

Cheerleader Information Packet

Dear Parents/Guardians of Cheerleader Candidates,

Your child has expressed an interest in becoming a member of the Jackson Technology Center 7th or 8th grade cheerleading squad for the 2026-2027 school year. 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 at Jackson.

Because we believe our students and school are “better than the best!” we expect that cheerleaders set a good example of student conduct at all times. We have set forth guidelines that will make our cheerleaders role models at our school. We want our cheerleaders to be exemplary citizens exhibiting high moral and academic standards.

It is our intention that after reading through this pack with your child, you will discuss the expectations and obligations of being a cheerleader with your child. Cheerleading helps students not only harness their athletic ability, but also form lasting friendships, improve communication skills, develop leadership skills that will prove to be beneficial later in life.

We wish all candidates the best of luck. Please read this packet carefully and be sure you fully understand each rule and procedure **BEFORE** signing the application. The stapled application packet forms will be passed out at the pre-tryout parent meeting only and must be signed and returned by **Friday March 13, 2026**. No late applications will be accepted.

Kristi Mikulec
PGYM
8th Grade Cheerleading Coach
kmikulec@garlandisd.net

Valerie Korte
Room 211
7th Grade Cheerleading Coach
vmkorte@garlandisd.net



Calendar of Upcoming Events

February 26 OR March 3rd - Mandatory pre-tryout

PARENT & candidate meeting

Where: Jackson Cafeteria

Time: 6:00-6:30 pm

**Applications will be passed out at parent meeting ONLY

March 13th - Application Due date

Turn in to Coach Mikulec PGYM, Coach Korte room 211, or Coach Foster CGYM

March 23 - 25 Cheer clinics - CLOSED sessions

Where: Jackson competition gym

Time: 4:15-6:00 pm

Attire: athletic wear of any kind, athletic shoes (no crop tops, spaghetti straps or spandex shorts - no jewelry of any kind) hair pulled back in ponytail

-Tryout clinic is mandatory for tryouts.

-The cheer and dance will be taught at clinics.

-Candidates tryout number will be chosen on the third day of clinic.

-No parents will be permitted at cheer clinics

March 26 - Mock tryouts - CLOSED session

Where: Jackson competition gym

Time: 4:15-6:00 pm

Attire: athletic wear of any kind, athletic shoes (no crop tops, spaghetti straps or spandex shorts - no jewelry of any kind) hair pulled back in ponytail

-No parents will be permitted at mock tryouts

March 27 - Open Gym - CLOSED session

Where: Jackson competition gym

Time: 4:15-5:pm

Attire: athletic wear of any kind, athletic shoes (no crop tops, spaghetti straps or spandex shorts - no jewelry of any kind) hair pulled back in ponytail

- This is to give candidates extra time to practice what they have learned in their groups or individually.

-No parents will be permitted open gym

March 28 - Tryouts

Where: Garland High School

Time: **Warm up:** 12:00pm **Tryouts:** 12:30pm - 1:15pm

Attire: solid black shorts, solid white polo shirt or solid fitted t-shirt, athletic shoes, hair pulled back (no jewelry or bows)

-Candidates will be assigned a tryout number on the first day of clinic. Do not switch numbers! -Parents will not be permitted inside the building during tryouts.

-Candidates will need to arrive at GHS 30 minutes prior to warm-up time.

Results will be announced within 72 hours of tryouts concluding.

Check the JTC Cheer Tryout canvas course for results.

Calendar of Upcoming Events (Post Tryouts)

April 2- Fundraiser Meeting

Where: Room 211

When: 8:00 am

-Meeting is mandatory for all cheerleaders

April 2 - Post Tryout Parent Meeting

When: 6:00 pm

Where: JTC Cafeteria

April 2 - Group Dynamix Payment DUE \$50

April 6 - Practices Start - Physicals need to be completed

When: Mondays 7:30 - 8:30 am

Tuesdays 4-6 pm

Where: Jackson Competition Gym. (drop off behind gym)

Attire: athletic wear of any kind, athletic shoes (no crop tops, spaghetti straps or spandex shorts - no jewelry of any kind) hair pulled back in ponytail

*Practice days for 26/27 school year are TBD.

April 14 Camp Gear and Uniform Fitting

Where: Room 211

When: 4:10 - 5:30pm

Attire: School uniform. Be sure to bring a sports bra and proper undergarments for fitting.

April 17 SnapRaise Fundraiser Begins

April 17 - May 1st Varsity Payment Portal Open \$450

May 16 - Team Bonding Field Trip (Mandatory)

Where: Group Dynamics in Carrollton

When: 9pm - 7am

Attire: Shirt and leggings/athletic shorts, tennis shoes.

What to bring: water bottle, snacks (vending machines available)

Arrive at JTC at 8:00 pm to ride the bus to Group Dynamix. Pick up will be at 7:30 am Sunday morning at JTC. If you have any questions or concerns please feel free to ask questions.

Calendar of Upcoming Events (Post Tryouts)

End of School & Summer Saturday Practice Dates:

April 11th, May 2nd, June 13th, June 27nd, July 11th, July 25th

Where: Jackson competition gym

Time: 1:30PM - 4:30am

Attire: athletic wear of any kind, athletic shoes (no crop tops or spandex shorts - no jewelry of any kind)
hair pulled back in ponytail

District Summer Camp (Mandatory) - July 8 - July 10

When: 8:00am - 4:00pm

Where: Garland High School

Attire: Practice Clothes TBD

Practice Schedule 2026-2027 School Year

**subject to change based on athletics schedule and gym availability.

Football Season (Aug-Oct) Wednesday 7:30-8:30 am, Thursday 4-6 pm, Friday (A days) 7:30-8:30 am

Basketball Season (Nov- Jan) Monday 7:30-8:30 am, Tuesday 4-6 pm, Wednesday 7:30-8:30 am

Competition Season (Feb) Monday 7:30-8:30 am, Tuesday 4-6pm, Thursday 4-6 pm

1 Saturday practice a month

Saturday Practice Dates 1:30PM - 4:30PM

August 23rd

September 27

October 25

November 22

December 13

January 10, 2027

February 7, 2027

February 2026 - Cheer Classic Competition

PAYMENT DEADLINES

April 2 - Group Dynamix Lock-In Payment due - \$40 cash

April 17th - May 1st VARSITY payment due \$450

Cheerleader Expectations

Expectations for cheerleaders and other student leaders at Jackson are extremely high. Please make sure you read your tryout packet VERY carefully, as it describes the schedule requirements and rules for elected cheerleaders. If you cannot abide by the schedule requirements and/or rules, please reconsider trying out.

Grades: Cheerleaders must maintain passing grades or risk extended probation/termination. Cheerleading squads follow the UIL eligibility guidelines.

Time: If elected, plan to spend an average of 5 hours a week practicing for performances, as well as 2-3 hours a week for games.

Transportation: Each parent/guardian must arrange for his/her own child's ride to and from **all** practices and functions. Cheerleaders will ride the bus to the games with football players. You will be given a calendar for all cheerleader functions; therefore, parents are responsible for their child's timely arrival to events and prompt pick-up after events.

Attendance: Do not plan to try out for cheerleader unless you plan to attend **all** games, practices and cheerleader functions. (All-star practices, club sports, and doctor's appointments are **not excused**. Please make sure you let the coach know with plenty of time.) See new demerit system set by the district in the handbook.

Practice Schedule: **subject to change based on athletics schedule and gym availability.

Football Season (Aug-Oct) Wednesday 7:30-8:30 am, Thursday 4-6 pm, Friday (A days) 7:30-8:30 am

Basketball Season (Nov- Jan) Monday 7:30-8:30 am, Tuesday 4-6 pm, Wednesday 7:30-8:30 am

Competition Season (Feb) Monday 7:30-8:30 am, Tuesday 4-6pm, Thursday 4-6 pm

1 Saturday practice a month

Game Schedule: *Usually* on Mondays/Tuesdays for football and Monday/Wednesdays for basketball. Cheerleaders will only cheer at 1 game per week.

**subject to change based on district scheduling.

Communication: Post tryouts all members will be required to download the Sportyou app as this will be where our calendar is updated and notifications of event and practice dates and times will be sent out.

Rules: Keep in mind that being a cheerleader is a privilege to which one is elected. The strictest consideration for, and adherence to all rules in mandatory

Competition Team: Competition team members will be determined based on attitude, dedication to the team, ability, and football game performances such as smiling, motion sharpness, spiring, and memorization of cheers. Tryouts may be implemented to determine placement on team

GISD FINE ARTS STUDENT CODE OF CONDUCT

The Fine Arts student (Cheerleader, JV/V Drill Team, World Dance Company, and Step Performer) is a recognized representative of the individual school as well as the district and as such must demonstrate the highest levels of character and behavior. It is the responsibility of the campus administrator and teacher (coach, director, and sponsor) to maintain this high level of expectation. Mutual respect and politeness toward members within the team and GISD performance community are basic elements that contribute to the total success of the squad. Fine Arts students are expected to maintain positive relationships with all students, faculty and staff members, members of the general community, and other GISD groups. Students are expected to present themselves in a manner that reflects GISD accepted dress code, including guidelines for hair, tattoos, fingernails, and piercings. These guidelines have been established to ensure that every student is safe and not injured during a rehearsal or performance. A separate rehearsal/performance uniformity dress code will be in effect while the student is participating within the performance group. Any behavior considered detrimental to the reputation of the GISD Fine Arts Department can result in the dismissal of the student from the program. The determination of conduct detrimental to the reputation of the program will be made by the principal, teacher, board policies and applicable law. All Fine Arts students must follow the GISD Fine Arts Handbook, GISD District Code of Conduct, and the Fine Arts Student Code of Conduct.

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.

Reference 2026-2027 Fine Arts Handbook

DISTRICT REQUIRED DEMERIT SYSTEM

The following benching/probation guidelines will be used:

Number of demerits	Consequence	Recording of Demerits
5 demerits	Warning	Document and Parent Contact
10+ demerits	Benched from Next Performance **1 benching until student reaches 15	Document and Parent Contact
15+ demerits	3 Week Probation **1 probation until reaches 20	Document and Parent Contact
20+ demerits	6 Week Probation **1 probation until student reaches 22	Document and Parent Contact
22 demerits	Removal from Team	

Demerits

The following demerits may be erased with the earning of merits:

Rule Infraction	Demerit(s)
Incorrect practice uniform	1 per item
Failure of student to dress out for practice	3
Chewing gum during practice or performance	2
Not returning any item with a due date	1 each day
Leaving a mess in practice, performance, or dressing area	2
Tardies to practice, performance/function/area ** Excessive tardies (3 or more) can receive benching	<u>Practice 1</u> <u>Performance 3</u>
Wearing any jewelry (including clear spacers) during practice and after a warning Excessive infractions (3+) will not require a warning.	1 per item
Moving or talking in performance line	2

Demerits

The following demerits may NOT be erased with the earning of merits:

Rule Infraction	Demerit(s)
Not following instructions for stands, sidelines, and entering/exiting venue	1
Any inappropriate behavior, at school or school events, as outlined in the GISD/Fine Arts Student Code of Conduct and campus expectations	5 out of uniform 10 in uniform
Wearing unacceptable nail length (safety issue) and hair to a practice *Nails should be worn in a "sports length" *Nails should be barely visible from palm angle. This is in accordance with NFHS Safety Guidelines. See page 4, Practice and Performances, I.	1 per item first offense 2 per item 2nd offense
Wearing nail polish or unacceptable nail length (safety) to a performance *Nails should be worn in a "sports length", nails should be barely visible from palm angle. Acceptable colors: clear, French, or neutral	2 first offense 4 2nd offense
Not notifying the teacher when of absences or not bringing a note upon return from absence. The manner of communication is determined by the teacher.	2 per infraction **
Wearing any jewelry to a performance including clear spacers. Benched until corrected.	2 per item
Lending uniform, sweats, t-shirts, or jackets to non-team members	5
Wearing uniform to non-team function without teacher approval	5
Failing to bring all required items to a practice/performance. This includes game day attire See page 3, Practice and Performances	<u>Practice</u> : 1 per item <u>Game</u> : 1 per item <u>Performance</u> : 2 per item
Having a cell phone, earbuds or a smart watch in practice or performance area without permission from the teacher	2
Leaving any practice/performance early without permission from teacher	5
Insubordination (eye rolling, arguing, disrespect to faculty/staff, not responding, negative body language, ranting, repeated use of cell phone/smart watch w/out permission, non-compliance), leaving any group activity without permission	5 minor infraction 10 major infraction
Inappropriate or obscene social media posts	5
Office referral	10
Letting a non-member into locker room without teacher's permission	10
Unexcused absence from class period, practice outside school hours, or required performance/function	<u>Practice</u> : 3 <u>Performance</u> : 5 plus possible benching for next game

Reassignment Room **review and refer to GISD Policies	15**
N in conduct **review and refer to GISD Policies	15**
U in conduct **review and refer to GISD Policies	20**
Suspension from school **review and refer to GISD Policies	20**

END OF DEMERITS

Merit Guide

- a. Merits must be acquired prior to an demerit listed above. See the chart below.
- b. One merit will remove one demerit
- c. It is up to the student to request possible merit earning opportunities and to provide proof as requested.

Approved Merits (approval of the teacher)	Merit (s)
Conditioning (Spirit Builders)	1
10 sets of 10 kicks/10 jumps	1
Creating posters/signs for events/fundraisers	1 per poster
Attending and helping at GISD events (literacy, back to school, etc)	2 per hour
Attending and supporting Fine Arts Group performances	1
Teacher assistant by appointment for 1 hour	2
Greeter at after school functions	2 per hour, max 3 hrs per event
Volunteer to organized closet, clean locker room, dance area, etc	2 per hour, max 3 hr per event
Assist with faculty dance, school talent show, etc	2 per hour, max 3 hr per event
Volunteer to bring supplies for events	1 per item
Team bonding game winners	1
After school technique/tutoring team members	2 per hour, max 3 hr per event
Attending and supporting other school events to promote unity	2
Volunteer for outside community service (must be approved)	2 per hour, max 3 hr per event

Middle School Cheerleader Tryout Sequence of Events

Date: March 28, 2026

Time: Warm-up 12:00pm Tryout 12:30pm

Location: Garland High School

FULL GROUP PERFORMANCE

ALL candidates should walk in and perform the dance and cheer as a group in that order. This is only so the judges can see what the material should look like and that they will not be judged at that time.

GROUP DANCE/CHEER:

Groups should consist of 3 candidates. They will enter the gym so that they end up standing in numeric order from left to right (from the judge's viewpoint). There should be no tumbling or spirit during this time, only uniform walking. The Fine Arts designee will start the music for the dance. Upon completion, the candidates should wait for the judges to finish scoring.

Once a nod from the judges has been given, the designated candidate should call for the group cheer to begin. The cheer will have a section(s) incorporating a jump and/or standing 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. Upon completion, the candidates should wait for the judges to finish scoring.

INDIVIDUAL JUMPS:

Following the group performance of the dance and cheer, candidates will perform their jumps. Each candidate must perform a toe touch, a right hurdler and a left hurdler. This will be performed one candidate at a time.

INDIVIDUAL RUNNING TUMBLING:

Once the jumps have been completed, each candidate will be offered a chance to tumble. All candidates will move to behind the mat in the back of the gym. When this is completed, all candidates will exit the gym

Cheerleaders selected for the 2026-2027 Jackson Cheerleading squad will be announced by **March 30, 2026** in the Canvas course for tryouts.

Candidate Number	TUMBLING SPIRIT		JUMPS			GHEER			DANCE		TOTAL
	Tumbling (0 - 10)	Spirit/Enthusiasm (0 - 10)	Toe Touch (0 - 10)	Left Hurdler (0 - 10)	Right Hurdler (0 - 10)	Motion Technique (0 - 10)	Voice Projection (0 - 10)	Incorporation (0 - 10)	Motion Technique (0 - 10)	Timing (0-10)	
1											0
2											0
3											0
4											0
5											0
6											0
7											0
8											0
9											0
10											0

Tumbling 10 pts.

*If a skill is not executed properly, then points may be deducted into a lower scale

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

Jumps

1-3	Below level jumps ^
4-6	Level jumps —
7-10	Above level jumps v

Toe touch- 10 pts.
Right Hurdler/Herkie- 10 pts.
Left Hurdler/Herkie- 10 pts.

Incorporation 10 pts.

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

Motion Technique 10 pts.

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

Timing 10 pts.

1-3	Timing off throughout
4-7	Ok timing
8-10	Good timing with group

Spirit

Spirit/Enthusiasm 10 pts.

1-5	No energy/No smile/ No spirit
6-10	Energetic/Smiling/ Loud spiriting

Cheer

Motion Technique 10 pts.

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

Voice Projection 10 pts.

1-3	Soft/speaking words
4-7	Saying words loud/yelling words without enthusiasm
8-10	Yelling words with enthusiasm

Garland Independent School District Cheer Application

Name _____ ID# _____

Grade Next Yr. _____ Age _____ Phone _____

Address _____

City _____ Zip _____

Email _____

DOB: _____

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 _____

Mother's Name: _____ Resides w/ Y N

Mother's cell: _____

Mother's email address: _____

Father's Name: _____ Resides w/ Y N

Father's cell: _____

Father's email address: _____

I will:

- Be a leader and set an example for those around me.
- Remember SAFETY FIRST! NO COACH - NO PRACTICE!
- Follow a workout program designed for the development of strength in order to: prevent injury, increase strength and coordination, endurance, flexibility and confidence.
- Keep track of my academic progress (know when I need help or attend tutorials). I know that if I am not passing my classes, I am placing an undue burden on the rest of my squad.
- Attend and be ON TIME to all practices and games.
- Promote school spirit.
- Give respect to ALL adults (including but not limited to coaches, teachers, staff, parents, etc.) at all times.

The following items must be returned to the sponsor before clinics begin:

_____ Application

_____ Fine Arts Handbook Signature Pages

The GISD Fine Arts Handbook will be available online.

[Cheerleading | Garland Independent School District \(garlandisd.net\)](http://garlandisd.net)

_____ Preparticipation Form (physical)

_____ UIL Concussion Acknowledgement Form

_____ Cardiac Awareness

_____ Media Release Form

Cheerleader Tryout Application

For parents/guardians:

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

Parent Signature _____

The following items must be returned to the sponsor before clinics begin:

- Application packet with all signatures complete
- Pre-participation physical (front only)

**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.

_____ I understand that I may be required to ride to and from some 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 may be required to ride to and from some 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 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 _____



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



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



Date _____

Dear Parent/Guardian,

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

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

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

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

Garland ISD Release

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

Student's Name(s)

Parent/Guardian Signature

Date

PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

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

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

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

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or physical?	<input type="checkbox"/>	<input type="checkbox"/>	13. Have you ever gotten unexpectedly short of breath with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been hospitalized overnight in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had prior testing for the heart ordered by a physician?	<input type="checkbox"/>	<input type="checkbox"/>	14. Do you use any special protective or corrective equipment or devices that aren't usually used for your activity or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	15. Have you ever had a sprain, strain, or swelling after injury?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you broken or fractured any bones or dislocated any joints?	<input type="checkbox"/>	<input type="checkbox"/>
Do you get tired more quickly than your friends do during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, check appropriate box and explain below:		
Have you had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip
Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Thigh
Has any family member or relative died of heart problems or of sudden unexplained death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee
Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelopathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Shin/Calf
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle
Has a physician ever denied or restricted your participation in activities for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Foot	
Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	16. Do you want to weigh more or less than you do now?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>	17. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how many times? _____			18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
When was your last concussion? _____			<i>Females Only</i> <input type="checkbox"/> I choose not to provide written information on Question 19 but will discuss with a medical professional:		
How severe was each one? (Explain below)			19. When was your first menstrual period? _____ When was your most recent menstrual period? _____ How much time do you usually have from the start of one period to the start of another? _____ How many periods have you had in the last year? _____ What was the longest time between periods in the last year? _____		
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	<i>Males Only</i> <input type="checkbox"/> I choose not to provide written information on Question 20 but will discuss with a medical professional:		
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	20. Are you missing a testicle? _____ Do you have any testicular swelling or masses? _____		
Have you ever had numbness or tingling in your arms, hands, legs or feet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> An electrocardiogram (ECG) is not required. I have read and understand the information about cardiac screening on the UIL Sudden Cardiac Arrest Awareness Form. By checking this box, I choose to obtain an ECG for my student for additional cardiac screening. I understand it is the responsibility of my family to schedule and pay for such ECG.		
Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	EXPLAIN "YES" ANSWERS IN THE BOX BELOW (attach another sheet if necessary): <div style="border: 1px solid black; height: 40px; width: 100%;"></div>		
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 _____