expected to check the app regularly. Failure to stay informed through the Band App is not an excuse for missed practices, events, or deadlines.

Attendance

Cheerleaders are expected to attend all practices, games, events, and required activities. Cheerleaders must notify the coach **in writing** as soon as possible regarding any absences or tardiness. Even if an absence or tardy is excused, the cheerleader may be removed from a performance at the coach's discretion.

Excessive absences or tardiness may result in disciplinary action, including loss of performance opportunities or removal from the squad.

Outside Activities

Cheerleading is a commitment and must be prioritized. If a student is selected for the cheer squad, they are expected to fulfill all cheer responsibilities before participating in other outside activities, including clubs, organizations, or outside athletics.

Any potential conflicts must be communicated **in advance** to the coach. It is the cheerleader's responsibility to communicate conflicts and work with the coach to resolve scheduling issues. Failure to communicate conflicts may result in consequences.

Transportation

Transportation expectations will vary depending on the event.

For games and local events, a **carpool system** may be used.
For competitions and select events, **GISD buses** will be used.

Parents/guardians are responsible for picking up cheerleaders promptly after dismissal from games, competitions, performances, or events. Cheerleaders should be picked up no later than **20 minutes** after dismissal unless otherwise communicated.

Repeated late pick-ups may result in administrative review and disciplinary action, including loss of privileges or removal from the squad.

GISD Cheering Activities

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

CHEERLEADER COMPETITION

The expectation is that all cheerleaders will participate in competition. Failure to commit and participate in competition(s) will result in removal at semester. Tryouts may be held to determine competition groups etc. A separate handbook, approved by the campus principal, will be given to each competition member. Each high school team is required to attend UIL Spirit. The date for UIL is not set until after school starts.

PARADES

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

FOOTBALL

All cheerleaders will perform for games.

VOLLEYBALL

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

BASKETBALL

A. All district varsity boys and girl's games should be covered. Squad assignments will be at the discretion of the campus administration and the sponsor.

C. Exceptions to the above rules are as follows:

- a. No out of town games on Monday through Thursday nights.
- b. No cheering during the holiday break.

OTHER ACTIVITIES

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

Cheer Estimated Costs

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

Payment	Date	Amount (will vary by past involvement but should not exceed the number shown)	Description
#1	May 22, 2026	\$175 (cash or money order only)	Camp fee/Practice Gear - Cheer bag, cheer shoes, bows, 2 shorts, 2 shirts, socks, water jug, poms, Winter Gear-Crewneck, game day shirt, pink out shirt, pink bow, competition bow
#2	July 8, 2026	\$175 (cash or money order only)	Activity Fee - team building, pep rally needs.

- **Members will not receive any items until the respective balance has been paid in full, and therefore will not be able to perform until payment is received.**

- **GISD provides uniforms, but the cheerleader is responsible for all alterations needed, as well as any damages to the uniforms that may have occurred throughout the year.**

- **Booster Club - Generally, Booster Clubs raise funds to provide food, gifts, apparel, etc. for members. Cheer does not have a Booster Club at this time, so additional costs will fall on the cheerleader and their parent/guardian.**

Candidate Checklist

Candidate Name: _____

To receive full consideration during tryouts, all application materials must be **completed, placed in the order listed below, stapled together, and submitted by 4:15 PM on Monday, March 9, 2026**, to **Coach Bongyenyo Kir**. Application materials must be complete and turned in prior to participation in clinics.

Failure to turn in materials by the deadline or absence from clinics for any reason (other than with a doctor's note) may result in points deducted from the candidate's pre-score.

Please submit the following documents **ALL COMPLETED**, in the order listed below:

_____ Cheer Candidate Checklist

_____ GISD Middle School Cheerleader Application

_____ Social Media Consent and Photo/Video Release Form

_____ GISD Fine Arts Handbook Signature Pages

_____ Current Academic Grades 1st semester and 3rd cycle.

_____ Attendance and Discipline Profile (obtained from the school's attendance office)

_____ Choice of School Form (only for students NEW to Schrade Middle School)

_____ Media Release Form

_____ Pre-Participation Physical Form

New physicals will be due on or after April 1, 2026, and must be submitted prior to the first official practice.

_____ Concussion Acknowledgement Form

_____ Cardiac Awareness Form

Schrade Middle School Cheer Expectations Agreement Form

I have received, read, and understand the information outlined in the **Schrade Middle School Cheerleading Tryout Packet**, including but not limited to the following:

Student Initials _____ Parent/Guardian Initials _____

•Mandatory Dates

I understand that attendance at all mandatory dates, practices, games, performances, and required events is expected.

Student Initials _____ Parent/Guardian Initials _____

• Transportation

I understand that transportation will vary by event and that I am responsible for following all transportation procedures communicated by the coach.

Student Initials _____ Parent/Guardian Initials _____

• Estimated Cheer Costs

I understand that failure to meet financial obligations may result in not performing, not receiving items or services, or removal from the team.

Student Initials _____ Parent/Guardian Initials _____

• Standard of Uniformity

I understand that failure to follow the Schrade Middle School Cheerleading Standard of Uniformity may result in not practicing or performing.

Student Initials _____ Parent/Guardian Initials _____

• GISD Fine Arts Handbook

I have reviewed the Code of Conduct, eligibility requirements, and the merit/demerit system as outlined in the GISD Fine Arts Handbook.

Student Initials _____ Parent/Guardian Initials _____

I agree to represent Schrade Middle School Cheerleading in a positive manner at school, during school functions, and while in uniform. I agree to follow all school rules and policies and maintain academic eligibility throughout the school year.

I understand that cheerleading involves inherent risks, and that participation is voluntary. I understand that decisions regarding participation, benching, and discipline are at the discretion of the coach and/or administration.

I understand that cheer uniforms are the property of Garland ISD and must be returned in good condition. Lost or damaged uniforms are my responsibility.

Student Name (Print) _____

Student Signature _____ Date _____

Parent/Guardian Name (Print) _____

Parent/Guardian Signature _____ Date _____

GISD Cheer Application

Please print legibly and neatly.

Name _____ ID# _____

Grade Next Yr. _____ Age _____ Phone _____

Address _____

City _____ Zip _____

Email _____

School Enrolled for Next Yr. _____

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

I understand the above and confirm that I have not voluntarily quit any cheerleading squad at any GISD campus.

Student Signature _____

Parent/Guardian _____

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

Parent/Guardian _____

Social Media Contract

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

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

Parent Signature

Date

Cheerleader's Signature

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. (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/UII 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 and affect my pre-score at next year's tryouts.

_____ 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 _____

Media Release Form

Video, Image, and Audio Release Form

I _____ parent/guardian of _____ give my consent for photographs, video images, and/or voice to be utilized for advertising, illustration, or publication on campus, district, and/or local media TV stations for Garland ISD as appropriate. This includes but is not limited to GRS-TV, newspaper, daily announcements, advertising, and local news stations.

Parent Signature

Date

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 permiso 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.

Thông Báo



Về Thông Tin Danh Mục và Trả Lời của Phụ Huynh Về Công Bố Thông Tin Của Học Sinh

Pháp luật tiểu bang quy định học khu phải cung cấp cho quý vị thông tin sau đây:

Những thông tin nhất định về học sinh của học khu được coi là thông tin danh mục và sẽ được công bố cho bất kỳ ai tuân thủ các thủ tục về yêu cầu thông tin trừ khi phụ huynh hoặc người giám hộ phản đối việc cung cấp thông tin thư mục về học sinh đó. Nếu quý vị không muốn Garland ISD tiết lộ thông tin thư mục từ hồ sơ học tập của con quý vị mà không có văn bản chấp thuận trước của quý vị, thì quý vị phải thông báo cho học khu bằng văn bản trong vòng mười ngày kể từ ngày học đầu tiên của con quý vị trong năm học này.

Điều này có nghĩa là học khu phải cung cấp thông tin cá nhân nhất định (gọi là "thông tin danh mục") về con quý vị cho bất kỳ ai yêu cầu, trừ khi quý vị có văn bản yêu cầu học khu không được cung cấp. Ngoài ra, quý vị có quyền báo cho học khu rằng học khu được, hoặc không được, sử dụng những thông tin cá nhân nhất định về con quý vị cho những mục đích cụ thể mà trường học tài trợ. Học khu cung cấp cho quý vị biểu mẫu này để quý vị có thể cho biết mong muốn của quý vị về những vấn đề này.

(Xem Thông Tin Danh Mục trong cuốn Sổ Tay Học Sinh để biết thêm thông tin.)

Garland Independent School District đã quyết định những thông tin sau đây làm thông tin danh mục:

- Họ tên học sinh
- Địa chỉ
- Số điện thoại
- Địa chỉ email
- Ảnh
- Ngày và nơi sinh
- Lĩnh vực học tập chính
- Bằng cấp, danh hiệu và các giải thưởng được nhận
- Số ngày đi học
- Cấp lớp
- Trường theo học gần nhất
- Tham gia vào các hoạt động và thể thao được công nhận chính thức
- Cân nặng và chiều cao, có phải là thành viên đội điền kinh không

Cha mẹ/Người giám hộ: Xin chọn một trong những lựa chọn bên dưới

- CÓ** - Thông Tin Danh Mục về con tôi có thể được công bố cho công chúng. Bất kỳ ai yêu cầu thông tin danh mục về học sinh GISD đều có thể được nhận thông tin.
- CÓ** - Thông Tin Danh Mục về con tôi có thể được công bố **chỉ cho mục đích quảng bá về học khu**. Điều này bao gồm, nhưng không giới hạn với: các ấn phẩm về các hoạt động ngoại khóa, sách niên giám, bản tin học khu/học xá, các danh bạ khu học xá, công bố thông tin cho truyền thông địa phương, tin tức truyền thông, trang web học khu/học xá, video học khu/học xá, các ấn phẩm học khu/học xá, mạng xã hội học khu/học xá và sự công nhận của công chúng.
- KHÔNG** - Không được công bố Thông Tin Danh Mục về con tôi. Đánh dấu vào ô này, tôi hiểu rằng tên, ảnh... của con tôi, sẽ Không được đưa vào các ấn phẩm học khu/học xá - kể cả sách niên giám - hoặc công bố cho truyền thông. Tôi cũng hiểu rằng yêu cầu này được đưa ra hàng năm để có hiệu lực áp dụng cho từng năm học.

Họ Tên Học Sinh (xin viết chữ in)

Họ _____ Tên _____ Tên Đệm _____

ID# Học Sinh _____ Lớp _____

Chữ Ký Phụ Huynh _____ Ngày _____

Nếu mẫu giấy này không được gửi lại trong thời gian cụ thể nêu trên, học khu sẽ cho rằng quý vị đã cho phép cung cấp thông tin này.

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 |
|---|--------------------------|--------------------------|
| 1. Have you had a medical illness or injury since your last check up or physical? | <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"/> |
| 3. Have you ever had prior testing for the heart ordered by a physician?
Have you ever passed out during or after exercise?
Have you ever had chest pain during or after exercise?
Do you get tired more quickly than your friends do during exercise?
Have you ever had racing of your heart or skipped heartbeats?
Have you had high blood pressure or high cholesterol?
Have you ever been told you have a heart murmur?
Has any family member or relative died of heart problems or of sudden unexplained death before age 50?
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?
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?
Has a physician ever denied or restricted your participation in activities for any heart problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever had a head injury or concussion?
Have you ever been knocked out, become unconscious, or lost your memory?
If yes, how many times? _____
When was your last concussion? _____
How severe was each one? (Explain below) _____
Have you ever had a seizure?
Do you have frequent or severe headaches?
Have you ever had numbness or tingling in your arms, hands, legs or feet?
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"/> |

- | | Yes | No |
|---|----------------------------------|------------------------------------|
| 13. Have you ever gotten unexpectedly short of breath with exercise?
Do you have asthma?
Do you have seasonal allergies that require medical treatment? | <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"/> |
| 15. Have you ever had a sprain, strain, or swelling after injury?
Have you broken or fractured any bones or dislocated any joints?
Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?
If yes, check appropriate box and explain below: | <input type="checkbox"/> | <input type="checkbox"/> |
| <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 | |
| 16. Do you want to weigh more or less than you do now? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Do you feel stressed out? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease? | <input type="checkbox"/> | <input type="checkbox"/> |

Females Only 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? _____

Males Only 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? _____

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.

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*
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, 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:

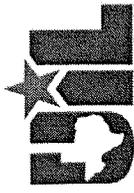
- (1) the student has been evaluated, using established medical protocols based on peer-reviewed scientific evidence, by a treating physician chosen by the student or the student's parent or guardian or another person with legal authority to make medical decisions for the student;
- (2) the student has 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