

Sachse High School



2009-2010 Cheerleader Tryout Packet

Tryout information packets for each middle school and high school in the Garland Independent School District are available on the district website: www.garlandisd.net. Follow the Departments & Programs link and select Cheerleading.

Please read the entire application packet. Both the candidate and a parent/guardian must sign four forms at the end of this packet. Forms should be turned in by **March 24th** at 2:45pm in the Sachse Cheer Office (Room 162). Once we have received your application, Ms. Caplinger, Mrs. Platero, or Ms. Cox will sign, date and give you a receipt. You can leave your application in the front office in an envelope addressed to Ms. Caplinger, Mrs. Gregory will place it in my box and give you a receipt. You may also turn in your completed forms during the parent meeting. There is preliminary checking that needs to be done before you can attend the clinic. Turning in your application at the clinic will delay your entry into the clinic. **Positively no applications will be accepted after 4:30pm on March 30th.** If your application is not turned in at this time, you may not tryout.

Dear Parents,

This is just a note to introduce ourselves and to acquaint you with the expectations of a Sachse High School Cheerleader. We hope that you, as parents of a prospective cheerleader, are aware of the time and energy it takes to be an effective student leader responsible for guiding student conduct at extra-curricular activities and during the school day both on and off campus.

You will receive a copy of the Cheerleading Constitution for all GISD high school cheerleaders at the parent meeting. The Constitution is also posted at www.garlandisd.net/cheerleader. All Sachse High School Cheerleaders will be expected to abide by these standards and guidelines. Cheerleaders who fail to adhere to the standards and guidelines will be penalized.

SHS Cheerleaders will have additional duties, which they will be required to perform throughout the school year. These duties will include (but are not limited to): planning and working as instructors for cheer clinics, cheerleading camp, parades (Labor Day, Sachse Christmas, MLK Parade, etc.), preparation for homecoming festivities, for games indicated in the cheerleading constitution, attendance at athletic play off games, and participation in various school and community service projects. A great amount of time and energy will also be asked of the parents/guardians in providing transportation to some of the activities and in other miscellaneous functions during the year.

The estimated cost of cheerleading for one year is outlined in the packet. The greater part of these expenses is incurred during the first two to three weeks after tryouts. Every effort has been made to keep these costs to a minimum. The stated costs include fees for camp instruction/week, camp wear, and season wear. This does not include any fees required for a competition squad.

On the following page there is a tentative list of cheerleading events. It is very important that all newly selected cheerleaders attend the practices and functions which are listed. The absence of any member affects the productivity of the entire squad. Consequences for missing these activities are detailed in the GISD Cheerleading Constitution. In order for cheerleaders to be able to give 100% to his/her activities, it is important to make a choice between Varsity cheerleading and Fall/Winter sports. This is in the best interest of the organization as well as the student who needs to fulfill the responsibilities he/she has chosen. JV and Freshmen cheerleaders can play another JV or Freshmen sport provided that there are minimal conflicts. The cheerleader must work out the conflicts with both coaches.

We hope that you will discuss the expectations and obligations of being a SHS cheerleader with your son/daughter, and agree that Sachse Cheerleading is a worthwhile organization. Cheerleading helps students to form friendships, enrich communication and develop group dynamics skills and responsibility. It also gives them countless opportunities to foster leadership skills that will prove beneficial later in life. With your support we can work together to make this year at SHS a successful and memorable one. We look forward to meeting each of you during the coming year. If at any time you have questions, please do not hesitate to call or email one of us.

Sincerely,
Tiffany Caplinger (Varsity)
tvcaplin@garlandisd.net
Ext. 81225

Lindsey Platero (JV)
lmplater@garlandisd.net
Ext. 81333

Courtney Cox (Freshmen)
clcox@garlandisd.net
Ext. 81236

Important Dates

March 24	Parent and candidate meeting in the SHS Library 6:00pm for all candidates
March 30	Forms due by 2:45 to Ms. Caplinger in Room 162/212
March 30	Tryout clinic 4:30pm-6:00pm SHS Gym
March 31	Tryout clinic 4:30pm-6:00pm SHS Gym
April 2	Mock tryouts 4:30pm-6:00pm SHS Gym MANDATORY
	Clinic is open to eligible candidates ONLY! No one else is allowed to attend – parents, friends, etc.
April 4	Judges Panel tryouts 12:15pm – 2:45pm Garland HS Gyms Warm Up period 12:15pm-1:15pm Varsity, JV and Freshmen will tryout at the same time in three different gyms. Announcement of cheerleader squads for 2009-2010 – Posting & Internet
April 6	Fitting – Varsity 2:45pm, JV 3:15pm, Freshmen 4:15pm Room 162 This fitting is for camp/practice wear, game day shirt, sweatshirt, and bag. Checks, cash and credit cards accepted. Approximately \$200
April 6	Mandatory <u>parent and cheerleader</u> meeting 6:00pm SHS Library (Bring SS# and insurance card)
April 15	Fitting – Varsity 2:45pm, JV 3:15pm, Freshmen 4:15pm Room 162 This fitting is for game day uniforms, sweats, and shoes. Checks, cash and credit cards accepted. Approximately \$300
April 16	Practice 2:45-4:00 Varsity
April 21	Practice 2:45-4:00 Varsity
April 23	Practice 2:45-4:00 Varsity/JV 3:00-4:30, Freshmen 4:15-5:15
	Money for camp due \$271
April 24	Spring Show rehearsal after school Varsity squad
April 25	Spring Show Varsity squad
May 11	Team and Individual Pictures Southern Images Photography 3:30pm Varsity, 5:00pm JV, 6:00pm Freshmen
May 14	Practice SHS Gym Varsity/JV 3:00-4:30pm, Freshmen 4:15-5:45pm
May 19	Practice SHS Gym Varsity/JV 3:00-4:30pm, Freshmen 4:15-5:45pm
May 26	Spring game
June 5	Practice SHS Gym 2-4
June 6-9	ACA Summer Cheer Camp
Aug 3-5	Practice 9:00am – Noon SHS
Aug 6-7	Practice 5:30pm – 9:30pm SHS
Aug 8	Practice 8:30am – 2:00pm SHS
Aug 10-12	Practice 9:00am – Noon SHS
Aug 12	Signs due
Aug 13-14	Practice TBD SHS
Aug 15	Practice TBD SHS
Mid Aug	Mustang Round Up
Aug 24	First day of school
Sept 7	Labor Day Parade

Note: Cheerleaders will be benched for ½ of a game for each day of summer practice missed. If a cheerleader misses part of any fundraiser, he/she will be required to pay SHS Cheerleaders for any items purchased with funds that were raised during that time. See constitution regarding accumulation of benchings.

Clinic Information

What: Clinic – Tryout material will be taught

When: Monday, March 30th, Tuesday, March 31st, and Thursday, April 2nd

Where: SHS Gym

Time: 4:30pm-6:00pm

Cost: \$10.00 cash

Attire: Athletic/cheer shorts, a T-shirt and tennis shoes are acceptable for the clinic. No half shirts or bra tops. No jewelry - including belly button rings. Hair should be up and secure.

All Candidates:

Make certain that you have been accepted to attend Sachse High School. Call Mrs. Savage, registrar @ 972-414-7450 for verification.

Only candidates who are academically eligible may attend this clinic, however it is not mandatory. Academically ineligible students may participate in the one-day judge tryout only. Any candidate that was academically ineligible 2 six weeks during the 2008-2009 school year will need approval to tryout. Contact Tiffany Caplinger if you have any questions.

Tryout numbers will be randomly drawn at the clinic. Numbers must be secured on the front of the shirt at chest level. You must wear the number drawn or be disqualified. The \$10.00 fee covers the cost of a choreographer and CD.

Clinic is open to eligible candidates only. No parents, friends, or ineligible candidates are allowed to attend. No video taping will be allowed.

Medical release forms must be signed and turned in, and grades must be passing before the candidate may participate in the clinic. Medical release forms and report card may be turned in at the parent meeting or at the clinic check in. The sooner all paperwork is in, the sooner you will get into the clinic. If you cannot attend the clinic, it is your responsibility to see Ms. Caplinger (Room 162 or Room 212) by April 1st for a tryout number. If you do not come by, it will be assumed that you are not trying out.

Clinic Agenda

Monday

Check in
Draw numbers
Demonstrate/Learn dance
Announcements

Tuesday

Roll call
Learn Cheer and chant
Review dance
Announcements

Thursday

Mock Tryouts

Panel Tryouts

- What: Judges Panel Tryouts
- Who: All Candidates
- When: Saturday, April 4, 2009 from 12:15pm-2:45pm
Warm up 12:15pm-1:15pm
- Where: Garland High School Gyms
- Attire: Varsity Candidates – White polo style shirt (no visible logos) tucked into navy shorts, white socks, white shoes, hair in a pony tail, no bows or ribbons, no nail polish, no jewelry
- JV Candidates - White polo style shirt (no visible logos) tucked into grey shorts, white socks, white shoes, hair in a pony tail, no bows or ribbons, no nail polish, no jewelry
- Freshmen Candidates – Navy polo style shirt (no visible logos) tucked into grey shorts, white socks, white shoes, hair in a pony tail, no bows or ribbons, no nail polish, no jewelry

Group Performance

- Candidates will perform in groups of 3 or 4.
- The candidates will walk out in numerical order. The candidate with the lowest number will stop in the left position, the next candidates will continue with the last candidate taking the far right position, from the judge's standpoint.
- Candidates will perform the chant and the dance, then exit
- This procedure will continue for all groups

Individual Performance

- Candidates will re-enter one at a time, beginning with number 1.
- Candidate will perform an entrance, a jump series (right herkie, left herkie, toe touch, double toe touch), and a cheer. Jumps may be done in any order. There will be mats available in the tryout gyms.
- In your cheer, you will be allowed to incorporate 1 trick.
- Exit

Numbers must be worn on your shirt at chest level. You will receive your number at mock tryouts. You must tryout in number order and your number drawn must remain the same as the number drawn at the clinic. Switching numbers is NOT allowed. Failure to wear the proper number will result in disqualification.

After all candidates have completed their tryout, an administrator will dismiss the group. Each candidate will receive information in an envelope on how to view the announcement of cheerleaders when they are dismissed.

These tryouts are closed. Parents and friends may wait for their candidate outside of the building.

Every attempt is made to hire judges who have not worked with students in the Garland area. However, with the hundreds of camps in the state of Texas, attended by thousands of cheerleaders and taught by hundreds of instructors, it may be possible at some time that a member of the judging panel may have had some contact with a candidate who is trying out. 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. Tryout results will not be challenged because of prior knowledge of judges and candidates.

Selection of Cheerleaders

A judges panel vote worth 100% will select the cheerleaders.

There will be five judges. Each judge will have a total of 100 points that he/she may award. The high and low score will be thrown out and the remaining three judges' scores will be averaged together. This number will count 100%. Varsity candidates must earn a minimum score of 50 to be placed on the squad. JV candidates must earn a minimum score of 45 to be placed on the squad. Freshmen candidates must earn a minimum score of 40 to be placed on the squad.

The squads will consist of the following:

Varsity – Top 3 seniors, top 3 juniors, next 6 candidates (without regard to grade)

Junior Varsity – Top 10 sophomore candidates

Freshmen – Top 10 freshmen candidates

There will be an administrator present during tryouts. A person not connected with the tryouts will enter all scores into a computer using a district-wide formula. All decisions are final!

After tryouts, each candidate will be given a web address to see the 2009-2010 Sachse High School Cheerleading Squads and a list will be posted on the front windows at school.

If you would like a copy of your scores mailed to you, please turn in a self-addressed stamped envelope with your application.

Judging Criteria

Entrance*

Presence/Poise.....5 pts
Tumbling during run in.....10 pts
Spirit/enthusiasm.....5 pts

Jumps*

Toe touch.....10 pts
Right herkie.....5 pts
Left herkie.....5 pts
Double toe touch (series)...5 pts
(whip 5 pts max, prep 4 pts max)

Cheer *

Motion technique.....10 pts
Voice/projection.....5 pts
Incorporation.....5 pts
(jumps/standing tumbling)

Chant**

Motion technique.....10 pts
Timing.....5 pts

Dance**

Motion technique.....10 pts
Projection.....5 pts
Memory.....5 pts

Total **100 points per judge**

*Individual performance

**Group performance

Estimated Costs

Camp \$271

Camp Wear \$200 *Clothing will be worn for class during the school year

Game Day Shirt \$25

Sweatshirt \$40

Bag \$26

Poms \$20

Shoes \$65

Warm Up \$160

Sports bra \$13

Briefs \$13

Socks \$7

Hair accessories \$8

Uniform Cleaning \$20

Social activities, homecoming activities,
Paint, brushes, community service projects \$200

Competition Team – not required
Team training monthly fee,
entry fees, choreography, etc \$650-800

*Any items purchased in part or full, with school funds will be retained by Sachse High School if the cheerleader is removed from the squad or voluntarily resigns the position.

Parent Permission Form

My son/daughter, _____ has my permission to be a cheerleader at Sachse High School. I understand that he/she must abide by the rules and regulations set forth by the sponsor and the principal of Sachse High School and be present for all practices and games. I have read the rules and regulations and understand that the violation of any of these rules may lead to probation, temporary suspension or removal from the squad. I understand and give my permission to my son/daughter to ride with the sponsor and/or other parents when necessary. I understand that all forms must be completed and turned in by 4:30pm on March 30th or my son/daughter will not be allowed to tryout. **(Please bring completed forms to the parent meeting on March 24th if possible.)**

I understand all estimated costs described in this packet.

I understand that no parents will be allowed inside Garland High School the entire day of tryouts.

Every attempt is made to hire judges who have not worked with students in the Garland area. However, with the hundreds of camps in the state of Texas, attended by thousands of cheerleaders and taught by hundreds of instructors, it may be possible at some time that a member of the judging panel may have had some contact with a candidate who is trying out. 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. Tryout results will not be challenged because of prior knowledge of judges and candidates.

As a cheerleader, your son/daughter is covered by the school insurance providing that the proper GISD channels are followed. However, you are encouraged to have your own insurance or to take additional school insurance.

My child has submitted a signed choice of school statement for the 2009-2010 school year selecting Sachse High School as his/her choice.

Candidate Signature

Date

Parent or Guardian Signature

Date

Sachse High School
Cheerleader Application

Name _____ Birthday _____

ID Number _____ Current grade _____ Current School _____

Address _____ City _____ Zip _____

Name of Parent(s)/Guardian(s) _____

Telephone (parents) (hm) _____ (wk) _____ (cell) _____

(Candidate) (home) _____ (cell) _____

Email address (parents) _____

Email address (candidate) _____

Candidate for: Varsity _____ JV _____ Freshmen _____

Cheerleading is a very time consuming responsibility and will require much time outside of the school day. Attendance is mandatory at all cheerleading activities. Also, incidental expenses may arise which cannot be allotted for at this time.

Cheerleaders are expected to conform to a higher standard of behavior than others do. Cheerleaders will abide by and uphold all of the cheerleading guidelines, rules and regulations as well as GISD policies.

The cheerleaders will be required to take field trips to out-of-town games by means of a bus. Cheerleaders must ride the bus to and from these games. In consideration of GISD guidelines, the parent(s) or guardian(s) must agree to their child taking these school-sponsored field trips. A more formal field trip permission form must be signed at that time. Cheerleaders must provide their own transportation to all in Garland/Rowlett/Sachse games/events. Parents may be called upon to provide transportation and to chaperone.

We have read the above statements and all the attached forms regarding tryouts, regulations, costs and the standards of cheerleading at SHS. We understand and will abide by all the rules introduced and enforced throughout the year. We realize that cheerleading is very time consuming and all-stars, work, etc. are not excused absences from my responsibilities as a cheerleader.

Candidate's signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Questions? Tiffany Caplinger (Varsity) tvcaplin@garlandisd.net Lindsey Platero (JV) lmplater@garlandisd.net Courtney Cox (Freshmen) clcox@garlandisd.net

Sign Policy

Each squad member will paint a specific number of signs. Sponsors will provide paper and a list of sayings for each cheerleader. Each cheerleader will provide his/her paint and paint brushes. All signs must be painted in the SHS approved letter pattern and colors.

Signs are due August 12th. At this time, the sponsor will check for the following:

- The name of the cheerleader on the back of the sign on both ends
- Saying written on the back of both ends
- Saying spelled correctly
- Painted and decorated neatly
- Sign rolled tightly with a rubber band

If any of the above requirements need to be corrected, the sign will need to be redone and turned in at the sponsor's discretion. Signs will be stored at school and used each week.

Cheerleader's Signature _____ Date _____

Parent Signature _____ Date _____

Uniform Policy

I understand that the uniforms are the property of Sachse High School and if lost or damaged it is my responsibility to replace them. The uniforms may be altered without cutting the fabric. I understand the uniforms are to be laundered by a professional cleaning service before they are returned.

Cheerleader's Signature _____ Date _____

Parent Signature _____ Date _____

Constitution Acknowledgement

I _____ have read the Cheerleader Guidelines/Rules in the GISD Cheerleading Constitution. I understand each of them before I tryout and will abide by each rule. I also understand and accept each punishment given for each rule violation.

Cheerleader's Signature _____ Date _____

Parent Signature _____ Date _____

Tryout Checklist

All forms should be turned in by 2:45pm on March 24th to Ms. Caplinger, Mrs. Platero, or Ms. Cox at Sachse High School. **No applications will be accepted after 4:30pm March 30th! If the application is not turned in by March 30th at 4:30 pm with the appropriate signatures, you cannot tryout!!!**

_____ Physical and Medical History - Attached to the back of the packet or found online at www.garlandisd.net (go to Departments & Programs and then Cheerleading).

Please notice that cheerleading candidates are NOT required to have a physical exam unless they answer yes to questions 1, 2, 3, 4, 5, or 6. If none of these apply, they only need to turn in the first page. If they answer yes to any of these questions, they must have a physical exam and must turn in both pages of the form.

_____ Parent Permission Slip (signed by parent and cheerleader candidate)
Please read over the constitution which can be found at www.garlandisd.net (go to Departments & Programs and then Cheerleading).

_____ Cheerleader Application

_____ Report Card (must show all grades through 4th six weeks)

*If you failed any class during the 4th six weeks, then you may not attend the tryout clinic.

*Any student who was academically ineligible for any two six weeks prior to tryouts must have approval to tryout.

_____ \$10 cash for tryout clinic

_____ Self-addressed stamped envelope

_____ Signed Uniform Policy, Sign Policy, and Constitution Acknowledgment Form

_____ Student must have selected Sachse High School as their choice of school and been accepted.

REMINDERS – NO parents or friends are allowed in the building at tryouts.

**Don't Forget: Parent and Candidate Meeting on March 24th – SHS Library 6:00 pm
If you can not attend, please contact Ms. Caplinger before the meeting!**

If you do not have your forms turned in on time, you will not be able to tryout. No exceptions. Turn them in early so you won't forget!

PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

REVISED 1-6-09

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

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or sports 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 passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	14. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	15. Have you ever had a sprain, strain, or swelling after injury?	<input type="checkbox"/>	<input type="checkbox"/>
Do you get tired more quickly than your friends do during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you broken or fractured any bones or dislocated any joints?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>	Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, check appropriate box and explain below.		
Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip
Has any family member or relative died of heart problems or of sudden unexpected death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Thigh
Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelopathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Shin/Calf
Has a physician ever denied or restricted your participation in sports for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle
4. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Foot	
Have you ever been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>	16. Do you want to weigh more or less than you do now?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how many _____ When was the last _____			Do you lose weight regularly to meet weight requirements for your sport?	<input type="checkbox"/>	<input type="checkbox"/>
times? _____ concussion?			17. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
How severe was each one? (Explain below)			18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	Females Only		
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	19. When was your first menstrual period? _____		
Have you ever had numbness or tingling in your arms, hands, legs, or feet?	<input type="checkbox"/>	<input type="checkbox"/>	When was your most recent menstrual period? _____		
Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	How much time do you usually have from the start of one period to the start of another? _____		
5. Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>	How many periods have you had in the last year? _____		
6. Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>	What was the longest time between periods in the last year? _____		
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"/>	An individual answering in the affirmative to any question relating to a possible cardiovascular health issue (question three above), as identified on the form, should be restricted from further participation until the individual is examined and cleared by a physician, physician assistant, chiropractor, or nurse practitioner.		
8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>	**EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):		
9. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
11. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
12. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>			

It is understood that even though protective equipment is worn by the athlete, 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 athletic competition, 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: _____

THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE 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 athletic participation and again prior to first and third years of high school athletic participation. It **must** be completed if there are yes answers to specific questions on the student's MEDICAL HISTORY FORM on the reverse side. *** Local district policy may require an annual physical exam.**

NORMAL

ABNORMAL FINDINGS

INITIALS*

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

MUSCULOSKELETAL

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 games/matches.