



**2026-27 Sachse Cheer  
Tryout Packet**

# *Table of Contents*

Page 2	Letter to Cheer Candidates and Parents
Page 3–6	Important Mandatory Dates
Page 7	Tryout Clinic Information
Page 8	Tryout Day Dress Code
Page 9	Tryout Sequence of Events
Page 10	Tryout Judging Criteria
Page 11	Cheer Standard of Uniformity
Page 12	Cheer Expectations
Page 13	Cheer Estimated Costs
Page 14	GISD Cheer Activities
Page 15	Tryout Checklist
Page 16–17	GISD Cheer Application
Page 18	Social Media Contract
Page 19	Video, Image, and Audio Release Form
Page 20–21	GISD Fine Arts Handbook Signature Page
Page 22	Media Release Form
Page 23–24	Pre-Participation Physical Form
Page 25	Transportation Form
Page 26	Concussion Acknowledgment Form
Page 27–28	Cardiac Arrest Awareness Form
Page 29	Tryout Packet Signature Page

Dear Tryout Candidate and Parents/Guardians,

Thank you for your interest in the Sachse High School Cheer Program. Being a member of this program is a privilege where we serve our campus and community by promoting school spirit and sportsmanship.

Cheerleading is a year-round sport and requires commitment. Cheer must be the top priority for those involved in multiple activities. We want to ensure that you, as parents/guardians and prospective cheerleaders, are aware of what it takes to be a member of the SHS Mustangs Cheer Program. Candidates selected to be a member of Sachse Cheer are expected to commit for the full cheerleading year (tryout date to tryout date). We cheer for multiple sports throughout the year, organize pep rallies, participate in parades, compete, host fundraisers, and much more. You must be willing to give your time and energy to all of our cheerleading obligations.

Members of our Cheer Program are also expected to be leaders and ambassadors of Sachse High School and the community. They are role models for the student body by serving others and setting an example of good character. They will be held to high academic and behavioral standards, different from the average student. This packet and the GISD Fine Arts Handbook both outline expectations. We take pride in our program and expect cheerleaders to represent SHS and GISD in a positive light.

Lastly, we hope that you will discuss the expectations and level of commitment necessary to be a Mustang Cheerleader with your son/daughter. The SHS Cheer Program is a worthwhile organization that provides countless opportunities for members to develop and enrich qualities that will prove beneficial later in life.

We wish you the best in your tryout experience! Please do not hesitate to email us with any questions or concerns.

Good luck!

**Coach Lori Boyd**–Varsity Cheer Coach  
laboyd@garlandisd.net

**Coach Betsy Patterson**–JV Cheer Coach  
bpatterson@garlandisd.net

**Coach Michelle Palmore**–Freshman Cheer Coach  
Impalmor@garlandisd.net

→ **GISD FINE ARTS HANDBOOK LINK:**  
<https://bit.ly/GISDFineArts26>

- ★ Please read this packet in its entirety.
- ★ Both the candidate and parent/guardian must sign all forms included in this packet.
- ★ Watch for an invite to the Sachse Cheer Canvas page after the Mandatory Information Meeting. You will find important links and the remaining forms that will need to be completed to tryout.
- ★ Join the Sachse Cheer Tryout 2026 Band app to stay connected and updated with everything tryout related.

# 2026-2027 Tentative Sachse Cheer Calendar

(Dates are subject to change)

DATE/TIME	ACTIVITY/EVENT	LOCATION
<i>March</i>		
March 3, 2026 Monday 6:00pm-7:30pm	<u><b>Mandatory Tryout Informational Meeting</b></u> All candidates and at least one parent/guardian must attend in order to tryout for SHS Cheer	SHS Cafeteria
<i>April</i>		
April 6, 2026 Monday DUE by 3:00pm	<u><b>Tryout Paperwork DUE</b></u> This is a firm deadline-NO EXCEPTIONS! Late or incomplete paperwork will not be accepted after 3:00pm	All paperwork should be turned in to Coach Boyd (Room 2012)
April 7-10, 2026 Tues-Fri 4:45pm-6:30pm	<u><b>Mandatory Tryout Clinic</b></u> Learn all tryout material and walk through the tryout process. <i>*The Tryout Clinic is closed to the public.</i>	SHS Main Gym
April 11, 2026 Saturday TBD	<u><b>SHS Cheer Tryouts</b></u> Come dressed and ready for tryouts. Check-in for tryouts: TBD Tryouts begin: TBD <i>*Tryout results will be announced and posted on the Tryout Band app. GISD has 72 hours to post.</i>	Garland HS 310 S Garland Ave Garland, 75041
April 14, 2026 Tuesday 6:00pm-9:00pm	<u><b>Mandatory "MADE IT" Meeting</b></u> Newly selected 2026-27 Cheerleaders and at least one parent/guardian MUST attend: 6:00pm-8:00pm <u><b>Practice Wear Fittings</b></u> ALL Cheerleaders will be fitted for the years practice wear, uniforms, accessories, etc. by the Varsity Rep.: 7:00pm-9:00pm	<u>Meeting</u> SHS Cafeteria  <u>Fittings</u> Dance Room
April 14, 2026 Tuesday DUE by 10:00pm	<u><b>Payment #1 DUE</b></u>  <u><b>Deadline to Join ALL CHEER BAND App &amp; SQUAD BAND App</b></u>	Payment details on "Estimated Costs" page  Band App info given in meeting
April 18, 2026 Saturday DUE by 5:00pm	<u><b>Freshmen, JV, &amp; Varsity Captain Candidates Tryout Slides DUE</b></u>	Send to Coach Boyd

April 22-23 Wed-Thurs 4:45pm-6:30pm	<b><u>Varsity, JV, and Freshmen Captain Tryout Clinic</u></b> Mandatory for any cheerleader wanting to tryout for Captain of their squad to learn tryout material.	SHS Main Gym
April 24, 2026 Friday 4:00pm-6:00pm	<b><u>Varsity, JV, &amp; Freshmen Captain Tryouts</u></b> Varsity & JV will begin at 4:00pm Freshmen will begin at 5:15pm JV/Varsity Captains will be announced by 10:00pm. Freshmen Captain candidates will be observed and announcement will be made at a later date/time.	SHS Main Gym
April 25, 2026 Saturday 4:00pm	<b><u>NEW Varsity &amp; JV Captain Pictures</u></b>	SHS Mustang Stadium
April 29 & 30 Wed & Thurs 4:45pm-6:30pm	<b><u>NEW Cheerleaders Spring Practice</u></b> ALL Freshmen Cheerleaders and any JV/V Cheerleaders new to the team-Practice for Spring Game	Gym or Cafeteria TBD
<i>May</i>		
May 1, 2026 Thursday DUE by 9:00pm	<b><u>Payment #2 DUE</u></b>	Payment details on "Estimated Costs" page
May 5, 2026 Tuesday 4:45pm-6:30pm	<b><u>NEW Cheerleaders Spring Practice</u></b> All Freshmen Cheerleaders and any JV/V Cheerleaders new to the team-Practice for Spring Game	Gym or Cafeteria TBD
May 6, 11, & 13 Wed, Mon, & Wed 4:45pm-6:30pm	<b><u>ALL Cheerleaders Spring Practice</u></b> All squads practice for Spring Game	Gym or Cafeteria TBD
May 15, 2026 Friday 6:00pm	<b><u>Spring Game</u></b> All squads attend and cheer at the Spring Game	SHS Mustang Stadium
May 15, 2026 DUE BY 9:00PM	<b><u>Payment #3 DUE</u></b>	Payment details on "Estimated Costs" page
May 16, 2026 Saturday 2:00pm	<b><u>Freshmen Captain Announcement</u></b> After tryouts and coaches observation, Freshmen Captains will be announced on Band	Announcement posted on Band
May 23, 2026 Saturday 10:00am-1:00pm	<b><u>ALL SQUADS: Learn UIL Choreography</u></b> Learn a NEW Band Chant from choreographer Cody Hoffman	Main Gym

May 26-27 Tues & Wed TBD	<b><u>ALL SQUADS: Cheer UIL Practice</u></b> Learn Cheer and Fight Song	Main Gym
May 30-June 2 Sat-Tues TBD	<b><u>UCA All Squads Game Day Masters Camp</u></b> MANDATORY for all cheerleaders. Parents are encouraged to attend show-offs and awards on the final day of camp.	Embassy Suites Dallas Frisco Hotel & Convention Center
<i>June</i>		
June 1, 2026 DUE by 9:00pm	<b><u>Payment #4 DUE</u></b>	Payment details on "Estimated Costs" page
Week of June 8-12 TBD	<b><u>Captain Leadership Camp</u></b> *This is a tentative date. The other possible dates would be July 20-24. This would be a 2-day camp during the day.	SHS
June 13 TBD	<b><u>Senior Banner Pictures</u></b>	Southern Images
<i>July</i>		
July 1, 2026 DUE by 9:00pm	<b><u>Payment #5 DUE</u></b>	Payment details on "Estimated Costs" page
July 20-24 & 27-28 Mon-Fri & Mon-Tues TBD	<b><u>All Squads Practice</u></b> Summer practice, motion technique and stunt clinic, and Pep Rally choreography	SHS Main Gym
TBD	<b><u>Team Swim Party</u></b>	TBD
<i>August</i>		
TBD	<b><u>Sachse Mustang Round-Up</u></b>	TBD
August 14, 2026 Friday 4:00pm	<b><u>Senior Group Pictures w/ All Activity Groups</u></b> All Senior Cheerleaders take group pic with football, drill team & Wranglers for football program	SHS Mustang Stadium

September

September 7  
Monday  
TBD

Labor Day Parade

Meet at SHS  
  
Parade-  
Downtown Garland

November

TBD

GISD Cheer UIL Show-Offs

TBD

December

TBD

Sachse Christmas Parade

SHS

TBD

Cheer Competition

TBD

January

January 16, 2027  
Saturday  
TBD

2027 UIL Spirit State Championship

Ft. Worth  
Convention Center

February

TBD

GISD Middle School Cheer Classic

TBD

March

TBD

SHS Cheer Banquet

TBD

April

TBD

2027-28 GISD/SHS Cheerleader Tryouts

TBD

# Tryout Clinic Information

All cheerleader candidates must attend the tryout clinic to be eligible to try out.

**What:** Clinic-Tryout material will be taught

**When:** Tuesday, April 7 – Friday, April 10  
4:45pm–6:30pm

**Where:** Sachse High School Main Gym

**Attire:** Solid black form fitted top  
Black sports bra (no bra straps or stomachs visible)  
Black athletic shorts–appropriate length (no booty shorts)  
Athletic or Cheer shoes with white no-show socks  
Hair secured in a high ponytail with NO wisps (prepare for tryout day)  
Nails should be “sports” length and in neutral colors only (French tip, clear, or nude)  
No gum, or jewelry of any kind (this includes smart watches, nose rings, belly rings, earrings, necklaces, bracelets, etc.)

**Agenda:**

	4/7/26	4/8/26	4/9/26	4/10/26
	Stretch Review motion technique Review jump technique Learn dance	Stretch Review cheer technique Review dance Learn cheer	Stretch Review cheer technique Review & clean dance Review & clean cheer Assign tryout numbers	Stretch Review dance & cheer Mock Tryouts

**Eligibility:** Returning GISD students must be enrolled at Sachse High School for the 2026–27 school year at the time of tryouts. Transfer guidelines must be followed for GISD, including confirmation of SHS acceptance.

- ★ All paperwork must be submitted by April 6, 2026, by 3:00pm to participate in the clinic and try out for the 26–27 team.
- ★ The Tryout Clinic is open to eligible candidates only and closed to the public. No parents, friends, or ineligible candidates will be allowed to attend.

# Tryout Day Dress Code

All candidates must wear:

- ★ White crew neck t-shirt tucked into shorts (no visible logos)
- ★ White sports bra
- ★ Shorts: Varsity-solid orange athletic shorts; Freshman/JV-solid navy athletic shorts  
(No Nike Pro shorts, biker shorts, or booty shorts are allowed)
- ★ White athletic/cheer shoes with white no-show socks
- ★ Hair must be secured in a high ponytail with NO wispies out of the candidates face. To ensure uniformity, no hair bows, ribbons, or other accessories will be permitted.
- ★ Performance makeup (mascara, eyeliner, blush, and red lipstick)
- ★ Tryout number pinned to your shirt. These will be given out by the coaches.
- ★ No jewelry allowed, including earrings, nose rings, necklaces, belly rings, bracelets, etc.
- ★ Neutral colored nails in "sports" length

## Tryout Day Information

**What:** GISD Cheer Tryouts: Sachse High School Cheerleader Candidates

**When:** Saturday, April 11, 2026  
Time TBD                      Group stretch/warm-up  
Time TBD                      Check-in  
Time TBD                      Tryout time

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

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**Tryouts are closed to the public.** No parents/friends will be allowed in the building at any time during tryouts...NO EXCEPTIONS! Candidates cannot leave until everyone has completed the tryout process and are dismissed.

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

Each candidate will have a pre-score based on prior attendance, discipline, grades, clinic effort, and demerits. This score will be added to all candidates that meet the minimum skill score in order to calculate the final rankings.

Each of the five judges will enter each candidate's scores into a spreadsheet. At the conclusion of the tryouts, a technical assistant will download all of the judges individual score sheets into a master database. The score sheet will have a possibility of 100 points and each candidate will be judged in the following areas: Tumbling (10 pts), Spirit (10 pts), Jumps (30 pts), Cheer (30 pts), Dance (20 pts)

# *Tryout Day Sequence of Events*

All candidates will enter together and perform the tryout dance and cheer together to show the judges the tryout material first.

Candidates will tryout in groups of 3. Tryout groups will enter one at a time and perform the following for the judges:

## **TUMBLING**

- ★ After the tryout group enters the gym, they will line up at the end of the mat. Each candidate will be asked if they have running tumbling skills to demonstrate. Afterwards, candidates will line up in tryout number order in the middle of the mats.

## **INDIVIDUAL JUMPS**

- ★ The candidates will perform jumps one at a time. The judges will give each candidate a nod to tell them when to begin. Each candidate must perform a toe touch, right hurdler, and a left hurdler.

## **GROUP DANCE**

- ★ The judges will acknowledge that they are ready for the candidates to perform their group dance. Candidates will be scored on motion technique, timing, and smiles/energy.

## **GROUP CHEER**

- ★ The judges will acknowledge that they are ready for the candidates to perform their group cheer. The cheer will have a section incorporating a jump and/or standing tumbling or their choice. Candidates will be scored based on difficulty and execution of these skills. They will also be scored on motion technique, spirit and enthusiasm/energy, and voice projection.

# Garland ISD High School Cheer Tryout Criteria

<b>Tumbling 10 pts.</b>	<b>Jumps</b>	<b>Incorporation 10 pts.</b>																																																		
*If a skill is not executed properly, then points may be deducted into a lower scale.																																																				
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# Cheer Standard of Uniformity

Cheer has set expectations to keep all members in uniform. Depending on the type of activity or event, there are different expectations for hair and makeup. 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. Any cheerleader not in compliance with these expectations will receive demerits according to the GISD Fine Arts Handbook.

## HAIR EXPECTATIONS

Event	Freshmen	JV	Varsity
Practice	Hair secure and out of the face	Hair secure and out of the face	Hair secure and out of the face
Games	High Pony slicked back and tidy with bow	High or Mid Pony slicked back and tidy with bow	Half up/Half down, High, Mid, or Low Pony slicked back and tidy with bow
Special Performances	High Pony slicked back and tidy with bow	High or Mid Pony slicked back and tidy with bow	Half up/Half down, High, Mid, or Low Pony slicked back and tidy with bow

## MAKEUP EXPECTATIONS FOR PERFORMANCES

- ★ **Freshmen and JV:**
  - Black eyeliner and black mascara
  - Blush and eyeshadow in earth tones
  - Pink lipstick
- ★ **Varsity:**
  - Black eyeliner and black mascara
  - Blush and eyeshadow in earth tones
  - Red lipstick
  - Glitter and Spirit Tattoos

## NAIL EXPECTATIONS

Nails must follow these guidelines according to the GISD Fine Arts Handbook:

- ★ Must be no longer than "sports length"
- ★ Can only be in shades of solid light pinks, nudes, or French manicure with a white tip
- ★ No rhinestones or decals of any kind

## JEWELRY EXPECTATIONS

Jewelry is NOT permitted during practices or performances of any kind. This includes, but is not limited to earrings, nose rings, necklaces, bracelets, naval piercings, rings, and anklets. Band-aids cannot be used to cover piercings. Please schedule your new piercings around the cheer calendar.

**The coaches have the right to instruct any cheerleader to fix their hair, makeup, nails, and/or jewelry and issue demerits if the cheerleader is not in compliance.**

# *Sachse Cheer Expectations*

## **Cheer Camp**

- ★ Participation in all days of summer camp is mandatory. No exceptions are made for outside cheer teams or vacations.
- ★ Not attending camp will result in removal from the team.

## **Communication**

- ★ Members of SHS Cheer and their parents/guardians are expected to use the Band app to communicate.
- ★ It is the member's and their parent's/guardian's responsibility to ensure personal access to the Band group.

## **Attendance - Everything we do is mandatory**

- ★ Members of SHS Cheer are expected to notify their coach in advance of any tardies or absences. Notifications do not excuse the absence or tardy. This is a gesture that allows the team to plan accordingly and maximize time.
- ★ Regardless if the tardy/absence is excused or unexcused, the member may be removed from the performance.
- ★ Absences are excused for personal illness with a doctor's note, death in family, illness in family that requires out-of-town travel, funeral, approved college days, mandatory court appearance, and religious holidays.

## **Commitment**

- ★ Once you make the team, you are committing to a full year of cheer activities and responsibility.
- ★ Cheer is a year-round activity with no off-season.
- ★ Seniors are expected to fulfill their full year commitment as well as the other team members. Schedule changes, study hall, etc. will not be an option in the spring after competition/basketball season ends or after banquet.

## **Outside Activities**

- ★ 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 other school activities, jobs, and/or outside competition cheer groups.)
- ★ It is the cheerleaders responsibility to work out conflicts with other clubs/organizations by communicating with their coach ahead of time. There must be a 50/50 split in after school events between time for cheer and time for the other club/organization.

## **Transportation**

- ★ All members are expected to travel to and from games/competitions/performances/events on school busses.
- ★ All members are to be picked up from the school after each event no later than 10 minutes after being dismissed by the coach. Be respectful of the coach's time and contact them if you are running late to pick up your cheerleader. Repeated tardiness of pick up will result in a principal/teacher review with the parent/guardian and benching or removal may be possible.

# Sachse Cheer Estimated Costs

The items listed below are the estimated cost for one year per cheerleader. These costs vary for each squad, as well as years of involvement. The total cost will be broken down into multiple payments, and all payments are non-refundable. Every effort has been made to keep the cost to a minimum. There will be additional costs that arise throughout the year.

Payment	Date	Amount	Description of Items
#1	4/14	\$550	Camp Deposit (\$100); Practice Wear-5 shirts, 4 pairs of shorts, 1 skirt, water bottle, sports bra, bows, poms, spandex
#2	5/1	\$550	Camp Balance (\$450) and backpack
#3	5/15	\$250	Winter Gear-Sleeves, gloves, fleece headband, rain poncho, logo shirt, sweatshirt, ¼ zip fleece
#4	6/1	\$170	Socks, HOCO garter/mini-mum, black light pep rally outfit
#5	7/1	\$180	Uniform cleaning fee, Activity fee
#6	8/1	\$150	Optional Items-Shirt, tank, hoodie

- ★ Solid white cheer shoes and no-show socks must be purchased on your own.
- ★ Members will not receive any items until the respective balance has been paid in full, and therefore will not be able to perform until payment is received.
- ★ GISD provides the cheer uniforms, but each cheerleader is responsible for all alterations needed, as well as any damages to the uniforms that may have occurred throughout the year.

# *GJSD Cheering Activities*

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

## **CHEERLEADER COMPETITION**

The requirement is that all cheerleaders will participate in competition. Failure to commit and participate in competition(s) may result in removal at semester. Tryouts may be held to determine competition groups etc. UIL Spirit competition is a requirement of the district.

## **PARADES**

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

## **SUMMER CAMP**

Participation in all days of summer camp is mandatory. No exceptions are made for outside cheer teams or vacations.

## **FOOTBALL**

- A. Varsity cheerleaders will cheer at all varsity games.
- B. JV cheerleaders will cheer at all JV games at the sponsor's discretion. You may choose to cheer for the A or B team.
- C. JV cheerleaders may be asked to cheer at additional varsity games at the discretion of the campus.
- D. Freshmen games will be covered if there is a JV B squad.
- E. Playoff games will be covered.

## **VOLLEYBALL**

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

## **BASKETBALL**

- A. All district varsity boys and girls games should be covered. Squad assignments will be at the discretion of the campus administration and the sponsor.
- B. If a campus has a JV B squad, they will be assigned either JV or freshmen games.
- C. Exceptions to the above rules are as follows:
  - 1. No out of town games on Monday through Thursday nights.
  - 2. No cheering during the holiday break.
- D. Playoff games should be covered.

## **OTHER ACTIVITIES**

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

# Cheer Candidate Checklist

Candidate Name: \_\_\_\_\_

**All paperwork is due by 3:00pm on April 6, 2026 to Coach Boyd in room 2012.** All forms must be turned in and complete before you can participate in Tryout Clinics. Please turn in ALL the following documents, completed, stapled together in order with this checklist on top. Failure to turn in all completed documents by the deadline will result in points being deducted from your Tryout Pre-Score.

\_\_\_\_\_ Cheer Candidate Checklist

\_\_\_\_\_ GISD Cheerleader Application

\_\_\_\_\_ Social Media Contract

\_\_\_\_\_ Video, Image, and Audio Release Form

\_\_\_\_\_ GISD Fine Arts Handbook Signature Page

\_\_\_\_\_ Media Release Form

\_\_\_\_\_ Pre-Participation Physical Form

**\*NEW-Physicals MUST BE COMPLETE before you can participate in the Tryout Clinic AND must be dated ON or AFTER APRIL 1.**

\_\_\_\_\_ Concussion Acknowledgement Form

\_\_\_\_\_ Cardiac Awareness Form

\_\_\_\_\_ 26-27 Sachse Cheer Tryout Packet Signature Page

**\*\*\*COMPLETE THIS FORM AND TURN IN TO COACH BOYD\*\*\***

# Garland Independent School District Cheer Application

Name \_\_\_\_\_ ID# \_\_\_\_\_

Grade Next

Yr. \_\_\_\_\_ Age \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

School Enrolled for Next Yr. \_\_\_\_\_

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

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

Student

Signature \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

**\*\*\*COMPLETE THIS FORM AND TURN IN TO COACH BOYD\*\*\***

# Garland Independent School District Cheer Application Continued

For parents/guardians:

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

Parent/Guardian \_\_\_\_\_

**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

**\*\*\*COMPLETE THIS FORM AND TURN IN TO COACH BOYD\*\*\***

# *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, Tumblr, 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, SnapChats, 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.

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Parent Signature

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Date

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Cheerleader's Signature

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Date

**\*\*\*COMPLETE THIS FORM AND TURN IN TO COACH BOYD\*\*\***

# *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 new stations.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**\*\*\*COMPLETE THIS FORM AND TURN IN TO COACH BOYD\*\*\***

**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](http://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/UIL Regulations).

\_\_\_\_\_ I have read and understand my behavior and conduct will be held to a higher standard on this team, both in and out of school.

\_\_\_\_\_ I have read and understand that I am required to attend all mandatory practices, performances, contest(s), and events. An unexcused absence will receive consequences.

\_\_\_\_\_ I understand that I am to ride to and from all events and performances on school transportation with my team. All members are to be picked up from the school after games/competitions/performances/events no later than 20 minutes after being dismissed by the teacher.

\_\_\_\_\_ I understand and agree to abide by the Standard of Uniformity (hair, makeup, and nails) that was established by a committee of my peers.

\_\_\_\_\_ I understand that GISD Fine Arts groups will take precedence over any outside non-district group. This includes rehearsals and performances.

**\*\*\*COMPLETE THIS FORM AND TURN IN TO COACH BOYD\*\*\***

\_\_\_\_\_ 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](http://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/UII Regulations).

\_\_\_\_\_ I have read and understand that my student's behavior and conduct will be held to a higher standard on this team, both in and out of school.

\_\_\_\_\_ I have read and understand that my student is required to attend all mandatory practices, performances, contest(s), and events.

\_\_\_\_\_ I understand that my student is required to ride to and from all events and performances on school transportation with their team. All members are to be picked up from the school after games/competitions/performances/events no later than 20 minutes after being dismissed by the teacher.

\_\_\_\_\_ I understand and agree to the Standard of Uniformity (hair, makeup, and nails) that was established by a committee within the Fine Arts group.

\_\_\_\_\_ I understand that 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** \_\_\_\_\_

**\*\*\*COMPLETE THIS FORM AND TURN IN TO COACH BOYD\*\*\***



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.**

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**Student's Name(s)**

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**Parent/Guardian Signature**

**Date**

**\*\*\*COMPLETE THIS FORM AND TURN IN TO COACH BOYD\*\*\***

**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? 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?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Do you get tired more quickly than your friends do during exercise?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, check appropriate box and explain below:		
Have you had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip
Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Thigh
Has any family member or relative died of heart problems or of sudden unexplained death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee
Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelopathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Shin/Calf
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle
Has a physician ever denied or restricted your participation in activities for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Foot	
4. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	16. Do you want to weigh more or less than you do now?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>	17. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how many times? _____			18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
When was your last concussion? _____			<i>Females Only</i> <input type="checkbox"/> I choose not to provide written information on Question 19 but will discuss with a medical professional:		
How severe was each one? (Explain below)			19. When was your first menstrual period? _____		
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	When was your most recent menstrual period? _____		
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	How much time do you usually have from the start of one period to the start of another? _____		
Have you ever had numbness or tingling in your arms, hands, legs or feet?	<input type="checkbox"/>	<input type="checkbox"/>	How many periods have you had in the last year? _____		
Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	What was the longest time between periods in the last year? _____		
5. Are you missing any paired organs?	<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:		
6. Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>	20. Are you missing a testicle? _____		
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"/>	Do you have any testicular swelling or masses? _____		
8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<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.		
9. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	EXPLAIN "YES" ANSWERS IN THE BOX BELOW (attach another sheet if necessary):		
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 \_\_\_\_\_

**\*\*\*COMPLETE THIS FORM AND TURN IN TO COACH BOYD\*\*\***

**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*
<b>MEDICAL</b>			
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.

**\*\*\*COMPLETE THIS FORM AND TURN IN TO COACH BOYD\*\*\***



**GENERAL INFORMATION**

Campus: Sachse High School	Trip Destination: All SHS 26-27 Cheer Events
Date(s): 2026-27 Cheer School Year	Approximate times: Beginning _____ Ending _____
Purpose of trip: 2026-27 Cheer Events	
Method of Transportation: Car (Vehicle), Bus, Plane	Sponsor: Lori Boyd

In consideration of the Garland Independent School District agreeing to take my child on the reference school-sponsored field trip, I/we hereby give approval for his/her participation. I/we understand that in Texas, parents are responsible for the cost of medical treatment for a student injured on school property or while participating on a field trip activity, unless the injuries result from the negligent use or operation of a motor vehicle owned by the district (Texas Tort claims Act, Section 101.051, and Texas Education code, Chapter 22.051). \*

Should the world situation make it necessary for the administration of the Garland ISD to cancel student travel, parents and students must understand that the school district assumes no financial responsibility for any monies lost due to this action.

I consent to the release of health-related information to non-district personnel serving as sponsors/chaperones for the purpose of providing information necessary for the care and supervision of my child.

In the event of an emergency while my child is on the school-sponsored trip or while participating in field trip activities, I hereby grant permission to school district employees to take whatever action is deemed necessary. In the event I cannot be reached, I authorize school district employees to give consent for my child to receive medical treatment.

**STUDENT INFORMATION**

Student's name:	ID#:	Grade:	Date of birth:
Street address:	City:	Zip code:	
Parent/guardian name:	Home phone:	Cell phone:	
Parent/guardian name:	Home phone:	Cell phone:	
Emergency contact other than parent:	Phone:		
Emergency contact other than parent:	Phone:		
Insurance Company:	Group #:	Policy #:	
Health problems:	Allergies:		
Medication time (prescription only): #1	#1		

Please indicate if your child will be getting a sack lunch from the school cafeteria. Yes  No  Not Applicable

Printed name of parent/guardian: \_\_\_\_\_

Signature: \_\_\_\_\_

\* All students are encouraged to purchase student accident insurance.

Reminder Parents: All GISD chaperones going on field trips must apply online and be approved volunteers in the RAPTOR System prior to the trip.

Sponsor will maintain possession of this signed form during the trip and a copy will be provided to the principal (or designee).

**\*\*\*COMPLETE THIS FORM AND TURN IN TO COACH BOYD\*\*\***



# CONCUSSION ACKNOWLEDGEMENT FORM

Name of Student \_\_\_\_\_

**Definition of Concussion** - means a complex pathophysiological process affecting the brain caused by a traumatic physical force or impact to the head or body, which may: (A) include temporary or prolonged altered brain function resulting in physical, cognitive, or emotional symptoms or altered sleep patterns; and (B) involve loss of consciousness.

**Prevention** - Teach and practice safe play & proper technique.  
 - Follow the rules of play.  
 - Make sure the required protective equipment is worn for all practices and games.  
 - Protective equipment must fit properly and be inspected on a regular basis.

**Signs and Symptoms of Concussion** - The signs and symptoms of concussion may include but are not limited to: Headache, appears to be dazed or stunned, tinnitus (ringing in the ears), fatigue, slurred speech, nausea or vomiting, dizziness, loss of balance, blurry vision, sensitive to light or noise, feel foggy or groggy, memory loss, or confusion.

**Oversight** - Each district shall appoint and approve a Concussion Oversight Team (COT). The COT shall include at least one physician and an athletic trainer if one is employed by the school district. Other members may include: Advanced Practice Nurse, neuropsychologist or a physician's assistant. The COT is charged with developing the Return to Play protocol based on peer reviewed scientific evidence.

**Treatment of Concussion** - The student-athlete/cheerleader shall be removed from practice or participation immediately if suspected to have sustained a concussion. Every student-athlete/cheerleader suspected of sustaining a concussion shall be seen by a physician before they may return to athletic or cheerleading participation. The treatment for concussion is cognitive rest. Students should limit external stimulation such as watching television, playing video games, sending text messages, use of computer, and bright lights. When all signs and symptoms of concussion have cleared and the student has received written clearance from a physician, the student-athlete/cheerleader may begin their district's Return to Play protocol as determined by the Concussion Oversight Team.

**Return to Play** - According to the Texas Education Code, Section 38.157:

A student removed from an interscholastic athletics practice or competition (including per UIL rule, cheerleading) under Section 38.156 may not be permitted to practice or participate again following the force or impact believed to have caused the concussion until:

- (1) the student has been evaluated, using established medical protocols based on peer-reviewed scientific evidence, by a treating physician chosen by the student or the student's parent or guardian or another person with legal authority to make medical decisions for the student;
- (2) the student has successfully completed each requirement of the return-to-play protocol established under Section 38.153 necessary for the student to return to play;
- (3) the treating physician has provided a written statement indicating that, in the physician's professional judgment, it is safe for the student to return to play; and
- (4) the student and the student's parent or guardian or another person with legal authority to make medical decisions for the student:
  - (A) have acknowledged that the student has completed the requirements of the return-to-play protocol necessary for the student to return to play;
  - (B) have provided the treating physician's written statement under Subdivision (3) to the person responsible for compliance with the return-to-play protocol under Subsection (c) and the person who has supervisory responsibilities under Subsection (c); and
  - (C) have signed a consent form indicating that the person signing:
    - (i) has been informed concerning and consents to the student participating in returning to play in accordance with the return-to-play protocol;
    - (ii) understands the risks associated with the student returning to play and will comply with any ongoing requirements in the return-to-play protocol;
    - (iii) consents to the disclosure to appropriate persons, consistent with the Health Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191), of the treating physician's written statement under Subdivision (3) and, if any, the return-to-play recommendations of the treating physician; and
    - (iv) understands the immunity provisions under Section 38.159.

\_\_\_\_\_  
 Parent or Guardian Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date

**\*\*\*COMPLETE THIS FORM AND TURN IN TO COACH BOYD\*\*\***



# SUDDEN CARDIAC ARREST (SCA) AWARENESS FORM

## The Basic Facts on Sudden Cardiac Arrest

**Website Resources:**  
American Heart Association:  
[www.heart.org](http://www.heart.org)

**Lead Author:** Arnold Fenrich, MD  
and Benjamin Levine, MD

**Additional Reviewers:** UIL Medical  
Advisory Committee

Revised 2016

### What is Sudden Cardiac Arrest?

- Occurs suddenly and often without warning.
- An electrical malfunction (short-circuit) causes the bottom chambers of the heart (ventricles) to beat dangerously fast (ventricular tachycardia or fibrillation) and disrupts the pumping ability of the heart.
- The heart cannot pump blood to the brain, lungs and other organs of the body.
- The person loses consciousness (passes out) and has no pulse.
- Death occurs within minutes if not treated immediately.

### What causes Sudden Cardiac Arrest?

- **Inherited** (passed on from family) **conditions present at birth of the heart muscle:**
- **Hypertrophic Cardiomyopathy** - hypertrophy (thickening) of the left ventricle; the most common cause of sudden cardiac arrest in athletes in the U.S.
- **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-compactation Cardiomyopathy** - a condition where the heart muscle does not develop normally.
- **Wolf-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.**

**\*\*\* COMPLETE THIS FORM AND TURN IN TO COACH BOYD \*\*\***

<p><b>What are the current recommendations for screening young athletes?</b></p>	<p><b>Are there additional options available to screen for cardiac conditions?</b></p>	<p><b>Can Sudden Cardiac Arrest be prevented just through proper screening?</b></p>	<p>➤ Each school has a developed safety procedure to respond to a medical emergency involving a cardiac arrest.</p>
<p>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.</p>	<p>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.</p>	<p>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.</p>	<p>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.</p>
<p>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.</p>	<p><b>When should a student athlete see a heart specialist?</b></p> <p>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.</p>	<p><b>Why have an AED on site during sporting events?</b></p> <p>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).</p> <p>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:</p>	<p><b>Student &amp; Parent/Guardian Signatures</b></p> <p>I certify that I have read and understand the above information.</p>
<p>The University Interscholastic League requires the Preparticipation Physical Examination form prior to junior high athletic participation and again prior to the 1<sup>st</sup> and 3<sup>rd</sup> years of high school participation. The required physical exam includes measurement of blood pressure and a careful listening examination of the heart, especially for murmurs and rhythm abnormalities. If there are no warning signs reported on the health history and no abnormalities discovered on exam, no additional evaluation or testing is recommended for cardiac issues/concerns.</p>			<p>Parent/Guardian Signature _____</p> <p>Parent/Guardian Name (Print) _____</p> <p>Date _____</p> <p>Student Signature _____</p> <p>Student Name (Print) _____</p> <p>Date _____</p>
		<ul style="list-style-type: none"> <li>➤ An AED is in an unlocked location on school property within a reasonable proximity to the athletic field or gymnasium</li> <li>➤ All coaches, athletic trainers, PE teacher, nurses, band directors and cheerleader sponsors are certified in cardiopulmonary resuscitation (CPR) and the use of the AED.</li> </ul>	

**\*\*\*COMPLETE THIS FORM AND TURN IN TO COACH BOYD\*\*\***

# 26-27 Sachse Cheer Tryout Packet Signature Page

I have received, read and understand the information outlined in the SHS Cheer Tryout Packet including:

Student's  
Initials

Parent's  
Initials

\_\_\_\_\_  **Tentative Calendar**—Once GISD dates are solid, the summer calendar will be updated.

\_\_\_\_\_  \* I will communicate absences in a timely manner.

\_\_\_\_\_  **Tryout information for the tryout process**

\_\_\_\_\_  **Estimated Cheer Costs**

\_\_\_\_\_  \*I understand that failure to pay will result in not performing, not receiving an item or service, and can result in removal from the team.

\_\_\_\_\_  **Standard of Uniformity**

\_\_\_\_\_  \*I understand that failure to comply will result in not practicing/performing.

\_\_\_\_\_  **GISD Fine Arts Handbook**

\_\_\_\_\_  \*I have reviewed the Code of Conduct. (FA Handbook, pg. 7)

\_\_\_\_\_  \*I have reviewed eligibility requirements. (FA Handbook, pg. 8)

\_\_\_\_\_  \*I have reviewed the merit/demerit system. (FA Handbook, pg. 10)

\_\_\_\_\_  \*I understand the district/campus expectations of SHS cheerleaders for 26-27.

\_\_\_\_\_  \*I understand that cheer is a full year commitment.

I agree to the policies set forth and agree to represent my squad and Sachse High School in a positive light. I will act as a role model and ambassador of Sachse High School at all school functions, and while in uniform, and will follow all school rules and policies. I will work to maintain my grades so that I can be academically eligible throughout the year.

I also understand that I am responsible for all financial obligations and their due dates. I will be present for all practices and games. I understand that final decisions regarding benching/point deductions/demerits/etc. will be at the discretion of the coaches, and/or administration. I understand that being a cheerleader involves inherent risks, which could cause serious or catastrophic injuries or even death.

Parent/Guardian Name (Print) \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

Student Name (Print) \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

**\*\*\*COMPLETE THIS FORM AND TURN IN TO COACH BOYD\*\*\***