

GARLAND HIGH SCHOOL



**GOLD JACKETS**

JUNIOR VARSITY  
DRILL TEAM TRYOUT  
PACKET

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## WHO ARE THE GOLD JACKETS?

Gold Jacket is the JV drill team at Garland High School, made up of energetic, fun performers who love showings school spirit by performing throughout the year. The team is open to all grades, and no prior dance experience is required to try out and join.

Members have the opportunity to attend summer camp, perform in events such as the Labor Day and MLK parades, dance at JV football and basketball games, pep rallies, and support school spirit through varsity game appearances. Gold Jackets also focus on learning strong dance and drill team technique while earning both their P.E. and Fine Arts credits.

Gold Jackets will begin practicing in the summer. This is required for all members to better prepare for an exciting year!

During the school year, Gold Jackets meet every other day during the fall and spring semester as a single blocked class, with no more than one after school practice per week.

Members are expected to maintain passing grades, good attendance, honorable behavior, and follow all district and director guidelines as outlined in the Garland ISD JV Drill Team Handbook.

### **GISD FINE ARTS HANDBOOK LINK:**

<https://garlandisd.net/media/19482/download?inline>

## HOW DO I JOIN THE TEAM?

- Read this packet in its entirety
- Attend the dance clinic and tryouts starting Tuesday, April 14<sup>th</sup>
- Both the candidate and parent/guardian must sign all forms included in this packet and return to Ms. Banuelos, Gold Jackets director by Tuesday, April 14<sup>th</sup>

## SCAN THE QR CODE TO JOIN OUR CANVAS PAGE!!



OR YOU CAN JOIN USING THIS LINK:  
<https://garlandisd.instructure.com/enroll/WGKYCH>

This is for you to get tryout information to become a member of the Gold Jackets! It is not a commitment, just a way to get more information. In the Canva class, you will find information about tryout clinic dates, tryouts, and more about them.

If you have any questions, please feel free to email me at: **[Sbanuelos@garlandisd.net](mailto:Sbanuelos@garlandisd.net)**

## Important Dates - Important Dates - Important Dates

When	Where	What
<b>April 2, 2026</b> Thursday	Online <a href="https://meet.google.com/sbf-hhdd-atu">meet.google.com/sbf-hhdd-atu</a>	Online parent meeting. Ask questions about tryouts, the team, etc. 6pm-6:30pm
<b>April 14, 2026</b> Tuesday	<b>GHS Deb gym</b>	<b>Drill Team tryout packet due to Ms. Banuelos by end of day.</b>
<b>April 14-17, 2026</b> Mon-Fri	<b>In DEB GYM 5:15pm-7pm</b>	<b>Gold Jacket tryout workshop</b>
<b>April 18, 2026</b> Saturday	<b>GHS DEB GYM</b>	Arrival time 12pm <b>Tryouts 12:30pm-2:30pm</b>
<b>April 20, 2026</b> Monday	GHS Library 6-8pm	<b>MANDATORY</b> new team parent meeting and team fittings
<b>July 27, 2026</b> Monday	Competition gym 12pm-2pm	Team pre-camp
<b>July 28-29, 2026</b> Tuesday & Wednesday	Competition gym 9am-3pm	Team Camp
<b>July 29, 2026</b> Wednesday	Competition gym 3:30-3:45	Team show offs
<b>September 7, 2026</b> Monday	TBD	Labor Day Parade
<b>January 18, 2027</b> Monday	TBD	MLK Parade
<b>February 2027</b>	TBD	Basketball game performances
<b>March, 2027</b>	TBD	Spring Show

# Tryout Clinic Information

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

**When:** After school: April 14-17 5:15pm-7pm

**Where:** Deb Gym

**Attire:** School-appropriate t-shirt, no crop tops or bra tops

Athletic shorts

Athletic shoes

Hair in a secure ponytail

No jewelry of any kind, including nose rings, belly rings, earrings, necklaces, etc.

## **Agenda:**

<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
Learn first half of tryout dance	Learn second half of dance	Review and work on technique	Mock tryout

**Candidates:** Returning GISD students - you must have been selected and been accepted to Garland High School for the 2026-27 school year. New to GISD - Make sure you have contacted Student Services and have pre-enrolled. Documentation is required.

To receive the points on your pre-score, all applications are due by April 13, 2026  
Application materials are to be complete and turned in before your participation in clinics.

The tryout clinic is open to eligible candidates. It is closed to the public. No parents, friends, or ineligible candidates are allowed to attend.



## Tryout Day Dress Code

- All candidates need to wear:
- Solid black t-shirt or tank top (no visible logo)
- Solid black leggings
- White athletic shoes or Jazz shoes
- Supportive undergarments
- Hair should be in a secure high ponytail, out of the candidate's face. To ensure uniformity, no hair bows, ribbons, or any other accessories will be permitted.
- Natural makeup - you want to look awake and performance ready.
- No jewelry allowed, including earrings, nose rings, necklaces, belly rings, bracelets, etc.

## Tryout Day Information

**What:** GISD Drill Team Tryouts

**When:** Saturday, April 18, 2026

12:00pm arrive at Garland H.S.

12:30pm - 2:30pm warm up and tryout in groups of four

**Where:** Garland High School

310 S. Garland Ave.

Garland, TX 75040

**These tryouts are closed to the public.** No parents or friends will be allowed in the building at any time during tryouts. No exceptions. Candidates do not leave until they are dismissed.

Three judges will be hired 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.

More information regarding tryouts, scores, and notification can be found in the GISD Fine Arts Handbook.



## Tryout Sequence of Events/ Tryout Judging Criteria

Tuesday, you will learn the first half of your tryout dance. Wednesday, you will learn the second half of your tryout dance. Thursday, you will review and work on technique. Friday, you will have a practice (mock) tryout that will be just like your try out on Saturday. There will be Debs that will stay after practice to help you on any needed areas/steps if you let them know you need help. Friday will be a mock tryout to get you ready for Saturday.

If your score averages out to a 70 or better, you will be selected as a member of the Debs. If you score between a 45 and 69, you will be given the option to be on Gold Jackets.

If you score below a 45, you will be given the option to be in drill prep.

You will try out in groups. You do not have to try out by yourself!!

Results will be posted in the Canvas classroom at a pre-determined time during the week of tryouts.

### Scoring breakdown

Jazz portion of the dance 60

Kick portion of the dance 30

Right leg splits - 5 points

Left leg splits - 5 points

Attire for workouts on Tuesday through Thursday is your choice. Attire on Friday, the day of mock tryouts and Saturday, the day of tryouts, is a black fitted top or tank top, black leggings and white tennis shoes or jazz shoes. Hair needs to be back in a low ponytail. Make sure to wear make-up so you look awake and your face looks bright for tryouts. Saturday, April 18th, you will arrive at Garland at 12pm. You will try out in the gym in a group of four. The only people in the gym will be the 3 judges, Ms. Banuelos and Ms. Tomlinson, a principal from our school and a fine arts representative. No one will be allowed to watch. After all the groups have tried out, the judges may want to see some people again so they may ask for call backs. Once tryouts are concluded, you are free to leave. Results will be posted in our Canva class. We hope to have results posted a few hours after tryouts, but it could take up to 48 hours to get your results. Names will not be posted, only numbers.

Please inform your parents that workouts and tryouts are closed. They cannot come in the building or stay and watch you practice. If they arrive early, they need to wait outside.

# Drill Team Standard of Uniformity

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

## 1.) Hair expectations

<b>Practice</b>	Hair secure and out of face
<b>Game Day @ School</b>	High ponytail with bow
<b>Games</b>	Low bun
<b>Parades, competition, pep rallies, etc.</b>	High ponytail with bow

- General Guidelines

1. Hair must be pulled back completely and tightly secured and not fall or become loose while performing drill team activities.
2. Hair must not have wispies/loose hair falling around the face.
3. Extensions must be blended and be the same color as your natural hair.
4. Braids must be able to be styled in the required hairstyles.
5. Box braids are ideal for hair to be pulled back into a high ponytail or half up/half down style.
6. Corn Rows must be styled in a way that will go into a high ponytail or half up/half down style, depending on what the director has requested for that week's events.
7. Sew-in or quick weaves must be able to be pulled back into a high ponytail or half up/half down style depending on what the director has requested for that week's events.
8. No wigs will be allowed (ex. Medical).
9. No unnatural hair color will be allowed at performances/events. If you are unsure, please ask your director first.
10. Beads worn in hair are permitted, if they are worn in a manner that does not interfere with the safe execution of stunting or tumbling. The beads must be school colors (clear, royal blue, goldenrod, white).

## 2) Make-up Expectations

<b>Game Day @ School</b>	Natural
<b>Games</b>	Mascara/natural lashes Pink or red lip color
<b>Parades, Competition, etc.</b>	Mascara/natural lashes pink or red lip color

- General Guidelines
  1. Make-up needs to be age-appropriate and natural-looking.
  2. Make-up needs to compliment the drill team uniform.
  3. Lashes should look natural and be of natural color and length.
  4. Lip color should be a pink or red shade that compliments your skin tone.

## 3) Fingernail Expectations

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

## 4) Jewelry Expectations

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

# Drill Team Expectations

## **1) Drill team camp**

- Camp is mandatory for all members of drill team. It is our opportunity to build strong bonds and grow through adversity.
- You need to be able to attend camp to be a member of the team.

## **2) Communication**

- Members of drill team and their parents/guardians will use the Band app to communicate.
- A link to an active year long calendar will be provided for parents and students to help them stay aware of events, times and locations.

## **3) Attendance**

- Members of drill team should make every effort to let their director know when they will be absent or tardy. An absence may result in removal from a performance being worked on.

## **4) Outside activities**

- If the candidate makes the Drill Team squad, they must complete their commitment to drill team before being released to any other activity they will be participating in. (This includes studio dance and/or jobs).
- Varsity Drill Team members cannot be on the squad and play varsity volleyball or varsity basketball. JV Drill Team members may play another JV or Freshman sport if there are minimal conflicts.
- The Drill Team member must work out the conflicts with both directors and provide a conflict calendar PRIOR to the event.
- There will be a 50/50 split in after school events between time for drill team and the other sport/school sponsored club/organization.
- Communication must be initiated by the Drill Team member.

## **5) Transportation**

- All members will travel to and from games/competitions/performances/events on school buses.

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.

Repeated tardiness of pick up will result in a principal/teacher review with the parent/guardian and benching or removal may be possible.

## Drill Team Estimates Costs

The estimated cost of Drill Team is for one year and varies for each squad, as well as years of involvement. The costs 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 may be additional costs that arise throughout the year.

Payment	Date	Amount	Description
#1	Apr 20, 2026	\$95.00 *This is the minimum payment to make at fittings. Cash or credit card. You can pay the rest (\$88) in August	This is the minimum payment to make at fittings. This is for your two spirit shirts, three practice tops, poms, a bag, jacket, and tights
#2	Jul 27, 2026	\$65. Cash or check made out to Dashing Debs	Camp and football payment
#3	Aug 10, 2026	\$88 *Only if you did not make the full payment at team fittings. Cash or credit card.	This is the rest of the payment for your team items.
#4	Jan 11, 2027	\$50. Cash or check made out to Dashing Debs.	Contest and spring show payment (choreography, costumes, and dance shoes)

**TEAM LEADER PAYMENTS CAN BE MADE BY CASH, OR CREDIT/ DEBIT CARD TO THE COMPANY.**

CAMP AND FOOTBALL/ CONTEST AND SHOW PAYMENTS WILL BE COLLECTED AT PRACTICE/ IN CLASS AND CAN BE MADE BY CASH OR CHECK MADE TO DASHING DEBS BOOSTER CLUB

**TOTAL AMOUNT BEING PAID FOR THE WHOLE YEAR: \$298.00**

- 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 uniforms, but the drill team member is responsible for all alterations needed, as well as any damages to the uniforms that may have occurred throughout the year.

## Additional Purchases/ Information

- Team Shoes

You will need to purchase white tennis shoes like the ones shown below on your own. These will be our team shoes when we wear our uniforms. They do not need to be expensive, just all white. You can purchase them at Walmart. You WILL WEAR YOUR SHOES FOR CAMP so please purchase them by July 27th.



# GISD Drill Team Activities

In accordance with UIL rules, high school drill team squads are only permitted to compete at one contest per school week. It would not be a violation for Drill Team members to Drill Team 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 Drill Teams 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.

## **SUMMER CAMP**

Participation in all days of summer camp is mandatory. No exceptions can be made for outside dance teams or vacations.

## **DRILL TEAM COMPETITION**

If the Gold Jacket director chooses to go to competition, it will be mandatory. Failure to commit and participate in competition will result in removal at semester. Tryouts may be held to determine competition groups etc. A separate handbook will be given to each competition member. The dates for these events are not set until after school starts.

## **PARADES**

Parade participation rotates between schools. If GHS is in the Martin Luther King or Labor Day parades, participation is mandatory.

## **FOOTBALL**

Gold Jackets will perform at most JV football games and will attend a minimum of 3 varsity games.

## **BASKETBALL**

Gold Jackets will perform at a minimum of 3 JV basketball games.

## **SPRING SHOW**

The Gold Jackets will perform in the spring show. The spring show date, time and location will be announced.

## **OTHER ACTIVITIES**

Additional activities such as community events, etc. will be at the discretion of the sponsor.

# Drill Team Candidate Checklist

## Candidate Name:

To receive the points on your pre-score, all applications are due by April 14<sup>th</sup> at 5:15. Application materials are to be complete and turned in before your participation in clinics. Make sure you bring every form back completely filled out. Failure to turn in by the deadline, absence from the clinics for any reason (other than with a doctor's note) will result in points deducted from your pre-score.

\_\_\_\_\_ Drill Team Candidate Checklist

\_\_\_\_\_ GISD Drill Team member Application

\_\_\_\_\_ Social Media Contract and Picture/Video Form

\_\_\_\_\_ GISD Handbook Signature Pages

\_\_\_\_\_ 1st Semester & 3rd Cycle Grades

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

\_\_\_\_\_ Choice of School Form (Only for students NEW TO GHS- Transfers and incoming 9th graders)

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

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

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

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

# GISD Drill Team Application

**Please print legibly and neatly.**

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

Grade next yr. \_\_\_\_\_ Age \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

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

Email \_\_\_\_\_

Are you enrolled in/been accepted to GHS? \_\_\_\_\_

AS A GOLD JACKET, I AGREE TO FOLLOW ALL POLICIES OF THE JUNIOR VARSITY DRILL TEAM HANDBOOK, WHICH I HAVE READ AND UNDERSTAND. I KNOW THAT SOME PRACTICES AND PERFORMANCES WILL BE OUTSIDE SCHOOL HOURS, INCLUDING THIS SUMMER, AND THAT ATTENDANCE IS MANDATORY. I AM FULLY AWARE OF THE REQUIREMENTS AND AM WILLING TO ACCEPT RESPONSIBILITY TO BE A PART OF THIS GREAT TEAM. I AGREE TO FOLLOW THE DIRECTOR, OFFICERS, AND OTHER MEMBERS IN CHARGE OF THE DRILL TEAM DUTIES. I ALSO UNDERSTAND THAT IF I DO NOT OR CANNOT FOLLOW THE RULES, I WILL BE DISMISSED FROM THE TEAM. I UNDERSTAND THAT THE DECISION OF THE JUDGES IS FINAL.

\_\_\_\_\_  
STUDENT FIRST/ LAST NAME STUDENT JACKET SIGNATURE DATE

AS A GOLD JACKET PARENT, I AM AWARE OF THE COST AND TIME NECESSARY FOR MY CHILD TO BE A MEMBER OF THE JUNIOR VARSITY DRILL TEAM. I HAVE READ AND UNDERSTAND ALL POLICIES OUTLINED IN THE CONSTITUTION, INCLUDING ATTENDANCE, DISCIPLINE, ACADEMIC ELIGIBILITY, AND PERFORMANCE STANDARDS. I GIVE PERMISSION FOR MY CHILD TO BE A MEMBER OF THE 2026-2027 GOLD JACKETS. I UNDERSTAND THAT THE DECISION OF THE JUDGES IS FINAL. IF SHE IS SELECTED AS A LINE MEMBER, I WILL SUPPORT THE DIRECTOR AND SCHOOL POLICY CONCERNING JUNIOR VARSITY DRILL TEAM.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE DATE

# Social Media Contract

Maintaining a higher standard of conduct will also include ensuring the GISD/Fine Arts Students' websites are appropriate. The internet is a worldwide, publicly accessible form of communication. Therefore, any communication such as Twitter, YouTube, Instagram, SnapChat, Vines, Tumbler, or any other photo/video sharing or social media site, etc. appearing on the internet is public domain, even if it is marked private. Per the GISD Code of Conduct, students are responsible for their personal websites and postings on others' websites. The areas of appropriateness will include, but not limited to, the following: language, sexual or other (abbreviated or alluding to); pictures, reference to sexually explicit conduct or content, bullying/harassment within school and to other campuses, clothing, alcohol, drugs, and/or tobacco, which includes e-cigs and vapes. Excessive amounts of postings during the school day and posting updates in the middle of the school day is unacceptable and will be considered if a principal/teacher review takes place. Messages, Snap Chats, pictures, etc. sent via text messages or any other form of communication can be used as a screenshot and therefore can be considered public domain. By sending any content electronically to someone else, you are giving them permission to use that information as they see fit so please be aware of what you are sending and to whom you are sending it to at any time. Any question of appropriateness will be decided by the principal and teacher.

Students selected as Fine Arts student performers must recognize this distinction as an honor and privilege and must be held accountable to a greater standard than that of the general school population. A student has no ordained right to participate in Fine Arts. It is a privilege that has been granted to the student and it is possible that the privilege can be taken away. In addition to the GISD Fine Arts Handbook, GISD Code of Conduct, and the standards outlined in the Fine Arts Code of Conduct will be in effect twenty-four hours a day, seven days a week, twelve months a year, in season and out of season, whether in school or school is not in session.

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Parent Signature

-----  
Date

-----  
Drill Team Member's Signature

-----  
Date

# Video, Image, and Audio Release Form

I \_\_\_\_\_ parent/guardian of  
\_\_\_\_\_ give my consent for photographs, video  
images, and/or voice to be utilized for advertising, illustration, or publication on  
campus, district, and/or local media TV stations for Garland ISD as appropriate. This  
includes but is not limited to GRS-TV, newspaper, daily announcements, advertising,  
and local news stations.

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

\_\_\_\_\_  
Date

Garland Independent School District Fine Arts Handbook  
Cheer, 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:

Drill Team \_\_\_\_\_ 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 (director, 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 and affect my pre-score at next year's tryouts.

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

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

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

\_\_\_\_\_ I understand that I will be responsible for returning all uniforms, poms, props etc. in good condition. Uniforms must be cleaned according to the instructions given by the director/director. 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 (director, 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/director. 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\_\_\_\_\_



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.

Thank you for your cooperation and support in celebrating the achievements of our National Merit Finalists.

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**Student's Name(s)**

---

Parent/Guardian Signature

Date

**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
1. Have you had a medical illness or injury since your last check up or physical?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been hospitalized overnight in the past year? Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had prior testing for the heart ordered by a physician? Have you ever passed out during or after exercise? Have you ever had chest pain during or after exercise? Do you get tired more quickly than your friends do during exercise? Have you ever had racing of your heart or skipped heartbeats? Have you had high blood pressure or high cholesterol? Have you ever been told you have a heart murmur? Has any family member or relative died of heart problems or of sudden unexplained death before age 50? Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelopathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm? Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? Has a physician ever denied or restricted your participation in activities for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever had a head injury or concussion? Have you ever been knocked out, become unconscious, or lost your memory? If yes, how many times? _____ When was your last concussion? _____ How severe was each one? (Explain below) _____ Have you ever had a seizure? Do you have frequent or severe headaches? Have you ever had numbness or tingling in your arms, hands, legs or feet? Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>
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"/>

	Yes	No
13. Have you ever gotten unexpectedly short of breath with exercise? Do you have asthma? Do you have seasonal allergies that require medical treatment?	<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"/>
15. Have you ever had a sprain, strain, or swelling after injury? Have you broken or fractured any bones or dislocated any joints? Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? If yes, check appropriate box and explain below:	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Back <input type="checkbox"/> Chest <input type="checkbox"/> Shoulder <input type="checkbox"/> Upper Arm	<input type="checkbox"/> Elbow <input type="checkbox"/> Forearm <input type="checkbox"/> Wrist <input type="checkbox"/> Hand <input type="checkbox"/> Finger <input type="checkbox"/> Foot
	<input type="checkbox"/> Hip <input type="checkbox"/> Thigh <input type="checkbox"/> Knee <input type="checkbox"/> Shin/Calf <input type="checkbox"/> Ankle	
16. Do you want to weigh more or less than you do now?	<input type="checkbox"/>	<input type="checkbox"/>
17. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>

*Females Only*  I choose not to provide written information on Question 19 but will discuss with a medical professional:

19. When was your first menstrual period? \_\_\_\_\_  
 When was your most recent menstrual period? \_\_\_\_\_  
 How much time do you usually have from the start of one period to the start of another? \_\_\_\_\_  
 How many periods have you had in the last year? \_\_\_\_\_  
 What was the longest time between periods in the last year? \_\_\_\_\_

---

*Males Only*  I choose not to provide written information on Question 20 but will discuss with a medical professional:

20. Are you missing a testicle? \_\_\_\_\_  
 Do you have any testicular swelling or masses? \_\_\_\_\_

**OPTIONAL: An electrocardiogram (ECG) is not required. By marking this box, I choose to obtain an ECG for my student. I understand it is the responsibility of my family to schedule and pay for such an ECG. I have read and understood the information about cardiac screening on the UIL Sudden Cardiac Arrest Awareness Form.**

EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):

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

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

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

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

Student Signature: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**For School Use Only:**

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

**PREPARTICIPATION PHYSICAEVALUATION-- PHYSICAL EXAMINATION**

Student's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ % Body fat (optional) \_\_\_\_\_ Pulse \_\_\_\_\_ BP \_\_\_\_/\_\_\_\_ (\_\_\_\_/\_\_\_\_, \_\_\_\_/\_\_\_\_)  
brachialbloodpressurewhilesitting

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 districtpolycymayrequireanannualphysicalexam.**

	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: \_\_\_\_\_



# 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



## FORMULARIO DE ACUSE DE RECIBO DE CONMOCIÓN CEREBRAL

Nombre de estudiante \_\_\_\_\_

**Definición de conmoción cerebral:** significa un proceso fisiopatológico complejo que afecta al cerebro y es causado por una fuerza física traumática o un impacto en la cabeza o el cuerpo que puede: (A) incluir una función cerebral alterada temporal o prolongada que resulta en síntomas físicos, cognitivos o emocionales o patrones de sueño alterados; e (B) implicar pérdida de conciencia.

**Prevención:** enseñar y practicar el juego seguro y la técnica adecuada.

- Siga las reglas del juego.
- Asegúrese de que se use el equipo de protección requerido para todas las prácticas y los juegos.
- El equipo de protección debe caber correctamente y ser inspeccionado regularmente.

**Signos y síntomas de la conmoción cerebral:** los signos y síntomas de la conmoción cerebral pueden incluir, entre otros: Dolor de cabeza, parecer estar aturdido o atontado, tinnitus (zumbido en los oídos), fatiga, dificultad para hablar, náuseas o vómitos, mareos, pérdida de equilibrio, visión borrosa, sensibilidad a la luz o al ruido, sensación de mareo o borroso, pérdida de memoria o confusión.

**Supervisión:** cada distrito designará y aprobará un Equipo de Supervisión de Conmociones cerebrales (COT). El COT debe incluir al menos un médico y un entrenador atlético si uno es empleado del distrito escolar. Otros miembros que pueden incluir: Enfermera de práctica avanzada, neuropsicólogo o asistente de médico. El COT se encarga de desarrollar el protocolo Regreso al Juego basado en evidencia científica revisada por pares.

**El tratamiento de la conmoción cerebral:** el estudiante-atleta/porrista deberá ser retirado de la práctica o participación de inmediato si se sospecha que tiene una conmoción cerebral. Todo estudiante-atleta/porrista sospechoso de sufrir una conmoción cerebral deberá ser visto por un médico antes de que puedan regresar a la participación de atletas o porristas. El tratamiento para la conmoción cerebral es el descanso cognitivo. Los estudiantes deben limitar la estimulación externa, como mirar televisión, jugar videojuegos, enviar mensajes de texto, usar computadora y las luces brillantes. Cuando todos los signos y síntomas de la conmoción cerebral se hayan despejado y el estudiante haya recibido la autorización escrita de un médico, el estudiante-atleta/porrista podrá comenzar el protocolo de Regreso al Juego de su distrito, según lo determinado por el Equipo de supervisión de conmociones cerebrales.

**Regreso al juego:** según el Código de Educación de Texas, sección 38.157:

A un estudiante retirado de una práctica o competencia interescolar de atletismo (incluidos, por regla de la UIL, los porristas) bajo la Sección 38.156 se le puede no permitir practicar o participar nuevamente después de la fuerza o el impacto que se cree que ha causado la conmoción cerebral hasta que:

- (1) el estudiante haya sido evaluado, usando protocolos médicos establecidos basados en evidencia científica revisada por pares, por un médico tratante elegido por el estudiante o el padre o el tutor del estudiante, u otra persona con autoridad legal para tomar decisiones médicas por el estudiante;
- (2) el estudiante haya completado con éxito cada requisito del protocolo de regreso al juego establecido en la Sección 38.153 necesaria para que el estudiante regrese a jugar;
- (3) el médico tratante haya proporcionado una declaración por escrito que indique que, según juicio profesional del médico, es seguro para el estudiante para volver a jugar; y
- (4) que el estudiante y el padre o el tutor del estudiante, u otra persona con autoridad legal para tomar decisiones médicas para el estudiante:

(A) haya reconocido que el estudiante ha completado los requisitos del protocolo de regreso al juego necesarios para que el estudiante vuelva a jugar;

(B) haya proporcionado la declaración escrita del médico tratante bajo la Subdivisión (3) a la persona responsable del cumplimiento del protocolo de regreso al juego bajo la Subsección (c) y la persona que tiene responsabilidades de supervisión bajo la Subsección (c); y

(C) haya firmado un formulario de consentimiento que indique que la persona que firma:

- (i) haya sido informado y consiente que el estudiante participe en regresar a jugar de acuerdo con el protocolo de regreso al juego;
- (ii) entiende los riesgos asociados con el regreso del estudiante a jugar y cumplirá con todo requisito continuo en el protocolo de regreso al juego;

(iii) aprueba la divulgación a las personas apropiadas, de conformidad con la Ley de Portabilidad y Responsabilidad del Seguro Médico de 1996 (Pub. L. No. 104-191), de la declaración escrita del médico tratante bajo la Subdivisión (3) y, en su caso, las recomendaciones de regreso al juego del médico tratante; y entiende las disposiciones de inmunidad bajo la Sección 38.159.

\_\_\_\_\_  
Firma del padre o el tutor

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Firma del estudiante

\_\_\_\_\_  
Fecha

# Notice



## Regarding **Directory Information** and **Parent's Response** Regarding Release of Student Information

### State law requires the district to give you the following information:

Certain information about district students is considered directory information and will be released to anyone who follows the procedures for requesting the information unless the parent or guardian objects to the release of the directory information about the student. If you do not want Garland ISD to disclose directory information from your child's education records without your prior written consent, you must notify the district in writing within ten school days of your child's first day of instruction for this school year.

This means that the district must give certain personal information (called "directory information") about your child to any person who requests it, unless you have told the district in writing not to do so. In addition, you have the right to tell the district that it may, or may not, use certain personal information about your child for specific school-sponsored purposes. The district is providing you this form so you can communicate your wishes about these issues.

[See *Directory Information* in the Student Handbook for more information.]

### Garland Independent School District has designated the following information as directory information:

- Student's name
- Address
- Telephone listing
- E-mail address
- Photograph
- Date and place of birth
- Major field of study
- Degrees, honors, and awards received
- Dates of attendance
- Grade level
- Most recent school previously attended
- Participation in officially recognized activities and sports
- Weight and height, if a member of an athletic team

### Parent/guardian: Please select one of the choices below

I want directory information about my child released to the public. Anyone requesting directory information for GISD students may receive it.

I want directory information about my child released only for district publicity. This could include, but is not limited to: extracurricular activity publications, yearbooks, district/campus newsletters, campus directories, news releases to local media, media coverage, district/campus websites, district/campus videos, district/campus publications, district/campus social media and public recognitions.

I do not want directory information about my child released. By marking this box, I understand that my child's name, photograph, etc., will NOT be included in district/school publications—including the yearbook—or released to the media. I also understand that this request must be made annually to be valid for each school year.

**Student Name** (please print)

Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Student ID# \_\_\_\_\_ Grade \_\_\_\_\_

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

If this form is not returned within the specified timeframe above, the district will assume that permission has been granted for the release of this information. 25

# Aviso



## Sobre los datos de directorio y la respuesta de los padres sobre la divulgación de datos estudiantiles

### La ley estatal requiere que el distrito le provea la siguiente información:

Cierta información acerca de los alumnos del distrito es considerada como datos de directorio y se divulgará a cualquier persona que siga los procedimientos de solicitud de información, a menos que el padre o tutor objete la divulgación de los datos de directorio del alumno. Si usted no desea que Garland ISD divulgue los datos de directorio del expediente educativo de su hijo sin su consentimiento escrito previo, deberá notificar al distrito por escrito dentro de diez días escolares del primer día de clases de su hijo para este año escolar.

Esto significa que el distrito se verá obligado a revelar ciertos datos personales de su hijo (conocidos como "datos de directorio"), a cualquier persona que los pida, a menos que usted haya ordenado al distrito, por escrito, no hacerlo. Además, usted tiene el derecho de indicar al distrito que puede, o no puede, usar ciertos datos personales de su hijo para efectos específicos auspiciados por la escuela. El distrito le ofrece este formulario para que usted le pueda comunicar sus deseos en relación con estos temas.

*(Para más información, vea datos de directorio en el Manual Estudiantil.)*

### Garland Independent School District ha designado la siguiente información como datos de directorio:

- Nombre del alumno
- Fecha y lugar de nacimiento
- Escuela más recientemente asistida
- Domicilio
- Campo principal de estudios
- Participación en actividades y deportes oficialmente reconocidas
- Teléfono
- Títulos, honores y premios recibidos
- Peso y estatura, si es miembro un equipo deportivo
- Dirección de correo electrónico
- Fechas de asistencia
- Fotografía
- Nivel académico

### Padre/Tutor: Por favor señale una de las siguientes opciones

- SÍ – Permiso divulgar al público los datos de directorio de mi alumno.** Cualquier persona que solicite datos de directorio de alumnos de GISD los puede recibir.
- SÍ – Permiso divulgar los datos de directorio de mi alumno solamente para fines de publicidad distrital.** Esto puede incluir, pero no se limita a: publicaciones de actividades extracurriculares, anuarios, boletines del distrito/campus, directorios de campus, comunicados de prensa para los medios locales, cobertura por los medios de comunicación, sitios web distritales/de campus, videos distritales/de campus, publicaciones distritales/de campus, redes sociales distritales/de campus y reconocimientos públicos.
- NO – No permito divulgar los datos de directorio de mi alumno.** Al señalar esta casilla, confirmo que entiendo que el nombre de mi alumno, su fotografía, etc., no se incluirán en las publicaciones distritales/escolares - entre ellas, el anuario - ni se divulgarán a los medios de comunicación. Entiendo además que es necesario presentar esta solicitud anualmente para que tenga validez en cada año escolar.

### Nombre del alumno *(en letra de molde)*

Apellido \_\_\_\_\_ Primer Nombre \_\_\_\_\_ Inicial \_\_\_\_\_

# ID Escolar \_\_\_\_\_ Grado \_\_\_\_\_

Firma del Padre/Tutor \_\_\_\_\_ Fecha \_\_\_\_\_

*De no entregarse este formulario en el plazo especificado arriba, el distrito supondrá que se ha dado permiso para divulgar esta información.*



# 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.

**Arrhythmogenic 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-compact Cardiomyopathy** – a condition where the heart muscle does not develop normally.

**Wolff-Parkinson-White Syndrome** – an extra conducting fiber is present in the heart's electrical system and can increase the risk of arrhythmias.

**Conditions not present at birth but acquired later in life:**

**Commotio Cordis** – concussion of the heart that can occur from being hit in the chest by a ball, puck, or fist.

**Myocarditis** – infection or inflammation of the heart, usually caused by a virus.

**Recreational/Performance-Enhancing drug use.**

**Idiopathic:** Sometimes the underlying cause of the Sudden Cardiac Arrest is unknown, even after autopsy.

### What are the symptoms/warning signs of Sudden Cardiac Arrest?

- Fainting/blackouts (especially during exercise)
- Dizziness
- Unusual fatigue/weakness
- Chest pain
- Shortness of breath
- Nausea/vomiting
- Palpitations (heart is beating unusually fast or skipping beats)
- Family history of sudden cardiac arrest at age < 50

**ANY of these symptoms and warning signs that occur while exercising may necessitate further evaluation from your physician before returning to practice or a game.**

### What is the treatment for Sudden Cardiac Arrest?

Time is critical and an immediate response is vital.

➤ **CALL 911**

➤ **Begin CPR**

➤ **Use an Automated External**

**Defibrillator (AED)**

### What are ways to screen for Sudden Cardiac Arrest?

The American Heart Association

recommends a pre-participation history and physical including 14 important cardiac elements.

**The UIL Pre-Participation Physical Evaluation – Medical History form includes ALL 14 of these important cardiac elements and is mandatory annually.**

### What are the current recommendations for screening young athletes?

The University Interscholastic League requires use of the specific Preparticipation Medical History form on a yearly basis. This process begins with the parents and student-athletes answering questions about symptoms during exercise (such as chest pain, dizziness, fainting, palpitations or shortness of breath); and questions about family health history.

It is important to know if any family member died suddenly during physical activity or during a seizure. It is also important to know if anyone in the family under the age of 50 had an unexplained sudden death such as drowning or car accidents. This information must be provided annually because it is essential to identify those at risk for sudden cardiac death.

The University Interscholastic League requires the Preparticipation Physical Examination form prior to junior high athletic participation and again prior to the 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.

### Are there additional options available to screen for cardiac conditions?

Additional screening using an electrocardiogram (ECG) and/or an echocardiogram (Echo) is readily available to all athletes from their personal physicians, but is not mandatory, and is generally not recommended by either the American Heart Association (AHA) or the American College of Cardiology (ACC). Limitations of additional screening include the possibility (~10%) of "false positives", which leads to unnecessary stress for the student and parent or guardian as well as unnecessary restriction from athletic participation. There is also a possibility of "false negatives", since not all cardiac conditions will be identified by additional screening.

### When should a student athlete see a heart specialist?

If a qualified examiner has concerns, a referral to a child heart specialist, a pediatric cardiologist, is recommended. This specialist may perform a more thorough evaluation, including an electrocardiogram (ECG), which is a graph of the electrical activity of the heart. An echocardiogram, which is an ultrasound test to allow for direct visualization of the heart structure, may also be done. The specialist may also order a treadmill exercise test and/or a monitor to enable a longer recording of the heart rhythm. None of the testing is invasive or uncomfortable.

### Can Sudden Cardiac Arrest be prevented just through proper screening?

A proper evaluation (Preparticipation Physical Evaluation – Medical History) should find many, but not all, conditions that could cause sudden death in the athlete. This is because some diseases are difficult to uncover and may only develop later in life. Others can develop following a normal screening evaluation, such as an infection of the heart muscle from a virus. This is why a medical history and a review of the family health history need to be performed on a yearly basis. With proper screening and evaluation, most cases can be identified and prevented.

### Why have an AED on site during sporting events

The only effective treatment for ventricular fibrillation is immediate use of an automated external defibrillator (AED). An AED can restore the heart back into a normal rhythm. An AED is also life-saving for ventricular fibrillation caused by a blow to the chest over the heart (commotio cordis).

Texas Senate Bill 7 requires that at any school sponsored athletic event or team practice in Texas public high schools the following must be available:

- An AED is in an unlocked location on school property within a reasonable proximity to the athletic field or gymnasium
- All coaches, athletic trainers, PE teacher, nurses, band directors and cheerleader sponsors are certified in cardiopulmonary resuscitation (CPR) and the use of the AED.

➤ Each school has a developed safety procedure to respond to a medical emergency involving a cardiac arrest.

The American Academy of Pediatrics recommends the AED should be placed in a central location that is accessible and ideally no more than a 1 to 1 1/2 minute walk from any location and that a call is made to activate 911 emergency system while the AED is being retrieved.

### Student & Parent/Guardian Signatures

I certify that I have read and understand the above information.

Parent/Guardian Signature

Parent/Guardian Name (Print)

Date

Student Signature

Student Name (Print)

Date