

Sachse High School

Lariats Drill Team

Line Information

2009-2010

LARIATS

SACHSE HIGH SCHOOL

3901 MILES ROAD

SACHSE, TEXAS 75048

(972)414-7450

Welcome to Sachse High School! I am so thrilled that you are interested in becoming a member of the Lariat Drill Team at Sachse High School. Lariats will be a great opportunity for you to develop your dance skills, make new friends, display school spirit, prepare for varsity drill team and be part of an award winning organization. I hope after reading all requirements and expectations that you will be a Lariat for the 2009-2010 school year!

If you are planning to be a part of the Lariats I expect you to hold high standards for yourself and show respect for your teammates, officers, and school staff at **all** times. I always expect the best out of my team. You will **always** represent this organization with your best manners and respect. Being a Lariat will be a great learning experience and fun for everyone. Although drill team requires a lot of dedication and hard work, it will be a very fun experience for you and your parents. To be a member of the Lariats, you do NOT have to have any prior dance experience. We will teach you everything you will need to know. You must have a positive attitude and you must be willing to work hard!!

The following pages contain all information necessary to become acquainted with Lariats. If interested, fill out the application and return by May 18th, 2008. Please look over the preliminary calendar for future dates and meetings. May 18th will be fitting day for uniforms and practice wear. Everyone **must** attend the fitting to participate in JV Drill Team. At this time we will order uniforms, team shirts, practice wear and team warm ups. An order form has been included that gives a detailed list of what is required, the cost of the items, and payment due dates. Please bring all paper work and payments on May 18th. If you are trying out for officer be sure to get an officer packet and follow the dates listed for officer candidates.

Please attend the informational meeting on April 8th, 2009 at 6pm in the Sachse High School Library to answer any concerns or questions you might have about the team and officer tryouts. Officer candidates and parents must attend the meeting at 6:45pm for important information about officer tryouts. Afterwards, feel free to email any additional concerns or questions you might have to accavana@garlandisd.net

I look forward to meeting you and working with you next year! I know it will be a year to remember for you as a Lariat and your freshman year in high school.

Alexi Cavanagh
Sachse High School
Lariats Director
accavana@garlandisd.net

IMPORTANT DATES AND INFORMATION

EVERYONE:

APRIL 7 8th GRADE ORIENTATION

* Come visit our table! 6:30pm in the 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 21st will be the uniform pick up at 11:30.

AUGUST ?? TEAM PICTURES: TIME AND DATE TBA

AUGUST ?? 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 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.

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*****

UNIFORM AND PRACTICE WEAR EXPENSES

PRACTICE WEAR

3 TOPS/1 BERMUDA SHORT/ 1 CAPRI	\$119.80
TIGHTS	\$12.92

ACCESSORIES

GAME DAY SHIRT	about \$20.00
LARIAT TSHIRT	about \$22.00
WARM UPS	\$67.00
BAG	\$27.00
GLOVES	\$4.25
POMS	\$33.00
Shipping & Handling	\$5.00

TOTAL TO TEAM GO FIGURE **\$55.25**

***Deposit of \$28.00 due on May 18th to TGF (Cash, check, or credit card)

TOTAL TO DANZGEAR **\$213.72**

TOTAL TO SPECIAL EFFECTS **\$40-50.00**

*** Exact total will be available at fittings**

UNIFORM **\$90.00**

(This does not include sleeves and leotard... this is additional but we have a team set of them if you would like to borrow them)

CAMP FEE **\$60.00**

BOOSTER ACTIVITY FEES **\$100.00**

TOTAL TO LARIAT BOOSTER CLUB **\$250.00**

***At least half due on May 18th (Cash, check, or money orders accepted)

*** There will be a few used uniforms for sale from old Lariats. Only the uniform, practice top, sweatshirt, and Poms should be bought old... as all the other items (practice tops, warm ups, game day shirt and t-shirt) are new and different.

You will be required to borrow or purchase white crew socks and white "ked" like shoes for field performances.

THERE WILL BE NO REFUNDS ONCE
SIGNED UP FOR LARIATS

Lariat 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:

_____ Constitution Verification

_____ Application Packet

_____ Part I: Sachse High School Drill Team Application

_____ Part II: Health Form

_____ Part III: Permission For Medical Treatment

_____ Part IV: Parental Consent Form

_____ Part V: Lariats Application (with photo)

_____ Directory Sheet

_____ Medical History Form(physical if needed)

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 in the Sachse High School 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, basketball, and competition 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 basketball games, as well as participation in parades and competition. 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 NAME 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

Directory Sheet

Name: _____

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

Address: _____

Home Ph. #: _____

Lariat Cell #: _____

Lariat Email: _____

Lariat Birthday: _____

Parents Names: _____

Parents #s: Mom: _____

Dad: _____

Parents Emails: This is how I contact parents with any information or updates

Mom: _____

Dad: _____

Interested in booster club position? Yes _____ No _____

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*
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.