

Volume

4

MCKINNEY INDEPENDENT SCHOOL DISTRICT

Fine Arts Department



Cheerleading & Mascot Handbook

MCKINNEY INDEPENDENT SCHOOL DISTRICT

Fine Arts Department

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Section 1

Philosophy and Purpose

The purpose of the cheerleaders is to support the curricular and extracurricular activities of McKinney ISD by promoting school spirit. Being a cheerleader is an honor and special privilege. Cheerleaders and mascots exist to promote good sportsmanship, good citizenship, and wholesome and enthusiastic school spirit. Cheerleaders are first and foremost representatives of their school. Cheerleaders should exemplify both individual and group behavior suitable to their position and in accordance with the rules as stated in the MISD Student Code of Conduct (located online at <http://www.mckinneyisd.net/information/docs/SCOC.pdf>) Members of these groups have a fundamental responsibility to play a leadership role in building teamwork and helping the school achieve its goals and objectives. Because of these responsibilities, members of the cheerleading squad will be expected, both on and off campus, to maintain a higher standard of behavior and academic achievement.

Objectives

Cheerleaders are expected to be skilled in learning and remembering cheers. They are also expected to be able to publicly demonstrate a skill level suitable for the team position and the timing necessary for group performance. Off the field, they are to enthusiastically support all athletic teams through advertisement, personal attitude, and attendance at events chosen by the sponsor and approved by the principal

COMMITMENT

Candidates selected to be a member of the cheerleading squad are expected to make a commitment to the activity for the full school year.

NOTE

Any cheerleader/mascot whose intention is to leave the school district will be required to sign a waiver of position and return all cheerleading/school property. This process is final and may not be revoked once the cheerleader has signed the waiver.

TRYOUT DATES



MISD will hold tryouts for the selection of the high school cheerleading squads. The tryouts will be held by the last day of **April** on a date to be determined by the MISD Director of Fine Arts and Cheerleading Coordinator. The date will not be during TAKS testing.

The cheerleading coordinator, in conjunction with campus cheerleading coaches and building principals of each high school will be responsible for facilitating the tryouts. The cheerleading coordinator, principal and/or principal designee and coaches will be present in the building during the entire tryout process.

Parents and non-participating individuals will not be allowed in the building during any phase of the tryouts. **Anyone in violation of this could cause the individual trying out to become ineligible.**

Evaluation dates are Wednesday, March 3, Thursday, March 4, Monday, March 8, Tuesday, March 9, and Wednesday, March 10, 2010. See Section 2 for more detailed information regarding dates.

TRYOUT – ELIGIBILITY & REQUIREMENTS



In order for a student to be eligible to tryout he/she must currently be enrolled in and attending a McKinney ISD school by March 1, 2010.

Students must have never received deferred adjudication and/or a conviction for a Class B misdemeanor or higher-class crime conviction.

Students must not have been placed in DAEP during the current school year.

Students must not have been expelled during the current school year.

Students must meet state guidelines for attendance.

Student must disclose all medical conditions that may affect the safety of themselves or others prior to trying out. All such information will be confidential and maintained in accordance with the McKinney ISD Board Policies.

No new applicants will be taken after the first day of the evaluation clinic.

Students must turn in all required forms on the first day of cheer clinic. The required forms include the MISD Cheerleading Tryout Student and Parent Acknowledgements, Disclaimers and Release of Claim Form, MISD Cheerleader/Mascot Information Sheet, MISD Release of All Claims, UIL Pre-participation Physical Evaluation Form, MISD Student Co-curricular and Extra Curricular Contract, MISD Co-Curricular/Extra Curricular Emergency Medical Form, MISD Drug Policy and Contract and a current Proof of Residency for MISD. There is a checklist of forms listed in Section 3 of this document.

Students must be present during tryouts.

No videotapes will be allowed.

If a student quits or is removed from the MISD High School Cheerleader/Mascot program during the current year for any reason, the student will not be allowed to try out for cheerleader the following year without written approval from the varsity coach and principal on campus.

SQUAD SELECTION



All squads will be evaluated and selected by the varsity cheerleading coaches at each high school campus and the district cheerleading coordinator during a 5 day evaluation clinic.

Varsity Squads

- The varsity squads are open to sophomores, juniors, and seniors.
- Current juniors on the varsity cheerleading squad may automatically make the squad if they are in good standing (see criteria below).

Junior Varsity Squads

- The junior varsity squads are open to sophomores and juniors.
- Coaches may place juniors who are not selected to the varsity squad on the junior varsity squad. Junior candidates must select this option prior to the evaluation.

Freshman Squads

- Freshman squads are open to freshmen only.

NOTE

If it is determined that there are not enough freshmen candidates to field a freshman squad, then the junior varsity squad can consist of freshmen, sophomores, and juniors.

Good Standing Criteria: No written discipline warning from the coach during the current school year and no office referral during the current school year

- Written discipline warnings from the coach may include but are not limited to discipline infractions such as forgetting workout clothes, loss of eligibility during the current school year, being late to practice/game, insubordination, etc.
- Office referrals are determined by the Student Code of Conduct

The varsity coach and principal will determine based on these criteria which juniors currently on the varsity squad will automatically make the varsity squad.

EVALUATION CRITERIA



Candidates will be evaluated based on the execution of the following skills. Candidates are expected to maintain and consistently perform the skills that are demonstrated during evaluations and tryouts.

High School Cheerleader

Criteria

- cheer
- chant
- dance
- tumbling
- stunts
- jumps
- spirit
- memory
- choreography
- work ethic
- ability to work well with others
- voice projection
- appearance
- overall impression

High School Mascot

Criteria

- enthusiasm
- creativity
- crowd appeal
- dance
- character/antics
- appearance
- memory
- choreography of planned skit
- choreography of impromptu skit
- appropriateness of skits
- use of props
- work ethic
- ability to work well with others
- overall impression

EVALUATIONS & TRYOUTS



Evaluations and tryouts will be closed to everyone except cheer coaches, the district cheerleading coordinator, principals, and the district's designees.

There will be no other students or parents.

It is an expectation but not a requirement that candidates attend each day of the evaluation clinic. Please note that if a candidate is not in attendance, then the candidate will be missing material and evaluation sessions. Therefore if a candidate is not in attendance he/she may not be fully prepared for the final evaluation and may miss certain evaluation categories.

MASCOT



Mascots are considered a part of the Varsity squad and will therefore be subject to the same rules, regulations, and consequences as the Varsity squad.

While they may not be required to practice cheers, they are expected to condition with the squad as well as practice material for pep rallies and games.

The mascots may also be required by the coach to make "special appearances" at local events or elementary schools. The coach must approve all skits and game material prior to performance.

No other person than the selected mascot, will be allowed to wear the mascot uniform, unless previously approved by the coach, with written consent from that students' parent or guardian. This person may only be a current cheerleader.

Requirements:

- A mascot must be a junior or a senior.
- Will be required to participate with the cheerleaders when needed during stunts, dances, cheers, and chants.
- Must perform a 90 second to two minute skit for tryouts.
- Will be required to plan and perform an impromptu skit.

TRYOUT – DRESS CODE



Clinic: All candidates must come to clinic dressed out in shorts, T-shirt, socks, and tennis shoes. No sweats, dress shirts, or pants will be allowed. Shirts must be tucked in and female participants must wear hair in a high ponytail. No jewelry may be worn.

Tryout: All candidates must come to tryouts in blue knit shorts, a plain white t-shirt with no visible logos, white socks, white tennis shoes, hair in a pony tail with a ribbon. Anyone not in the complete, correct tryout uniform will not be allowed to tryout.

Stick on numbers will be given to each candidate. Numbers must be placed on the front of the shirt where it is visible. Failure to wear the proper number will result in disqualification.

TRYOUT RESULTS & NOTIFICATION



Each candidate will be given instructions on how to find out the results of the tryouts. No results will be distributed at the tryout site on the final day of evaluations.

Acceptable forms of notification

Following tryouts, the Director of Fine Arts (or designee) will post the names of the selected squads on the Fine Arts web page, which is located within the McKinney ISD website. The address is <http://www.mckinneyisd.net/departments/fine-arts/>

In the event that there is a failure with the MISD web page the results will be posted by 5:00 p.m. the Friday following tryouts on the front door of the school that hosted the tryouts.

GENERAL CONDUCT GUIDELINES



General Conduct Rules

- All school and academic policies will be enforced
 - Must meet U.I.L. academic requirements for eligibility as outlined in the U.I.L. Eligibility Calendar.
 - Attendance must meet state criteria.
 - Must abide by all rules stated in the MISD Student Code of Conduct.
 - Must agree to sign and uphold the letter and spirit of the MISD Student Co-Curricular/Extracurricular Contract.
- Must be responsible.
 - Cheerleaders are responsible for promoting school spirit during the week, at pep rallies, and at games and must be aware that they are representing the school and school district at all times.
 - Cheerleaders will maintain proper behavior at all times as designated by the cheer coach, including practices and performances.
 - Cheerleaders will arrive to practices, performances, and events on time and in required uniform.
 - Absolutely **NO** jewelry may be worn during any practice, performance, or event.
 - All rules become enforceable the day the cheerleader is selected and remain in effect until the end of the cheerleading year.

Misconduct - any infraction of school rules as set forth in the MISD Student Code of Conduct, MISD Student Co-Curricular/Extracurricular Contract, the MISD Cheerleading/Mascot Handbook, and/or campus cheerleading handbook will result in disciplinary action and may cause removal from the squad.

- Cheer coaches have the authority to bench or possibly remove members from the squad for misconduct infractions.
- Cheer coaches, at their discretion, will have the authority to suspend or remove any member for any of the following reasons.

Failure to Meet Academic Requirements– The student will be put on probation and will not cheer for pep rallies or games. The probation will be three weeks in length. He or she will not be allowed to cheer for games or pep rallies or suit out and travel with the squad but during this time he/she must still attend and participate in all practices during regular school hours. If, after three weeks, the substandard grade is brought up to 70 or better, the cheerleader will no longer be on probation.

Academics are the school's top priority. Therefore, if a cheerleader is placed on probation twice because of substandard grades in the same course or in different courses during the school year and a third offense occurs, the student will be removed from the cheerleading squad for the remainder of the same school year. This will not include the courses designated in board policy as exempt from the ineligibility rule.

Failure to Meet Behavior Requirements– In addition to the general conduct rules outlined, each coach will be responsible for communicating behavioral requirements and consequences.

GROUNDNS FOR DISMISSAL

A cheerleader will be automatically dismissed from the squad for the following reasons:

- Any member who is expelled from school or placed in the Alternative Education Program (DAEP) will be removed from the cheerleading squad for the remainder of the school year.
- Any member who is placed in In-School Suspension for the second time will be removed from the cheerleading squad for the remainder of the school year.
- Any member who acts in a manner that jeopardizes the safety of herself, another member, or others.
- Any member who accumulates any combination of three unexcused absences from team practices, games, pep rallies or other scheduled events will be immediately removed from the cheerleading squad for the remainder of the school year.
- Any member who is placed on grade probation will be removed from the squad for the remainder of the year when the third offense occurs.
- Any member who accumulates three written warnings will be removed from the cheerleading squad for the remainder of the school year.
 - a. First warning: parents will be notified, written notice will be signed by parent and student, and cheerleader will be benched for one performance.
 - b. Second warning: parents will be notified, written notice will be signed by parent and student, and cheerleader will be benched for two performances.
 - c. Third violation: results in the student's removal from the cheer squad for the remainder of the school year.
- A member who quits and/or is removed from the squad during the year for any reason will not be eligible to try out for the cheerleading squad for the following year without coach and principal approval.
- Any member who quits and/or is removed for the school year will also be removed from the cheerleading class.

NOTE

Length of benching and requirements for reinstatement will be determined on an individual basis by the coaches.

CAMP



All cheerleaders and mascots must attend summer camp.

The amount of money for the camp is the responsibility of each individual cheerleader/mascot.

Cheerleaders/mascots may not leave camp early or arrive late without written notification that must be approved by the coach. Certain extenuating circumstances may occur like death in family or injury.

The cheerleading coordinator will choose the place and date of the camp.

CREDITS



Cheerleaders and mascots will receive no more than half a credit per year for participating in the cheerleading program. Cheerleaders must be enrolled in the cheerleading class. The class is a one semester course only offered during the fall semester for 9th – 11th grade students, but class is a full year for 12th grade students. If a student quits or is removed from the cheerleading squad, the student will be removed from the cheerleading class.

UNIFORMS



MISD will provide the following cheerleader materials/equipment

All Squads – Uniform

- 1 shell
- 1 skirt (female) or 1 pant (male)
- 1 warm-up set

All Squads – team sets of the following items will be provided:

- poms
- megaphone with school logo

UNIFORM MAINTENANCE



- The amount of money for pieces of the uniform that are not provided by the district will be the responsibility of each individual cheerleader.
- All uniforms and practice wear must be paid in full when they are ordered.
- It is the responsibility of each individual cheerleader to take proper care of his or her uniforms.
- The coach and cheerleading coordinator must approve all alterations. If a uniform is altered without the permission of the coach and cheerleading coordinator, the cheerleader will not be allowed to wear the uniform until it is in compliance with

the school dress code.

- If the district supplies uniforms, they must be kept in good condition and turned in prior to tryouts for the following school year. Failure to do so will result in replacement of the uniform by the individual cheerleader. Financial responsibility for the replacement of damaged district supplied uniforms rests solely with the cheerleader.
- When it is time to order new district provided uniforms, appropriate sizes must be selected for yearly use.
- Practice wear is considered part of the cheerleading uniform. The amount of money for practice wear will be the responsibility of each individual cheerleader.
- The amount spent on cheerleading activities/events and apparel including but not limited to shoes, body liners, and practice wear will not exceed \$500.

Section
2

TRYOUT INFORMATION/DATES

Please read the entire application packet then both, candidate and a parent /guardian, must sign the permission slip and required forms. All forms must be completed by the deadline in order for the candidate to tryout and are **due by 6:30 pm February 10, 2009** to the coaches at the McKinney ISD Cheerleading/Mascot Clinic. All parents are responsible for providing their child transportation to and from MBHS for clinic and tryouts.

MISD Cheerleading and Mascot, Parent Informational Meeting, Form Submittal, Tryout Clinic and Tryouts for 2009 – 2010 will be held at McKinney Boyd High School.

Wednesday, January 13
6:30 pm
Informational Meeting at MBHS

Wednesday, February 10
5:00 pm – 6:30 pm
Candidates submit forms at MBHS

Wednesday, March 3
5:00 pm – 7:00 pm
Clinic begins at MBHS

Thursday, March 4
5:00 pm – 7:00 pm
Clinic continues at MBHS

Monday, March 8
5:00 pm – 7:00 pm
Clinic continues at MBHS

Tuesday, March 9
5:00 pm – 7:00 pm
Clinic continues at MBHS

Wednesday, March 10
2:00 pm – 6:00 pm
Final Evaluation at MBHS

Friday, March 12
after 5:00 pm
MISD Tryout Results Posted

Please contact Tami Hines, MISD Cheerleading/Spirit Coordinator, with any questions regarding cheerleader/mascot tryouts.

Email: thines@mckinneyisd.net

Phone: 469-742-4213

MISD CHEERLEADING/MASCOT IMPORTANT DATES 2009 – 2010

FITTING DATES:

McKinney Boyd High School Date: Thursday, March 25 Location: Cheerleader Locker Rm <ul style="list-style-type: none">• Varsity: 4:30 pm• Junior Varsity: 5:45 pm• Freshman: 6:45 pm	McKinney High School Date: Tuesday, March 23 Location: Rm # C116 <ul style="list-style-type: none">• Varsity: 4:30 pm• Junior Varsity: 5:30 pm• Freshman: 6:30 pm	McKinney North High School Date: Wednesday, March 24 Location: Rm # E208 <ul style="list-style-type: none">• Varsity: 4:30 pm• Junior Varsity: 5:30 pm• Freshman: 6:30 pm
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Personal uniform items will be purchased at the fitting. All money for uniform items will be due the day of the fitting. Only cash or money orders will be accepted. Please see the cost sheet for pricing.

CAMP DATES:

When: Monday, August 3 – Friday, August 7 from 8:00 am – 6:00 pm

Where: Faubion Middle School and Ron Poe Stadium

PRACTICE DATES:

Calendars will be available at the uniform fittings. All anticipated dates will be listed and others will be added later as schedules of events become available.

MISD CHEERLEADING/MASCOT COSTS 2009 – 2010

The following is a list of expenses that may be incurred. Not all activities and or items may relate to each squad. This is simply a guideline of the approximate cost of being a cheerleader/mascot of McKinney ISD.

Returning High School Cheerleader Package

\$465

1. accessories package (briefs, sports bras and shoes)
2. practice wear
3. camp

New High School Cheerleader Package

\$500

1. accessories package (briefs, sports bras and shoes)
2. bag
3. practice wear
4. camp

OTHER COSTS

LETTER JACKETS

The school letter jacket is a required uniform piece for Varsity cheerleaders; therefore it is required that a student purchase the letter jacket. The cost of the jacket, letter and patches is estimated to be \$100 - \$250. The total cost varies due the number of additional patches the student chooses to purchase. This cost is in addition to the package price listed above.

SOCIAL ACTIVITIES

Social activities, such as but not limited to ice cream socials, dinners before events, group pictures, are at the discretion of the principal and sponsor. Thus, a dollar amount cannot be assigned to this category.

Section
3

REQUIRED FORMS

The forms within Section 2 must be **signed** and returned to the varsity sponsor by 6:30 pm February 10, 2010.

Please carefully read all material within this entire packet. By signing these forms you are indicating that you have read and also agree to abide by **all** information contained within this document. Any contact made regarding this document or other cheerleading/mascot information is expected to go through the proper chain of command. The individual coach must be contacted first and given appropriate time to respond, before contacting the varsity coach, and finally, if necessary the school principal.

Tryout Checklist

(Must submit the following prior to tryouts)

FORMS:

- PROOF OF RESIDENCY
- MISD CHEERLEADER/MASCOT INFORMATION SHEET
- MISD CHEERLEADING ACKNOWLEDGEMENTS, DISCLAIMERS, AND RELEASE OF CLAIM (this is one form, requiring 4 signatures):
 - SIGNED STUDENT ACKNOWLEDGEMENT
 - SIGNED PARENT ACKNOWLEDGEMENT
 - SIGNED INSURANCE DISCLAIMER
 - SIGNED RELEASE OF CLAIM
- MISD RELEASE OF ALL CLAIMS
- MISD STUDENT CO-CURRICULAR/EXTRACURRICULAR CONTRACT
- MISD CO-CURRICULAR/EXTRACURRICULAR EMERGENCY MEDICAL FORM
- MISD DRUG TESTING POLICY AND CONTRACT
- UIL PREPARTICIPATION PHYSICAL EVALUATION FORM – (MUST BE ON MISD FORM)

Note: Physicals may be obtained through your family physician or by contacting one of the local care clinics:

- | | |
|---|----------------------|
| CareNow: http://www.carenow.com | Phone – 972-529-4500 |
| Primacare: http://primacare.com | Phone - 469-952-3737 |
| E-Care: http://www.e-carecenters.com | Phone - 972-548-7277 |
| Acute Kids Urgent Care: http://www.acutekidscore.com | Phone - 972-727-3800 |

PROOF OF RESIDENCY

You must bring proof of residency on February 10, 2010. The proof of residency will be verified by MISD. All students must be enrolled and attending a McKinney ISD school as of March 1, 2010, in order to be eligible to tryout.

The following are acceptable forms of proof of residency for MISD and the parent/guardian name(s) and physical address must be on the document:

Gas bill
Electric bill
Water bill
Apt/house Lease
House Contract
Proof of Residency Affidavit

A copy of a recent utility bill (January or February) is required. All students must be enrolled in a McKinney ISD school as of March 1, 2010, in order to try-out. A new home contract must show an anticipated completion date prior to the first day of school.

PHYSICALS

Students who have a current physical on file with MISD do not need an additional physical for cheerleading tryouts. Students who do not have a current physical on file with MISD must have a physical completed and submitted prior to tryouts in order to participate. The physical will only be accepted by MISD for the remainder of the current school year; therefore, in order to participate in any U.I.L. extra-curricular activity for the 2010-2011 school year, a student must have a physical submitted on the appropriate MISD Physical Form that is dated after April 1, 2010.

The 2010 – 2011 MISD Physical Forms will be available in May.

MISD CHEERLEADER/MASCOT INFORMATION SHEET

Please select all boxes that apply.

Current 8th grader

- I am a current 8th grader, and I am trying out for the freshman squad.

Current Freshman

- I am a current freshman trying out for the junior varsity squad.
 I am a current freshman and would like to be considered for the varsity squad.

Current Sophomore:

- I am a current sophomore trying out for the varsity squad. If I am not selected to the varsity squad, I **DO** want to be considered for the junior varsity squad.
 I am a current sophomore trying out for the varsity squad. If I am not selected to the varsity squad, I **DO NOT** want to be considered for the junior varsity squad.

Current Junior:

- I am a current junior in good standing; therefore I will be a varsity cheerleader. I do understand that I must attend and participate fully in the tryout process.
 I am a current junior trying out for the varsity squad.

Mascots Only

Current Sophomore:

- I am a current sophomore trying out for mascot only.
 I am a current sophomore trying out for both mascot and cheerleader. If selected for both mascot and cheerleader, then I choose _____.

Current Junior:

- I am a current junior trying out for mascot only.
 I am a current junior in good standing; therefore I will be a mascot on the varsity cheerleading squad. I do understand that I must attend and participate fully in the tryout process.
 I am a current junior trying out for both mascot and cheerleader. If selected for mascot and cheerleader, then I choose _____.

Please print clearly.

Student Contact Information:

Name: _____ Date of Birth _____

Address (Mailing): _____ City: _____ Zip: _____

Home Phone: _____ Cheerleader Cell Phone: _____

Parent(s)/Guardian Contact Information:

Name: _____ Relationship: _____

Email: _____ Phone #1: _____ Phone #2: _____

Additional Contact Information: (Please complete if there is an additional parent who needs to be contacted.)

Name: _____ Relationship: _____

Email: _____ Phone #: _____

MISD CHEERLEADING TRYOUT STUDENT AND PARENT ACKNOWLEDGEMENTS, DISCLAIMERS AND RELEASE OF CLAIM

Student Acknowledgement:

I, _____ verify that I have read and understand all of the tryout rules and criteria and agree to abide by them. I acknowledge that participation in any extracurricular activity is a privilege, and not a right, and that I may be removed from my position on the squad at any time in accordance with the provisions as outlined in the MISD Cheerleader/Mascot Handbook, MISD Student Code of Conduct, and MISD Board Policies.

I acknowledge that I am expected to maintain and consistently perform the skills that are demonstrated during the tryouts.

Student Signature: _____ Date: _____

Parent Acknowledgement:

I, _____, parent of _____, verify that I have read and understand all of the tryout rules and criteria and agree to abide by them. I acknowledge that my student's participation in any extracurricular activity is a privilege, and not a right, and that he/she may be removed from the position on the squad at any time in accordance with the provisions as outlined in the MISD Cheerleader/Mascot Handbook, MISD Student Code of Conduct, and MISD Board Policies. I also acknowledge that I am not allowed in the building during any phase of the tryout selection process. By signing this form, I agree to follow the guidelines set forth.

Parent Signature: _____ Date: _____

Insurance Disclaimer:

As a cheerleader/mascot, your child is not covered by school insurance. You are encouraged to have your own insurance.

Parent Signature: _____ Date: _____

Release of Claim :

I, _____, parent of _____ acknowledge that I am required to execute the "Release of Claim" form contained in this packet. By signing this form, I agree to execute "Release of Claim" form.

Parent Signature: _____ Date: _____

MISD RELEASE OF ALL CLAIMS
Parental Permission for Extracurricular Activity

RELEASE made _____, 20_____, by
(date)

(Parent/guardian's name)

of _____
(Address – house # + apt. #, street, city, state, zip code)

as _____ of _____
(Parent/guardian) (Name of student)

In consideration of permission granted the above-named student by the McKinney Independent School District of McKinney, Texas to attend **Cheerleading Clinic, Try-outs, and All Cheerleading Events**. On behalf of myself individually, and my child, I hereby indemnify, hold harmless, and release the McKinney Independent School District, and its governing board, officers, agents and employees from any and all claims, demands, liabilities and expenses (including attorney's fees and costs of defense), which may be made by reason of any injury to myself or my child (including, but not limited to, serious bodily injury or death), or damage to property sustained by myself or my child, caused by any act, neglect, default, or omission of the event or of any person, firm, or corporation, directly or indirectly employed by the event arising directly or indirectly out of the operation or performance of event.

I further hereby authorize a representative of the school district to consent to medical treatment of the above-named student in the event of an emergency during the clinic.

I, the undersigned, have read this release and consent to medical treatment and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

(Signature of Parent or Guardian)

(Date and Year)

MISD STUDENT CO-CURRICULAR/EXTRACURRICULAR CONTRACT

I, _____, understand that it is a privilege and honor, not a right, to be a member of a McKinney ISD co-curricular/extracurricular activity.

I understand I must conduct myself with the utmost integrity and honesty as a student involved in co-curricular/extracurricular activities in McKinney ISD. I understand that my position as a student involved in co-curricular/extracurricular activities means that I am held to a higher standard of behavior, and therefore, may receive greater consequences than those outlined in the MISD Student Code of Conduct for conduct regardless of whether such conduct occurs on or off school property and/or at a school sponsored or school related event.

I understand that if I violate the MISD Student Code of Conduct, I may receive consequences in accordance with those outlined in the MISD Student Code of Conduct, as well as additional consequences as a result of my participation in co-curricular/extracurricular activities. I understand and agree that consequences assigned under this Contract will be assigned at the discretion and determination of the campus administrator and sponsor/coach of the activity and may include, but are not limited to, disciplinary consequences in, suspension from, removal from and/or prohibition from future participation in one or all co-curricular/extracurricular activities.

I understand that as a participant in a co-curricular/extracurricular activity, I must follow the MISD Student Code of Conduct in addition to all rules, regulations, and schedule commitments, as required by the sponsor/coach of the activity.

I understand that if I should find myself in a situation where alcohol, tobacco, or any one of the prohibited substances under the MISD Student Code of Conduct are being consumed by minors, I have an affirmative duty to remove myself from the situation immediately. In this regard, I am not permitted to attend a private or public, parental or guardian supervised or non-supervised, school or non-school function where prohibited substances are in use including, but not limited to field parties, keg parties and raves. It is an affirmative defense to a violation if I am in the presence of my own parent/guardian.

I have read this MISD CO-CURRICULAR /EXTRACURRICULAR contract and I agree to all of the terms and consequences stated herein.

Student Signature

Date

Parent Signature

Date

Parent Signature

Date

**McKinney Independent School District
Co-Curricular/Extracurricular Emergency Medical Form**

Co-curricular/extracurricular activities are considered an extension of the school day therefore McKinney ISD policies continue to be in effect. This includes policies for medication usage. The following guidelines are in effect for all secondary activities and trips.

Student Name: _____ ID# _____ Grade: _____

Mother's Name: _____ Emergency number(s) _____
(Last) (First)

Address: _____ Home Phone: _____
(Street) (City/State) (Zip)

Father's Name: _____ Emergency number(s): _____
(Last) (First)

Address: _____ Home Phone: _____
(Street) (City/State) (Zip)

Insurance Company: _____ Phone: _____

Name of Insured: _____ SS # of insured: _____

Employer of Insured: _____

Please provide applicable numbers:

Certificate Number: _____ Group Number: _____

Payor Number: _____ Policy Number: _____

Health History: (Check...give approximate dates, if applicable)

- Frequent ear infections _____
- Headaches _____
- Heart defects/disease _____
- Seizure disorder _____
- Bleeding/clotting disorders _____
- Hypertension _____
- Emotional disturbances _____

- Diseases:**
- Diabetes _____
 - Sickle Cell _____
 - Asthma _____

- Allergies:**
- Hay fever _____
 - Poison ivy, etc. _____
 - Insect stings _____
 - Penicillin _____
 - Other drugs _____

Disabilities, diseases, chronic or recurring illness: _____

Current medication (send with MISD medical form): _____

Any specific activities to be limited by physician advice: _____

Any medically prescribed meal plan or dietary restrictions: _____

Any known allergies (food, drugs, plants, insects, etc.): _____

Dates of operations, serious injuries, psychiatric counseling or hospitalization: _____

Additional health information: _____

Student Name: _____ ID# _____ Grade: _____

Oral/Topical Medication Release

	No	Yes
I. Anti-inflammatory / anti-pyretic		
1. Ibuprofen (Advil, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
2. Acetaminophen (Tylenol, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
II. Antacids / Anti-nausea & Diarrhea		
1. TUMS	<input type="checkbox"/>	<input type="checkbox"/>
2. Imodium AD	<input type="checkbox"/>	<input type="checkbox"/>
III. Allergy		
1. Benadryl	<input type="checkbox"/>	<input type="checkbox"/>
IV. Topicals		
1. Bacitracin	<input type="checkbox"/>	<input type="checkbox"/>
2. Caladryl	<input type="checkbox"/>	<input type="checkbox"/>
3. Sunscreen	<input type="checkbox"/>	<input type="checkbox"/>
4. Aloe	<input type="checkbox"/>	<input type="checkbox"/>
V. Cough drops	<input type="checkbox"/>	<input type="checkbox"/>

I authorize the supervising McKinney ISD employee to administer the above medication per package instructions.

Any other medication (OTC or prescription) must be provided by the parent in the original container or package with a signed MISD medication form and adhered to MISD medication policy.

PLEASE NOTE: If any medications are found on the student's person or in his/her may be subject to disciplinary action.

Signature of Parent or Guardian _____ Date _____

If parents cannot be reached in case of emergency, please contact:

Name: _____ Phone: _____

Physician's Name: _____ Phone: _____

This health form is correct so far as I know, and the person listed above has permission to engage in all prescribed activities except as noted.

In case of injury or serious illness during any trip, I hereby grant permission for school employees to secure medical services for the student named on this sheet. Such treatment will be administered only by licensed medical personnel. I agree to accept responsibility for all authorized doctor, hospital and medical expenses.

Signature of Parent or Guardian: _____ Date: _____

McKinney ISD Drug Policy and Contract

1. The objectives for this program are:
 - i. To allow each student in programs subject to testing to make a commitment against drug/alcohol use.¹
 - ii. To provide a deterrent to drug/alcohol use for students in grades 7-12.
 - iii. To ensure the health and safety of students participating in an extracurricular activity.
 - iv. To provide a drug/alcohol education and counseling program for students who test positive for drug/alcohol use and for those students who are at risk for drug/alcohol use.
 - v. To provide students with a tool to deal with peer pressure.
2. Students in grades 7-12 who participate in extracurricular activities will be required to submit to drug/alcohol testing consistent with this policy. For the purpose of this policy, extracurricular activities include, but are not limited to:
 - i. All UIL activities;
 - ii. School-sponsored student groups/clubs/organizations
 - iii. Student Council;
 - iv. All elected/appointed student officers;

Additionally, any student may voluntarily agree to participate in the drug testing program with the written consent of their parents/guardians and the payment of the proper drug/alcohol testing fees.

When the athletic director/sponsor/campus administrator has a reasonable suspicion that a student subject to the program is currently using drugs/alcohol, the athletic director or fine arts director may require the student to submit to a test under this policy. "Reasonable suspicion" means a suspicion of drug/alcohol use based on specific observations made by teachers/coaches/administrators/sponsors of the appearance, speech, or behavior of a student subject to this policy; the reasonable inferences that are drawn from those observations; and/or information of drug/alcohol use by a student subject to this policy supplied to school officials by other students, staff members, or patrons.

3. Prior to engaging in any extracurricular activity which is governed by this policy, a parent/guardian of a student, and the student, must both sign a written consent authorizing drug/alcohol testing of the student. Students who have reached the age of majority, or their disabilities of minority have been removed, will sign the written consent authorizing drug/alcohol testing of the student.

All students covered by this policy will be required to submit to random drug/alcohol testing. Random testing may be conducted at any time. Random testing may be conducted as determined by the Superintendent or the campus principal. The names of all eligible students will be placed in a computer generated "pool." Random selections from that pool will be conducted by the testing service contracted by the District.

4. Drug/alcohol testing will be done by a nationally certified drug testing laboratory. The District will contract with a certified drug-testing laboratory. The laboratory will follow strict procedures for the chain of custody and access to test results. The laboratory will provide qualified collectors to oversee collection of specimens. The service will provide Medical Review Officer

¹ The term "drug/alcohol" for the purpose of this policy includes the definition outlined on page 38 of the *Student Code of Conduct*:

- Any controlled substance or dangerous drug as defined by state and federal law; without regard to amount, including but not limited to marijuana, any narcotic drug, hallucinogen, stimulant, depressant, amphetamine, or barbiturate;
- Alcohol or any alcoholic beverage;
- Any simulated controlled substance or dangerous drug;
- Any drug as defined by state and federal law without regard to amount;
- Any abusable volatile chemical substance for inhalation;
- Any prescription drug used in a manner not consistent with the prescription;
- Any other intoxicant or mood-changing, mind-altering, or behavior altering drugs, including pills and other over-the-counter stimulants and sedatives; or
- Any anabolic steroids.

(MRO) services for the interpretation and verification of positive results. The MRO will report all test results to designated school officials. Results will not be provided either orally or in writing to any person who has not been designated by the district to receive results. The District reserves the right to test for prohibited/illegal substances, including but not limited to: alcohol, amphetamines, barbiturates, benzodiazepines, cannabinoids, cocaine, methadone, methaqualone, opiates, phencyclidine, steroids, other illegal or addictive drug and any adulterant.

5. Drug/Alcohol Testing will be performed by urinalysis in accordance with accepted practices and procedures as established by the certified drug/alcohol testing laboratory with whom the District contracts. Student privacy will be protected to the greatest extent possible during the collection and coding of urine specimens. Students will provide urine specimens in a private stall in a restroom accompanied by an adult monitor of the same gender. After the specimen is produced, it will be handed to the monitor.
6. Results of any drug/alcohol test will not be given to law enforcement authorities nor be used for any school district discipline, except as related to applicable activities noted in this policy. Access to written drug/alcohol results will be limited to the following:
 - i. Parent/Guardian
 - ii. Student
 - iii. Superintendent Designee

Access to verbal notification that a student has tested positive for drug/alcohol use will be provided to the following:

- iv. Principal
- v. Counselor
- vi. Coach/sponsor of the specific activity in which the student participates at the time of the positive test.

All information related to the testing or the identification of students as a user of illegal drugs/alcohol will be protected by the District and its employees, officers, and agents as confidential, unless otherwise required by law, in response to overriding public health and safety concerns, or as authorized by the parent/guardian or student. The District will destroy the records maintained under this policy in accordance with the District's records retention schedule.

7. If the drug test indicates positive results, the laboratory will immediately forward the results to its MRO. The MRO will contact the parent/guardian to determine if prescription medication or other legal substances may have caused the positive result. The parent/guardian will have the opportunity to provide any prescriptions to the MRO for review and issuance of his/her determination. The MRO will contact the MISD after all procedures have been completed, and they have determined the test to be a positive. The school designee will then contact the parent to set up a meeting with the student.

Consequences of Positive Testing

Consequences of a **FIRST** confirmed positive test result shall be as follows:

1. Required conference with parent/guardian and student.
2. Referral to an MISD approved counseling program for an assessment which will determine the length of counseling needed for the student. The student must fulfill the recommendation of the counseling program, and provide documentation confirming completion of the program.
3. A minimum 20 school day suspension from all extracurricular activities.
4. Prior to rejoining any extracurricular activity, a negative test result must be obtained at the student's/parent's/guardian's expense.
5. After regaining eligibility retesting once a month for 4 months.

Consequences of a **SECOND** confirmed positive test result shall be as follows:

1. Required conference with parent/guardian and student.
2. Referral to an MISD approved counseling program for an assessment which will determine the length of counseling needed for the student. The student must fulfill the recommendation of the counseling program, and provide documentation confirming completion of the program.
3. A minimum 60 school day suspension from all extracurricular activities.
4. Prior to rejoining any extracurricular activity, a negative test result must be obtained at the student's/parent's/guardian's expense.
5. After regaining eligibility retesting once a month for 4 months.

Consequences of a **THIRD** confirmed positive test result shall be as follows:

1. Required conference with parent/guardian and student.
2. Referral to an MISD approved counseling program for an assessment which will determine the length of counseling needed for the student. The student must fulfill the recommendation of the counseling program, and provide documentation confirming completion of the program.
3. A minimum of one full calendar year suspension from all extracurricular activities.
4. Prior to rejoining any extracurricular activity, a negative test result must be obtained at the student's/parent's/guardian's expense.
5. After regaining eligibility retesting once a month for one year.

Consequences of a **FOURTH** confirmed positive test result shall be as follows:

1. Required conference with parent/guardian and student.
2. The student will be removed from all participation in extracurricular activities for as long as the student is enrolled in McKinney ISD.

A positive test that results in a suspension in excess of the number of days remaining in the school year will continue on the first day of school of the next school year.

Refusal to participate in a drug test after signing the consent form shall count as a positive test.

8. Students who are not involved in extracurricular activities, but who voluntarily participate in the district drug testing program with consent of their parent/guardian will be subject to the same consequences for positive tests as set out herein.
9. Students who stop participating in extracurricular activities during the school year must submit a letter to the principal requesting removal from the random drug testing pool.
10. Appeal of the consequences of a positive result must be filed with the District by the student or parent/guardian in accordance with District policies FNG (LEGAL) and FNG (LOCAL). During the time of any appeal, the consequences outlined herein will remain in effect including but not limited to, suspension and/or removal from all applicable extracurricular activities. If the appeal is resolved in favor of the student, the student will be immediately reinstated to the extracurricular activity. Any drug/alcohol test incident to an appeal, in which the parent/guardian requests retesting, the parent/guardian must submit the appeal within forty-eight (48) hours of confirmation and notification of the positive result. Retesting must be performed by a nationally certified drug/alcohol testing laboratory using the original positive sample, and will be done at the parent/guardian's expense.

**McKinney Independent School District
Drug/Alcohol Screening Test
Parent/Guardian/Student Consent Form**

I, _____ (printed name of student) and
_____ (printed name of parent/guardian) am the
parent/guardian of _____ (print name of student) a student enrolled in
the McKinney Independent School District.

I understand that participation in an extracurricular activity is a privilege that may be withdrawn for violations of McKinney ISD Board Policies. I understand that extracurricular activities include, but are not limited to: all UIL activities; school-sponsored student groups/clubs/organizations; student council; all elected/appointed student officers; and non-curriculum-related student groups.

I acknowledge that I have received a copy of the Random Drug/Alcohol Testing Program for McKinney ISD. I have read the District's Policy and understand the provisions of the random drug/alcohol testing program. I hereby consent to the testing provided by the program. I understand that Participation in extracurricular activities at McKinney ISD, as defined under the Policy, is conditioned upon my consent and participation in the random drug/alcohol testing program. In consideration of the benefits arising to me/my child from this activity, I hereby grant permission for me/my child to participate in the program. I further agree to and shall indemnify and hold harmless the District, its officers, agents and employees, from suits and liability of every kind, including expenses of litigation, court costs, and attorneys' fees for injury or damage which I or my child, or any other person might sustain as a result of my child's participation in the random drug/alcohol testing program.

I acknowledge that I have read and understand this consent and release. I represent that I am the student/parent or guardian of the student named above, and I hereby agree that we shall both be bound by the terms of the consent and release provisions set forth in the random drug/alcohol testing policy.

Circle which (Parent/Guardian Signature) _____ (Date)

I, the student noted above, acknowledge that I have read the foregoing consent and release and that I understand it and agree to be bound by its terms and the terms of the random drug/alcohol testing program.

(Student Signature) _____ (Date)

PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

REVISED 1-6-09

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

Student's Name: (print) _____ Sex _____ Age _____ Date of Birth _____
 Address _____ Phone _____
 Grade _____ School _____
 Personal Physician _____ Phone _____

In case of emergency, contact:

Name _____ Relationship _____ Phone (H) _____ (W) _____

Explain "Yes" answers in the box below. Circle questions you don't know the answers to. Any Yes answer to questions 1, 2, 3, 4, 5, or 6 requires further medical evaluation which may include a physical examination. Written clearance from a physician, physician assistant, chiropractor, or nurse practitioner is required before any participation in UIL practices, games or matches**

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or sports physical?	<input type="checkbox"/>	<input type="checkbox"/>	13. Have you ever gotten unexpectedly short of breath with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been hospitalized overnight in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	14. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	15. Have you ever had a sprain, strain, or swelling after injury?	<input type="checkbox"/>	<input type="checkbox"/>
Do you get tired more quickly than your friends do during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you broken or fractured any bones or dislocated any joints?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>	Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, check appropriate box and explain below.		
Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip
Has any family member or relative died of heart problems or of sudden unexpected death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Thigh
Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelopathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Shin/Calf
Has a physician ever denied or restricted your participation in sports for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle
4. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Foot	
Have you ever been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>	16. Do you want to weigh more or less than you do now?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how many _____ When was the last _____			Do you lose weight regularly to meet weight requirements for your sport?	<input type="checkbox"/>	<input type="checkbox"/>
times? _____ concussion?			Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
How severe was each one? (Explain below)			18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	Females Only		
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	19. When was your first menstrual period? _____		
Have you ever had numbness or tingling in your arms, hands, legs, or feet?	<input type="checkbox"/>	<input type="checkbox"/>	When was your most recent menstrual period? _____		
Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	How much time do you usually have from the start of one period to the start of another? _____		
5. Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>	How many periods have you had in the last year? _____		
6. Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>	What was the longest time between periods in the last year? _____		
7. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>	An individual answering in the affirmative to any question relating to a possible cardiovascular health issue (question three above), as identified on the form, should be restricted from further participation until the individual is examined and cleared by a physician, physician assistant, chiropractor, or nurse practitioner.		
8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>	**EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):		
9. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
11. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
12. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>			

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

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

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

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

Student Signature: _____ Parent/Guardian Signature: _____ Date: _____

THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.

For School Use Only:

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

PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION

Student's Name _____ Sex _____ Age _____ Date of Birth _____

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

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

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

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

MUSCULOSKELETAL

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

*station-based examination only

CLEARANCE

- Cleared
 Cleared after completing evaluation/rehabilitation for: _____

Not cleared for: _____ Reason: _____

Recommendations: _____

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

Name (print/type) _____ Date of Examination: _____

Address: _____

Phone Number: _____

Signature: _____

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