

Coyle Tech TRYOUT PACKET



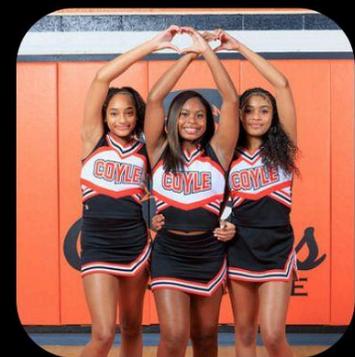
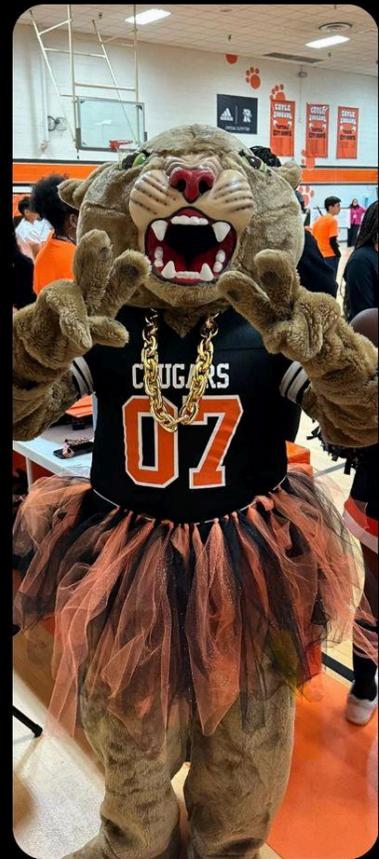
Read this packet in its entirety, and
sign all forms included within.

**Return all the requested information
to Ms. McGill in Room 141 by 4:15 P.M.
Friday, March 13th.**

**These forms can be turned in as early
as Monday, March 2nd at Open Gym.*

**IF THESE FORMS ARE NOT COMPLETE
AND TURNED IN PRIOR TO THE
CLINIC, YOU WILL NOT
BE ALLOWED TO TRY OUT.**

mmmcgill@garlandisd.net



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January 30, 2026

Dear Parents & Potential Cheerleaders,

The success of our program is dependent upon one thing- respect. We respect rules, ourselves, others, time, and our mission and purpose which is why our program has a rich tradition of producing athletes who succeed academically, excel on the field, and exhibit exemplary citizenship. To continue our tradition of excellence, all members selected to represent our school are held to the highest of standards, and we are extremely excited to work with this upcoming group for the 2026-2027 school year.

Sincerely,

Coach McGill & Coach Simmons

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.
- Join the Cheer Tryout Canvas

Mark Your Calendar



When	Where	What
Thursday, February 26th 6:00 PM.	Cafeteria	Mandatory Informational Meeting Unless prior arrangements have been made with the sponsor, all candidates and at least one parent/guardian <i>must</i> attend in order to try out.
Monday, March 2nd and March 9th 4:15-5:30 PM.	Old Gym	Open Gym All candidates are required to attend at least one of the two Open Gym sessions in order to try out.
Friday, March 13th 4:15 PM.	Room 141	Tryout Packet & T-shirt Deadline
Monday, March 23rd 4:15-6:00 PM.	Old Gym	Clinic
Tuesday-Thursday March 24th, 25th, and 26th 4:15-5:30 PM.	Old Gym	Open Gym
Friday, March 27th 4:15-6:00 PM.	Old Gym	Mock Tryouts
Saturday, March 28th 9:30-11:30 A.M.	Garland High School 310 S. Garland Ave. Garland, TX 75040	Tryouts
Monday, March 30th April 6th, 13th, 20th, and 27th May 4th and 11th 4:15-5:45 PM.	Old Gym	Practice
Friday, April 10th 4:15-5:30 PM.	Room 141	Uniform Fittings (Payment #1) Varsity \$192.37 (2 camp outfits; Pink Out jersey and skirt) TeamLeader \$141.43 (1 camp outfit, 1 t-shirt, poms, 2 custom bows, and briefs) A parent, guardian, or representative is required to attend.
Friday, May 1st	N/A	Payment #2 Due SimplyAng \$80(long sleeve tee and hoodie)
Wednesday-Friday July 8th-10th 10:00 A.M. - 4:00 PM.	Garland High School	District Camp (MANDATORY)
Monday-Wednesday July 13th-15th 9:00 A.M. - 4:00 PM.	Competition Gym	Home Camp (MANDATORY)

Tryout Week Activities

Tryout week activities are only open to eligible candidates who are assigned to Coyle for the 2026-2027 school year and have completed and turned in all required paperwork. Parents, family, and friends should not be on the premises during the clinic, open gyms, or mock tryouts. These activities are for candidates and coaches only!!!

Monday: Clinic (Learn cheer and dance)

Tuesday-Thursday: Open Gym (Practice and review)

Friday- Mock Tryouts



Tryout Week Attire



Cheer Clinic/Open Gym
March 23rd, 24th, 25th, and 26th

PONYTAIL
NO JEWELRY
T-shirt
Knit Shorts
White socks
Tennis shoes

Mock Tryouts/Tryouts
March 27th & 28th

PONYTAIL
NO JEWELRY
White #’d T-shirt
SOLID Black knit shorts
White no-show socks
SOLID white tennis shoes

Tryout Day Information



What: Coyle Tech Cheer Tryouts

When: Saturday, March 28, 2026

9:15 A.M. Arrival

9:30 A.M. Warm-up

10:00 A.M. - 11:30 A.M. Tryouts

**If a candidate shows up after tryouts have already begun,
he/she will not be allowed to try out.**

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

Tryouts are closed to the public. No parents or friends will be allowed in the building at any time during tryouts. Those who do not comply will be escorted out by an administrator and/or police officer.

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

Candidates do not leave until they are dismissed!!!

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, candidates 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 candidate must perform a toe touch, a right hurdler, and a left hurdler

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.

Judging Criteria



Tumbling 10 pts.		Jumps		Incorporation 10 pts.	
*If a skill is not executed properly, then points may be deducted into a lower scale					
0	None	1-3	Below level jumps ^	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			6	Double toe touch good
8	Series to back tuck			7	Tuck poor
9	Layout or whip to back tuck			8	Tuck good
10	Full or specialty full			9	Back handspring to tuck poor
				10	Back handspring to tuck poor

Toe touch- 10 pts.

Right Hurdler/Herkie- 10 pts.

Left Hurdler/Herkie- 10 pts.

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

Cheer Standard of Uniformity

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

1) Hair Expectations

- a) Male Cheerleaders - If hair is long, it must be in a neat and secure bun or ponytail. Facial hair should be neatly groomed.
- b) Female Cheerleaders- Hair is to be pulled back into a ponytail for all practices. However, it may be worn half up/half down for games, performances, and appearances.
- c) General Guidelines
 - i) Hair must be pulled back completely and tightly secured and not fall or become loose while performing cheer activities, i.e. stunting, jumping, tumbling.
 - ii) Hair must not have wispsies/loose hair falling around the face.
 - iii) Bows will be worn at every performance or event
 - iv) A braid or twist leading into the ponytail is not permitted.
 - v) Extensions must be blended and be the same color as your natural hair.
 - vi) Braids must be able to be styled in the required hairstyles.
 - (1) Box braids are ideal for hair to be pulled back into a high ponytail or half up/half down style.
 - (2) Corn Rows must be styled in a way that will go into a high ponytail or half up/half down style, depending on what the coach has requested for that week's events.
 - vii) Sew-in or quick weaves must be able to be pulled back into a high ponytail or half up/half down style depending on what the coach has requested for that week's events.
 - viii) No wigs will be allowed (ex. Medical) unless they have been installed and allow flexibility of styling (ponytail or half up/half down).
 - ix) No unnatural hair color will be allowed at performances/events. If you are unsure please ask your coach first.
 - x) Beads worn in hair are permitted, if they are worn in a manner that does not interfere with the safe execution of stunting or tumbling. The beads must be school colors (clear, royal blue, goldenrod, white).

2) Make-up Expectations

General Guidelines

- i) Make-up must be age-appropriate and natural-looking. If you have any questions, please ask your coach.
- ii) Make-up must compliment the Cheer uniform.

- iii) Lashes should look natural and be of natural color and length (no longer than 9mm).
- iv) Lip color should be a pink or red shade that compliments your skin tone.

3) Fingernail Expectations

- a) Nails must be a "sports length" throughout the year.
- b) For practices, games, performances, and competitions, nails must be a neutral color (french tip, clear, or nude).

4) Jewelry Expectations

- a) Jewelry is not permitted during practices, games, performances, and competitions. This includes but is not limited to: earrings, nose rings, necklaces, belly rings, bracelets, rings, and anklets.
- b) Band-aids will not be used to cover piercings. Members may use spacers and should schedule fresh piercings around the cheer calendar.

The coach reserves the right to instruct the cheerleader to fix their hair, make-up, fingernails, and/or jewelry and issue demerits if the cheerleader is not in compliance.

Any violation of the Cheer Standard of uniformity will result in demerits that cannot be removed by merit points.

Always communicate with your coach if you are unsure about any of these expectations.

Cheer Expectations & Activities

Not only will cheerleaders perform at games, they will also make appearances at school functions as well as community events and compete in the Garland ISD Cheer Classic held in February of each year. Cheerleaders are also required to attend all practices, District Camp, and Home Camp. **Failure to fulfill these obligations will result in demerits, benching and/or removal from the team (if applicable), and not being eligible for certain honors.**

1) Communication

If your son/daughter is selected as a 2026-2027 Coyle Tech cheerleader, you will need to download the Group Me app if you do not already have it. This is how all information will be communicated from the sponsors throughout the year.

2) Attendance

- a) Members of Cheer are expected to notify their coach **in writing at least 5 days in advance**, of any tardies or absences.
- b) Regardless if the tardy/absence is excused or unexcused, the member may be removed from the performance.

3) Outside Activities

- a) If the candidate makes the cheer squad, they must complete their commitment to cheerleading before being released to any other activity they will be participating in. (This includes all-star cheer and/or jobs).
- b) While we encourage participation in other extracurricular activities on campus such as Band, Choir, Theater, and Athletics, basketball is a direct conflict with cheer. Consequently, cheerleaders are NOT allowed to try out unless those games do not coincide with our schedule; trying out without prior approval will be considered resignation from the squad.
- c) When participating in other school sponsored activities, the cheerleader must work out the conflicts with the coaches and directors and provide a conflict calendar PRIOR to the event.
 - i) ****THERE MUST BE A 50/50 SPLIT IN AFTER SCHOOL EVENTS BETWEEN TIME FOR CHEER AND THE SPORT/SCHOOL-SPONSORED CLUB/ORGANIZATION.**
 - ii) Communication must be initiated by the cheerleader.

4) Transportation

- a) Everyone is responsible for his/her own ride to football games and must arrive no later than 5:00 P.M. Failure to do so will result in a 3 point deduction. During basketball season, the squad cheers at Home games and stays together after school.
- b) All members are to be picked up after practices, games, competitions, performances, events, etc no later than 10 minutes after being dismissed by the teacher. If you are running late, you need to contact the coach.
 - i) Repeated tardiness of pick up will result in a principal/teacher review with the parent/guardian and benching or removal may be possible.

Estimated Costs

Upon becoming a cheerleader, it is your responsibility to purchase the attire and accessories that have been selected by the sponsors, as well as pay for summer camp tuition (if applicable). These fees HAVE TO BE paid in full by the specified dates. Failure to do so will result in the cheerleader forfeiting his/her position on the squad. (Refer to "Mark Your Calendar" for specific dates and fees.)

Other costs throughout the year include, but are not limited to:

- Camp Gifts
- Camp Lunch
- Mums
- Spirit Sticks
- Paint/Brushes
- Holiday Dinner
- Secret Santa
- Teacher Appreciation Snack Bar
- End of Year Banquet
- Fall Festival Booth
- 3-on-3 Basketball Tournament Snacks

While GISD provides uniforms for its cheerleaders, it does not cover alteration fees.

Consequently, it is the cheerleader's responsibility to cover those costs if needed.

Cheerleaders also must ensure that the GISD-issued uniform is returned at the end of the season by the date specified by the sponsor; if lost or brought back in an unsatisfactory condition, \$94 (oldest) and/or \$150 (newest) will be due that day to purchase a replacement.

Cheer Candidate Checklist

Candidate Name:

All of the following documents must be COMPLETED and turned in along with your t-shirt by 4:15 P.M. Friday, March 13th.

_____ Cheer Candidate Checklist

_____ GISD Cheerleader Application

_____ Social Media Contract and Picture/Video Form

_____ GISD Handbook Signature Pages

_____ 1st Semester & 3rd Cycle Grades

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

_____ Choice of School Form (Only for students NEW TO Coyle.)

_____ Media Release Form

_____ Pre-Participation Physical Form - New complete physicals will be due on or after April 1, but before our first practice.

_____ Concussion Acknowledgement Form

_____ Cardiac Awareness Form

GISD Cheer Application

Please print legibly and neatly.

Name _____ ID# _____

Grade Next Year _____ Age _____ Phone _____

Address _____

City _____ Zip _____

Email _____

School Enrolled for 2026-2027 _____

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 _____

Parent Phone Number: (_____) _____

Parent Email Address: _____

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

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

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 X 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/UIIL 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 _____



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.

Arrhythmic 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

PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

2026

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

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

In case of emergency, contact:

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

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

	Yes	No		Yes	No																		
1. Have you had a medical illness or injury since your last check up or physical?	<input type="checkbox"/>	<input type="checkbox"/>	13. Have you ever gotten unexpectedly short of breath with exercise?	<input type="checkbox"/>	<input type="checkbox"/>																		
2. Have you been hospitalized overnight in the past year? Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>																		
3. Have you ever had prior testing for the heart ordered by a physician? 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"/>	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"/>																		
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"/>	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: <table border="0"> <tr> <td><input type="checkbox"/> Head</td> <td><input type="checkbox"/> Elbow</td> <td><input type="checkbox"/> Hip</td> </tr> <tr> <td><input type="checkbox"/> Neck</td> <td><input type="checkbox"/> Forearm</td> <td><input type="checkbox"/> Thigh</td> </tr> <tr> <td><input type="checkbox"/> Back</td> <td><input type="checkbox"/> Wrist</td> <td><input type="checkbox"/> Knee</td> </tr> <tr> <td><input type="checkbox"/> Chest</td> <td><input type="checkbox"/> Hand</td> <td><input type="checkbox"/> Shin/Calf</td> </tr> <tr> <td><input type="checkbox"/> Shoulder</td> <td><input type="checkbox"/> Finger</td> <td><input type="checkbox"/> Ankle</td> </tr> <tr> <td><input type="checkbox"/> Upper Arm</td> <td><input type="checkbox"/> Foot</td> <td></td> </tr> </table>	<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		<input type="checkbox"/>	<input type="checkbox"/>
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<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																						
5. Are you missing any paired organs?	<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"/>																		
6. Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>	17. Do you feel stressed out?	<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"/>	18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	<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"/>	<p><i>Females Only</i> <input type="checkbox"/> I choose not to provide written information on Question 19 but will discuss with a medical professional:</p> <p>19. When was your first menstrual period? _____ When was your most recent menstrual period? _____ How much time do you usually have from the start of one period to the start of another? _____ How many periods have you had in the last year? _____ What was the longest time between periods in the last year? _____</p>																				
9. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<p><i>Males Only</i> <input type="checkbox"/> I choose not to provide written information on Question 20 but will discuss with a medical professional:</p> <p>20. Are you missing a testicle? _____ Do you have any testicular swelling or masses? _____</p>																				
10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>	<p><input type="checkbox"/> OPTIONAL: An electrocardiogram (ECG) is not required. By marking this box, I choose to obtain an ECG for my student. I understand it is the responsibility of my family to schedule and pay for such an ECG. I have read and understood the information about cardiac screening on the UIL Sudden Cardiac Arrest Awareness Form.</p>																				
11. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>	<p>EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):</p>																				
12. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>																					

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

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

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

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

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

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

For School Use Only:

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

PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION

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

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

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

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

	NORMAL	ABNORMAL FINDINGS	INITIALS*
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.