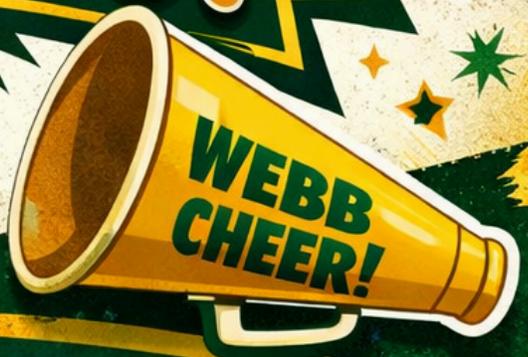


**WEBB MIDDLE SCHOOL**



**CHEER  
TRYOUTS!**



**TRYOUT INFORMATION  
PACKET**

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# Intro Letter

Your child has indicated an interest in being a 7th/8th grade Webb Bear cheerleader for the 2026- 2027 school year. Before tryouts, I want each student to know what will be expected if she/he is selected for the cheerleading squad. I especially want to inform the parents about general policies and requirements that have been set for all the Webb Middle School cheerleaders.

The position that these students will hold is a tremendous responsibility and requires dedication. The responsibilities and obligations of a cheerleader are listed in this packet. Please make sure to go over every one of these with your child and make sure they understand the rules which are set.

If selected, there are certain personal and financial responsibilities and obligations, which you and your child must assume in order to qualify and remain a member in good standing. This packet contains all of the information that you will need to know before making the decision on whether or not to allow your child to try out. We hope that you, as a parent of a prospective cheerleader, are aware of the time and energy it takes to be an effective student leader here at Webb Middle School.

We are thrilled to be your Middle School Cheerleading Coaches for the upcoming season! We're incredibly excited to welcome all cheerleaders who've shown interest in joining our squad as we embark on a fun, challenging, and rewarding year.

## **GISD Fine Arts Handbook Link:**

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

- Please read this packet in its entirety.
- Both the candidate and parent/guardian must sign all forms included in this packet.
- Join the Cheer Tryout Canvas

# Important Dates - Important Dates - Important Dates

When	Where	What
<b>February 26, 2026</b> Thursday 5:30pm	Library	<b>Mandatory Informational Meeting</b> All candidates and at least one parent/guardian <b><i>must</i></b> attend in order to tryout for Cheer
<b>March 1st, 2026</b>	Done at Clinic or Doctors office	<b>Physical's for cheer must be dated March 1<sup>st</sup> or after</b>
<b>March 13, 2026</b> Friday	Room B16 or D125	<b>Tryout Packet Due by 4:00pm</b>
<b>March 23-26, 2026</b> Monday-Thursday 4:30pm-6:00pm	Main Gym	<b>Mandatory Tryout Clinic</b> M - T: school-appropriate t-shirt & athletic shorts with athletic shoes Tryout numbers will be drawn on Wednesday Mock tryouts on Thursday (wear tryout attire)
<b>March 28, 2026</b> Saturday 12:30pm - 3:30pm	Garland High School 310 S. Garland Ave. Garland, TX 75041	<b>Cheer Tryouts</b> Solid white t-shirt & black shorts with athletic shoes
<b>April 8th, 2026</b> Wednesday 5:30pm	Library	<b>Mandatory MADE IT! Meeting</b> 2026-27 Cheerleaders and at least one Parent/Guardian <b><i>must</i></b> attend
<b>April 8th, 2026</b> Wednesday 4:10 - 6:00	Gym	<b>Fittings</b> Mandatory for all squads Parents/Guardians will not be permitted to enter the gym during fittings
<b>May 1st, 2026</b> Friday by 4:10 pm	Online	All Money Due
<b>July 8-10 2026</b> Wednesday-Friday 9:00 am - 3:00 pm	Garland HS	<b>GISD Cheer Camp</b> Mandatory for all 2026-27 Cheerleaders Parents may attend show-offs/awards on the final day of camp
TBD	Small Gym Cafeteria	<b>Summer Practice</b> Mandatory for all squads
<b>February 2027</b>	Garland, TX	<b>GISD Middle School Cheer Classic</b>

\*\*The cheer calendar is subject to change.

# Tryout Clinic Information

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

**When:** Monday, March 23, 2026 - Thursday, March 26, 2026  
4:30pm - 6:00pm

**Where:** Webb Middle School (Comp 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>3/23/26</b>	<b>3/24/23</b>	<b>3/25/23</b>	<b>3/26/23</b>
Review cheer technique Learn chant Learn dance	Review cheer technique Review chant Review dance Learn cheer	Review cheer technique Review chant Review dance Review cheer Draw for tryout numbers	Mock tryouts *Wear tryout attire (solid white t-shirt, black athletic shorts, white athletic/cheer shoes )

**Candidates:** Returning GISD students - you must have been selected and been accepted to **Webb** for the 2025-26 school year.  
New to GISD - Make sure you have contacted Student Services and have pre-enrolled for .  
Documentation is required.

To receive the points on your pre-score, all applications are **due by 4:00 pm on March 13th, 2026** to Coach Vinson (B16) or Coach Soliz (D125) . Application materials are to be complete and turned in before your participation in clinics.

The Tryout Clinic is open to eligible candidates only, and closed to the public. No parents, friends, or ineligible candidates are allowed to attend.

# Tryout Day Dress Code

All candidates must wear:

- ★ Solid white t-shirt (no visible logo), shirts should be tucked in
- ★ Solid black shorts
- ★ White socks
- ★ White athletic or cheer shoes
- ★ Supportive undergarments
- ★ Hair must 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 - at the very least, pink or red toned lips and mascara or natural-looking eyelashes.
- ★ No jewelry allowed, including earrings, nose rings, necklaces, belly rings, bracelets, etc.
- ★ Fingernails - "sports" length, neutral color (french tip, clear, or nude)

# Tryout Day Information

**What:** GISD Cheer Tryouts

**When:** Saturday, March 28, 2026

12:30pm - 1:00pm

Warm-up in designated area

1:00pm - 3:30pm

Tryout time

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

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

# Tryout Sequence of Events

The whole group of candidates will enter together and perform as a whole group to show the judges the material first.

## **TUMBLING**

Groups will enter the gym and line up on the short end of the mat. Each candidate will be asked if they have tumbling skills to demonstrate. Afterwards, students will line up in numerical order in the middle of the mats.

## **INDIVIDUAL JUMPS:**

Once the nod has been given, the candidate should do whatever jump they wish to do first and then wait for a nod before doing their second jump and then their third jump, giving the judges time to score each jump. Each middle school candidate must perform a toe touch, a right hurdler, a left hurdler, and a jump of their choice. The jump of their choice can include, but is not limited to, a jump that they have already performed.

## **GROUP DANCE AND CHEER:**

Once the nod has been given, the school representative should start the music for the dance. The cheer will have a section(s) incorporating a jump(s) and/or tumbling. Candidates will be scored based on difficulty and execution. Candidates will also be judged on their smile, motion technique and voice projection during this time.

## **CALL BACKS**

This year call backs will be added to our cheer tryout procedures. Students cannot leave the tryout area until the decision has been made regarding call backs.

# Tryout Judging Criteria

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

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

## 1) Hair Expectations

a) Male Cheerleaders - if hair is long, it must be in a neat and secure bun or ponytail. Facial hair should be neatly groomed.

b) Female Cheerleaders

Event	7th	8th
<b>Practice</b>	Hair secure and out of face	Hair secure and out of face
<b>Game Day @ School</b>	High ponytail with bow, or Half up/half down with bow	High ponytail with bow, or Half up/half down with bow
<b>Games</b>	High ponytail with bow, or Half up/half down with bow	High ponytail with bow, or Half up/half down with bow
<b>Parades, Competition, pep rallies, etc.</b>	High ponytail with bow, or Half up/half down with bow	High ponytail with bow, or Half up/half down with bow

c) General Guidelines

- i) Hair must be pulled back completely and tightly secured and not fall or become loose while performing cheer activities, i.e. stunting, jumping, tumbling.
- ii) Hair must not have wispies/loose hair falling around the face.
- iii) Bows will be worn at every performance or event, regardless of hair length, and must be facing forward and pinned.
- iv) A braid or twist leading into the ponytail is not permitted.
- v) Extensions must be blended and be the same color as your natural hair.
- vi) Braids must be able to be styled in the required hairstyles.
  - (1) Box braids are ideal for hair to be pulled back into a high ponytail or half up/half down style.
  - (2) 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 coach has requested for that week’s events.
- vii) 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 coach has requested for that week’s events.
- viii) No wigs will be allowed (ex. Medical).
- ix) No unnatural hair color will be allowed at performances/events. If you are unsure please ask your coach first.
- x) 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

a)

Event	7th	8th
Game Day @ School	Natural	Natural
Games	Mascara/natural lashes Pink or red lip color Face paint Glitter Rhinestones Spirit tattoo	Mascara/natural lashes Pink or red lip color Face paint Glitter Rhinestones Spirit tattoo
Parades, Competition, etc.	Mascara/natural lashes Pink or red lip color	Mascara/natural lashes Pink or red lip color

b) General Guidelines

- i) Make-up must be age-appropriate and natural-looking. If you have any questions, please ask your coach.
- ii) Make-up must compliment the Cheer uniform.
- iii) Lashes should look natural and be of natural color and length (no longer than 9mm).
- iv) Lip color should be a pink or red shade that compliments your skin tone.

## 3) Fingernail Expectations

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

## 4) Jewelry Expectations

- a) 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.
- b) Band-aids will not be used to cover piercings. Members may use spacers and should schedule fresh piercings around the cheer calendar.

The coach reserves the right to instruct the cheerleader to fix their hair, make-up, fingernails, and/or jewelry and issue demerits if the cheerleader is not in compliance.

Any violation of the Cheer Standard of Uniformity will result in demerits that cannot be removed by merit points.

Always communicate with your coach if you are unsure about any of these expectations.

# Cheer Expectations

## 1) Cheer Camp

- a) Camp is mandatory for all members of Cheer. It is our opportunity to build strong bonds and grow through adversity.
- b) Not attending camp will result in removal from the team.

## 2) Communication

- a) Members of Cheer and their parents/guardians are expected to use the SportsYou to communicate.
- b) The calendar will be on a Google Doc. Members and their parents/guardians will be expected to check the calendar regularly.

## 3) Attendance

- a) Members of Cheer are expected to notify their coach **in writing, at least 5 days in advance**, of any tardies or absences.
- b) Regardless if the tardy/absence is excused or unexcused, the member may be removed from the performance.

## 4) Outside Activities

- a) If the candidate makes the cheer squad, they must complete their commitment to cheerleading before being released to any other activity they will be participating in. (This includes all-star cheer and/or jobs).
- b) The cheerleader must work out the conflicts with both coaches and provide a conflict calendar PRIOR to the event.
  - i) **\*\*THERE MUST BE A 50/50 SPLIT IN AFTER SCHOOL EVENTS BETWEEN TIME FOR CHEER AND THE SPORT/SCHOOL-SPONSORED CLUB/ORGANIZATION.**
  - ii) Communication must be initiated by the cheerleader.

## 5) Transportation

- a) All members are expected to travel to and from games/competitions/performances/events with parents/guardians.
- b) 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. Be respectful of the teacher's time and contact the teacher if you are running late to pick up your student.
  - i) Repeated tardiness of pick up will result in a principal/teacher review with the parent/guardian and benching or removal may be possible.

## Cheer Estimated Costs

The estimated cost of cheerleading 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 will be additional costs that arise throughout the year.

Payment	Date	Amount (will vary by squad, but should not exceed the number shown)	Description
#1	May 1st, 2026	Between \$450 plus tax (online)	Camp/Practice Gear - backpack, cheer shoes, bows, briefs, 2 shorts, 2 shirts, socks, water jug, poms
#2		\$40 - 60	Throughout the year, you may be asked to purchase additional shirts and skirts for extra activities such as pep rallies, parades, and other events.

- **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 cheerleader is responsible for all alterations needed, as well as any damages to the uniforms that may have occurred throughout the year.**
- **Clubs - Generally, Cheer Clubs raise funds to provide food, gifts, apparel, etc. for members depending on how much is raised so additional costs will fall on the cheerleader and their parent/guardian.**

# GISD Cheering Activities

## **Responsibilities**

In addition to cheering for games, which include both football and basketball, other mandatory events include 6th Grade Orientation, parades, public appearances, and any fundraising activities scheduled by the sponsors. During football season, 7th grade games are typically held on Monday nights, and 8th grade games are held on Wednesdays. Cheerleaders will cheer at one game per week. This schedule is subject to change. During basketball season, 7th grade games are typically held on Mondays, and 8th grade games are held on Wednesdays. Cheerleaders will cheer at one game per week. This schedule is subject to change. A calendar will be released prior to the start of each respective season.

## **Special Notes**

Depending on numbers, 7th & 8th Grade may combine and cheer one squad instead of two separate entities. All cheerleaders will be required to have a physical dated March 1st or after and must submit a copy to the cheer sponsor. Everyone is responsible for his/her own ride to football games. Time will be given by coaches on sportsyou. Failure to do so will result in a demerit deduction.

During basketball season, the squad cheers at Home games and stays together after school with the coach unless leaving school and coming back at designated time. While we encourage participation in other extracurricular activities on campus such as Band, Choir, Theater, and Athletics, basketball is in direct conflict with cheer. We will work around when the time comes.

# Cheer Candidate Checklist

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

To receive the points on your pre-score, all applications are **due by 4:00 pm on March 13th, 2026** to Coach Vinson (Portable B16) Coach Soliz (D125). Application materials are to be completed and turned in before your participation in clinics. You need the following documents ALL COMPLETED in order and stapled together along with the checklist below. 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.

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

\_\_\_\_\_ GISD Cheerleader 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 WEBB - Transfers and incoming 7th/8th 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 Cheer Application

*Please print legibly and neatly.*

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

Grade Next Yr. \_\_\_\_\_ Age \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

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

Email \_\_\_\_\_

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

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

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

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

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

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

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

# 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.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Cheerleader'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**  
**Cheerleading, Drill Team, Step, and World Dance Company**  
**Permission, Commitment, and Signature Page**

**Student Name (Please Print)** \_\_\_\_\_

**Legal Parent/Guardian (Please Print)** \_\_\_\_\_

**Check the Fine Arts Group you are auditioning for/joining:**

Cheer \_\_\_\_\_ Junior Varsity Drill Team \_\_\_\_\_ Varsity Drill Team \_\_\_\_\_

Step Team \_\_\_\_\_ World Dance Company \_\_\_\_\_

**Please read each statement and initial. A candidate/member and a legal parent/guardian signature and date is required at the end of the statements.**

**Candidate/Member:**

\_\_\_\_\_ I have received, read, and understand all of the information in this tryout packet and agree to abide by all rules and regulations regarding tryouts.

\_\_\_\_\_ I understand that the judges' decision is final.

\_\_\_\_\_ I have received, read, and understand the Fine Arts Handbook and agree to abide by all rules and regulations of the Fine Arts Group.

\_\_\_\_\_ I have received, read and understand the GISD District Code of Conduct and agree to abide by all rules and regulations. (Internet access [www.garlandisd.com](http://www.garlandisd.com) )

\_\_\_\_\_ I have received, read and understand the financial obligation involved with being a member. I also understand that I will not receive any items, but I must still attend any events/performances, if I have not fulfilled my financial contract.

\_\_\_\_\_ I have received, read and understand that in addition to yearly tryouts, to remain on the team, there may be weekly tryouts conducted by the teacher (coach, director, and sponsor).

\_\_\_\_\_ I have received, read and understand that I must pass all of my classes, with the exception of waived classes, to be eligible to perform. (Refer to TEA/UII 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/coach. A cleaning receipt attached to the uniform may be required.

**Legal Parent/Guardian:**

\_\_\_\_\_ I have received, read, and understand all of the information in this tryout packet and agree to abide by all rules and regulations regarding tryouts.

\_\_\_\_\_ I understand the judges' decision is final.

\_\_\_\_\_ I have received, read, and understand the Fine Arts Handbook and agree to abide by all rules and regulations of the Fine Arts Group.

\_\_\_\_\_ I have received, read and understand the GISD District Code of Conduct and agree to abide by all rules and regulations. (Internet access [www.garlandisd.net](http://www.garlandisd.net) )

\_\_\_\_\_ I have received, read and understand the financial obligation and payments involved with my student being a member. I also understand that my student will not receive any items, but must still attend any events/performances, if I have not fulfilled my financial contract.

\_\_\_\_\_ I have received, read and understand that in addition to yearly tryouts, to remain on the team, there may be weekly tryouts conducted by the teacher (coach, director, and sponsor).

\_\_\_\_\_ I have received, read and understand that my student must pass all classes, with the exception of waived classes, to be eligible to perform. (Refer to TEA/UII Regulations).

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

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

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

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

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

\_\_\_\_\_ I understand that I will be responsible for returning all uniforms, poms, props etc. in good condition. Uniforms must be cleaned according to the instructions given by the director/coach. A cleaning receipt attached to the uniform may be required.

**Candidate/Member Printed Name** \_\_\_\_\_

**Candidate/Member Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Legal Parent/Guardian Printed Name** \_\_\_\_\_

**Legal Parent/Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

VIDEO CONSENT FORM

GARLAND INDEPENDENT SCHOOL DISTRICT CHEERLEADING PROGRAM

**ONE TAKE PROMISE**

**This document must be signed by all parties the day of the taping.**

Student's Name \_\_\_\_\_

GISD Campus \_\_\_\_\_

Date \_\_\_\_\_

The candidate, coach, and administrator attest that only one take was used for the video submission. Candidates should only be referred to by number. There will only be one take unless there is a technical difficulty. This difficulty will be notated on this form. The video should be reviewed by all parties before the candidate is excused.

\*All GISD Fine Arts handbook rules apply.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Signature of Cheer Coach \_\_\_\_\_ Date \_\_\_\_\_

Signature of Administrator \_\_\_\_\_ 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.

	<b>Yes</b>	<b>No</b>		<b>Yes</b>	<b>No</b>
1. Have you had a medical illness or injury since your last check up or physical?	<input type="checkbox"/>	<input type="checkbox"/>	13. Have you ever gotten unexpectedly short of breath with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been hospitalized overnight in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had prior testing for the heart ordered by a physician?	<input type="checkbox"/>	<input type="checkbox"/>	14. Do you use any special protective or corrective equipment or devices that aren't usually used for your activity or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	15. Have you ever had a sprain, strain, or swelling after injury?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you broken or fractured any bones or dislocated any joints?	<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 had any other problems with pain or swelling in muscles, tendons, bones, or joints?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, check appropriate box and explain below:		
Have you had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip
Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Thigh
Has any family member or relative died of heart problems or of sudden unexplained death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee
Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelopathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Shin/Calf
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle
Has a physician ever denied or restricted your participation in activities for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Foot	
4. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	16. Do you want to weigh more or less than you do now?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>	17. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how many times? _____			18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
When was your last concussion? _____			<i>Females Only</i> <input type="checkbox"/> I choose not to provide written information on Question 19 but will discuss with a medical professional: 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? _____		
How severe was each one? (Explain below)			<i>Males Only</i> <input type="checkbox"/> 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? _____		
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <b>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.</b>		
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary): _____ _____ _____		
Have you ever had numbness or tingling in your arms, hands, legs or feet?	<input type="checkbox"/>	<input type="checkbox"/>			
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"/>			

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 PHYSICAL EVALUATION -- PHYSICAL EXAMINATION**

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

Height \_\_\_\_\_ Weight \_\_\_\_\_ % Body fat (optional) \_\_\_\_\_ Pulse \_\_\_\_\_ BP \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (\_\_\_\_\_/\_\_\_\_\_, \_\_\_\_/\_\_\_\_\_)  
brachial blood pressure while sitting

Vision: R 20/\_\_\_\_ L 20/\_\_\_\_ Corrected:  Y  N Pupils:  Equal  Unequal

As a minimum requirement, this **Physical Examination Form** must be completed prior to junior high participation and again prior to first and third years of high school participation. It **must** be completed if there are yes answers to specific questions on the student's MEDICAL HISTORY FORM on the reverse side. \* **Local district policy may require an annual physical exam.**

**NORMAL**

**ABNORMAL FINDINGS**

**INITIALS\***

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

Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

\*station-based examination only

**CLEARANCE**

- Cleared
- Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_

Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_

*The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner, will not be accepted.*

Name (print/type) \_\_\_\_\_ Date of Examination: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Must be completed before a student participates in any practice, before, during or after school, (both in-season and out-of-season) or performance/games/matches.



# 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, chiropractor, physical therapist, 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



# 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-compaction 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