

Sachse High School
Lariats Drill Team
Officer Information
2009-2010

Dear Officer Candidate,

I am excited that you have made a decision to try out for Lariat Officer. This position is not only an honor but also a great achievement. As an officer, you will not only lead your team but will be required to set a good example in all areas and at all times. You will learn teamwork, leadership, and responsibility when holding an officer position. Please remember the responsibility and extra time that it will require to be a Lariat officer. It is a lot of hard work but very rewarding and fun!

Attached are the officer candidate requirements, officer application, and scheduled dates. Read through all the materials with your parents and then make a decision. Sign the application and return by April 13, 2009. I know that the tryout process will be tough but it is a great learning experience. From tryouts, we will receive the best dancers as well as the best leaders. If you have any questions feel free to ask by emailing me at accavana@garlandisd.net.

I wish you the best of luck and hope to have you as a 2009-2010 Lariat officer!

Sincerely,

**Alexi Cavanagh
Lariat Director**

Lariat Officer Candidate Turn in Check List

These items must be completed and returned in order to be a SHS Lariat. This is in addition to attending the uniform fitting and the summer practice and all other Lariat activities. All forms for Officer hopefuls all due by April 13th:

_____ Constitution Verification

_____ Application Packet

_____ Part I: Sachse High School Drill Team Application

_____ Part II: Health Form

_____ Part III: Permission For Medical Treatment (**notarized**)

_____ Part IV: Parental Consent Form

_____ Part V: Lariats Application (with photo)

_____ Part VI: Officer Removal

_____ Directory Sheet

_____ Medical History (physical if necessary)

_____ Important Information Sheet

_____ At least 3 Teacher recommendations

_____ Copy of grade sheet from last six weeks

_____ Notebook

***This sheet is for your assistance in completing information and does not
have to be returned***

IMPORTANT DATES AND INFORMATION

APRIL 7 8TH Grade Orientation

* Come visit our table! 6:30 SHS Cafeteria

APRIL 8 *SHS Library*

*Informational meeting for team at 6:00pm and officer candidates meeting to follow at 6:45.

Officer candidate hopeful meeting is mandatory

April 21-22 JV CLINIC FOR GIRLS INTERESTED IN DRILL TEAM

*Clinic in the SHS gym from 5:00 to 6:30 to see what drill team is about.

MAY 18 UNIFORM FITTINGS

*In the SHS cafeteria at 7:00pm

*All forms in this packet are DUE this day

JULY 20-22 from 8 -11:00am

*Lariat summer practice at SHS, after practice on the 22nd will be the uniform pick up at 11:30.

JULY ?? TEAM PICTURES: TIME AND DATE TBA

JULY ?? INDIVIDUAL PICTURES DATE TBA

AUG 4- 6 PRIVATE LINE CAMP: 1pm-5pm

*Camp will be held at Sachse High School and this is **mandatory** for every line member. We will learn all of our field routines. If you are not present you will not participate during football season. Showoffs will be at 5pm on the 6th.

AUG 11, 13, 20 from 6-7:30pm

*Lariat practice at SHS.

AUGUST 24: FIRST DAY OF SCHOOL

AUGUST 31: LABOR DAY PARADE.

*Information to follow.

OFFICER CANDIDATES:

APRIL 14-16 OFFICER HOPEFUL CLINIC

*Officer hopeful clinic in the SHS gym from 4:30 to 6:30

APRIL 13 OFFICER INFORMATION DUE

*Application, notebook, grades and medical forms are due.

APRIL 16 OFFICER MOCK TRYOUTS

*Begins at 4:30

APRIL 17 TRYOUTS

*Begins at 5pm until ???

JUNE TBA OFFICER CAMP - most likely the week of the 14th

We will attend all in town JUNIOR VARSITY and Friday night VARSITY games. This is mandatory including any games after the first term.

JUNIOR VARSITY FOOTBALL GAMES

Wednesday, September 16th @ SHS vs. Forney, 5:30pm

Thursday, September 24th @ North Garland, 7:00pm

Thursday, October 1st @ SHS vs. Naaman Forest, 7:00pm

Thursday, October 8th @ Williams vs. Garland, 7:00pm

Thursday, October 16th @ SHS vs. South Garland, 7:00pm

Wednesday, October 21st @ HBJ vs. Lakeview, 7:00pm

Thursday, November 5th @ SHS vs. Rowlett, 7:00pm

VARSITY FOOTBALL GAMES

Friday, September 25th @ Williams Stadium, 7:30pm (HOMECOMING)

Friday, October 2nd @ HBJ Stadium, 7:30pm

Friday, October 9th @ HBJ Stadium, 7:30pm

Friday, October 16th @ HBJ Stadium, 7:30pm

Friday, November 6th @ HBJ Stadium, 7:30pm

*****The Lariats will need to be at all JV games ONE hour prior to game time. They will need to be at Varsity games 30 minutes prior to Varsity games, except for Homecoming...they will need to be there an hour and a half earlier than game time because of pre-game festivities*****

**THERE WILL BE NO REFUNDS ONCE
SIGNED UP FOR LARIATS**

**SACHSE JV DRILL TEAM CONSTITUTION
VERIFICATION**

This document confirms that you the parent or guardian, and the student, have **read and understand** the Garland Independent School District JV drill team constitution (www.garlandisd.net/drillteam). By signing this document, you acknowledge the consequences for failure to abide by these rules, which may include grounds for dismissal from the JV drill team.

I, _____, parent/guardian of student and member of the Lariats, _____, have read and discussed the Garland Independent School District JV drill team constitution. **I further understand anyone on the JV drill team who violates any of the rules of the GISD JV drill team constitution will serve the consequences set forth by the document.**

PARENT/GUARDIAN

DATE

JV DRILL TEAM MEMBER

DATE

PART 1: SACHSE HIGH SCHOOL DRILL TEAM APPLICATION

Dear Parents:

These are the rule and regulations for membership in the Junior Varsity Drill Team at Sachse High School. If you are interested in you student becoming a member of this organization, please read the information on the following pages carefully and return this reference along with the following documents (I-V). If you need additional information you may contact the drill team office at (972) 414-7450 ext. 63118.

We are looking forward to having your student on the Sachse High School JV Drill Team.

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ STUDENT ID#: _____

SCHOOL NOW ATTENDING: _____

PRESENT GRADE LEVEL: _____

I understand that I will be required to attend mandatory summer practice and camp as scheduled and will be expected to stay after school for scheduled practices. I am fully aware and agree to accept the responsibility of being a member of the Sachse High School Junior Varsity Drill Team.

Member's Signature

As a parent, I am aware of the extra costs and time necessary for my child to be a member of the drill team. I give my permission for my child to participate on the drill team.

Parent/Guardian's Signature

PART II: HEALTH FORM

TO THE PARENT:

As a member of the Lariats, your daughter will participate in the following activities throughout football season:

1. Approximately two to four hours of strenuous physical activity per day.
2. Participation in half time performances at all Junior Varsity football games and selected parades. This involves physical and emotional stress.
3. Extra time spent at home and school in meetings and other activities related to Drill Team.
4. Your daughter will be dancing, jumping off of and manipulating wood props in some performances.

Because of the strenuousness of the activities, Lariats must be in good health and practice good health habits.

Please check and sign below:

1. Any health weakness such as, a bad back, weak knees, or weak ankles that would prohibit her from her giving her best possible performance?

YES _____ NO _____

2. Does she take any medication that would cause her harm if she exerted herself too much?

YES _____ NO _____

3. I believe that my daughter is in good health and practices good health habits.

YES _____ NO _____

4. My daughter may participate in drill team.

YES _____ NO _____

5. My daughter may do jump splits.

YES _____ NO _____

6. I realize that my daughter should care for her injuries and is responsible for maintaining a status report.

YES _____ NO _____

Parent's Signature

Candidate Signature

PART III: PERMISSION FOR MEDICAL TREATMENT

(TURN IN)

In the event of an emergency as a result of athletic participation that requires medical attention, I grant permission to the school and/or its employees, the _____ coaching staff, to take whatever action in deems necessary. If I cannot be reached, the _____ coaching staff is authorized to give consent for unexpected medical care and hospitalization to my son/ daughter, _____.

Check one: YES _____ NO _____

I expect every effort will be made to contact me in order to receive my specific authorization before any medical treatment or hospitalization is taken.

Signed _____ Date _____ Phone # _____

Address _____

State of Texas

County of Dallas

Subscribed and sworn to before me, a Notary Public in and for Dallas, County, State of Texas.

On this the _____ day of _____ 20_____.

Home # _____ Business # _____ Cell # _____

Do you have medical insurance? Yes _____ No _____

Insurance Company Name _____ Policy # _____

Person to be notified other than parent or guardian in an emergency:

Emergency _____ Phone # _____

Family Doctor _____ Phone # _____

MEDICAL INFORMATION

	YES	NO
Kidney Injury	_____	_____
Heart Condition or Disease	_____	_____
Diabetes	_____	_____
Asthma	_____	_____
Date of last Tetanus Shot	_____	_____
Allergic to any medication (PLEASE STATE):		

Additional medical information that may be helpful (PLEASE STATE):

PART IV: PARENTAL CONSENT FORM

_____ and I have discussed the
LARIAT responsibilities of being a
member of the Lariats, such as cost, time involved, and physical requirements. I understand her obligations and responsibilities of being a Lariat and I will help her in her assignment for the entire year. I have received and read the GISD regulations and my child and I will abide by them.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

In case of emergency, contact:

Name _____

Address _____

City, Zip _____

Home Phone _____

Work Phone _____

Cell Phone _____

PART V: LARIATS APPLICATION

Attach Photo Here:

Full Name: _____
(Last) (First) (Middle)

Complete Address _____

Phone # _____ Age _____ Birthday _____

Classification (circle one) FRESHMAN SOPHOMORE JUNIOR SENIOR

Mother's Name _____ Work # _____

Father's Name _____ Work # _____

Are you employed? _____ Where? _____

of hours per week _____

Would your employment interfere with Lariats practice or performance? _____

Have you ever been in Drill Team or a similar activity? _____

Have you ever taken dancing lessons? _____

Where and for how long? _____

To what other clubs or organizations do you belong? _____

Why are you interested in becoming a Lariat? _____

I have read all the rules and regulations and received a constitution of the Lariats and will participate in all required activities. I understand to remain eligible; Lariats must pass all courses each six weeks.

Candidate's Signature

Date

PART VI: OFFICER REMOVAL

If you are removed from you officer position due to disciplinary actions, you will lose all officer privileges including but not limited to:

- *Wearing anything that bears your rank
- *Wearing your Officer uniform
- *Performing with the Officer Squad
- *Leadership privileges
- *Giving commands as an Officer
- *No end of the year speech at the banquet
- *No officer awards at the banquet
- *You will no longer dress in the Officer designated area
- *You will walk with the team, not the Officers
- *You will sit with the team, not the Officers
- *You will be prohibited to help with the incoming Officer Candidates and Officer Tryouts.
- *You will not attend any function welcoming the new Officers for the upcoming year.

Officer Candidate Signature

Date

Officer Candidate Parent Signature

Date

**Teacher Recommendations
Sachse High School Lariats
JV Drill Team**

Teacher: _____

From: Alexi Cavanagh, Director

Please email me for the form at accavana@garlandisd.net or send through GISD mail Box 408. Thank you!

*Must be received by April 10, 2008.

Student Name: _____

Student ID# _____

Grade in your class: _____

1.) Does this student stand out as a leader in your classroom?

2.) How is their behavior in your classroom?

3.) Please list any other information you think will be useful.

*The information given will be kept confidential.

Directory Sheet

Name: _____

Grade (9, 10, 11, 12): _____

Address: _____

Home Ph. #: _____

Lariat Cell #: _____

Lariat Email: _____

Lariat Birthday: _____

Parents Names: _____

Parents #s: _____

Parents Emails: _____

(This is how I contact you with updates) _____

Interested in booster club position? Yes _____ No _____

Officer Candidate Audition Scale

20 points	Image/presence
20 points	Interview
10 points	Officer Strut
15 points	Solo routine
10 points	Kick routine
20 points	Jazz routine
2.5 points	Right leg splits
2.5 points	Left leg splits
10 points	Notebook/Questions (director points)
10 points	Teaching Evaluation (director points)
10 points	Director Interview (director points)
Total 130	Points per Girl

*****THE NUMBER OF OFFICERS SELECTED WILL BE BASED ON SCORES AND DIRECTOR'S DISCRETION*****

Officer Tryout Clinic Information

4/8 Informational Team Meeting 6:00. SHS Cafeteria
Officer meeting to follow at 6:45

4/21 TO 4/22 Lariat Clinic 5:00-6:30 SHS Gym

4/13 Officer Candidate Clinic Begins 4:30-7:00 SHS Gym

- Officer applications, notebook, medical forms, grades, and teacher recommendations are due
- Receive Tryout order and number
- Learn jazz and beginning of strut
- Director Interviews

4/14 Clinic from 4:30-7:00 SHS gym

- Review jazz routine
- Learn kick routine and second half of strut
- Director Interviews
- Teaching Evaluations

4/15 Clinic from 4:30-7:00 SHS gym

- Review jazz, kick and strut
- Teaching Evaluations
- Director interviews

4/16 Mock tryouts begin at 4:30

4/17 Tryouts...starting at 5pm and lasting until ????

Learn officer routine for camp- Place and time TBA, will determine once officers are picked.

Officer Squad Audition Information

Solo Routine Information

- You may wear any costume that reflects the concept of your piece and is suitable for audition.
- Hair may be worn any way you choose.
- There is a 2 and a half minute time limit on solos.

Notebook Criteria

Due: April 13, 2009

- Please place notebook questions along with any pictures, resume, etc. that you want me to remember you by in a white notebook.
- This is a time to express your ideas along with letting me know your dance/drill team background.

Teaching Evaluations

April 14 & 15, 2009

- These will be done throughout the tryout week.
- You are required to make up a 6-eight count phrase to teach to the other candidates. It can be 6-eight counts from your solo if you choose.
- Please do not make it difficult.
- It is for me to see your use of voice, clarity, and leadership qualities.

Grades

Due: April 13, 2009

- Please have a copy of your grades from the previous six weeks. You **must** be passing all classes to stay after school for the clinic.

Teacher Recommendations

Due: April 10, 2009

- You are required to get **three** teacher recommendations. The form is attached. You can use that or they can get one by emailing me.

Tryout Wear

- Practice days you may wear any dance wear you choose. (example: leos, tanks, dance pants, jazz shoes or foot paws)
- NO shorts!!!
- Hair must be slicked back... no whispies!

Tryout day you will wear the following:

- Black long sleeve leotard
- Black dance pants
- Black jazz shoes (no sneakers)
- Black socks or black tights
- Hair will be worn in a low bun parted over the left eye. We will demonstrate during practice.
- Heavy make-up!!!!

*You can get required wear at Team Go Figure in Garland.

General Tryout Information

Tryouts are closed: parents, friends, or anyone not trying out are NOT allowed in the school during tryout time.

If someone would like to watch they may come to mock tryouts, which are open to everyone.

After tryouts are over there will be a short break of an hour or so where the candidate will be able to leave. A time will be given as to when to return back for the tryout results.

Each girl will be given an envelope with a letter from the director in which they are told whether they made it or not. They may open these envelopes anywhere they choose **outside** of the school. If a congratulations letter is received then the candidate is to return to the gym with their parents for our special ceremony to say farewell to the old officers and to induct in the new officers by disclosing their rank.

LARIAT DRILL TEAM OFFICER CANDIDATE NOTEBOOK

***** The notebook will be graded according to neatness, organization, service record, quality of answers, sincerity of answers, creativity, etc. Take your time and be clear without being wordy. Remember quality rather than quantity will make for a better notebook. The purpose is to allow you to analyze and truly think about some of the important elements of being an officer.

***** Provide a title page with your name and class. Secondly, provide a table of contents and have each section begin on a new page. Finally, be brief but thorough. Place information in a white notebook, you may have a page to slide into front cover, but do not get professionally done or cover the notebook with any material.

It is **due on Monday, April 13th**!

NOTEBOOK:

A. CREATIVITY

1. Select and develop two football routines, a pep rally routine, and a competition routine for the drill team line. Must include the following:
 - a. Song: present the music tape with your notebook. (This is for me to keep)
 - b. Props if needed
 - c. Any ideas for movement
 - d. Costume ideas
 - e. Include at least one formation for each routine.
2. We are still a new team:
 - a. Create traditions, activities for our new team, or any fantastic ideas.
 - b. Also include things about the team that you would like to be different. This section is determined by you. You have full freedom to express yourself and your ideas.
3. Create a theme for banquet.
 - a. Any ideas you have to fit the theme
 - b. Place, time, gifts, presentations, etc.

B. SITUATIONS

Describe how you would handle it and what you would do if:

1. Stand behavior at a football game is undisciplined.
2. The Drill Team is on the sidelines about to perform and some of your close friends continue talking and joking around.
3. The team is about to perform at a Spring Show and two girls are not on stage.
4. The officers start to argue in front of the team and the director is in her office.
5. You were not respected by the other officers and the line.
6. The director makes an unpopular decision that even you disagree with.
7. A line member has a very negative attitude.
8. You see a team member drinking at a party or some team members invite you to attend a party where you know there is going to be alcohol served.
9. You receive a higher rank than your best friend, and there is a great deal of tension between the two of you.
10. Several girls continue talking and being disruptive while the officers are teaching.

C. QUESTIONS

1. How would you describe yourself?
2. Define “Leadership”, giving at least five adjectives to describe a good leader.
3. Describe at least eight responsibilities of an officer.
4. Who is your role model and why?
5. What does professionalism mean to you?
6. Define initiative and give examples of how an officer can demonstrate initiative.
7. Where do you see yourself in five years?
8. If you do not make officer, will you remain loyal to the team and maintain a good attitude throughout the year?
9. How would you encourage members to act like ladies and make good decisions?
10. What officer rank do you envision yourself holding?
 - a. Captain
 - b. 1st Lieutenant
 - c. Lieutenant
11. What are your 5 top priorities?
12. Develop an A-Z personal word description of yourself.
13. Develop a LARIATS team word description.

D. ABOUT YOU

1. This is a section for you to tell me all about you.
2. Be creative but don't go overboard.

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.