



**WILLIAMS CHEERLEADER / MASCOT
TRYOUT APPLICATION PACKET**

Turn into Amy Semifero @ Williams HS
no later than

4:00pm on Monday, March 3rd, 2014

NO LATE APPLICATIONS WILL BE ACCEPTED!!!

**** COMPLETED PHYSICALS DUE WITH THE PACKET
FOR ALL INCOMING FRESHMAN!! ****

**Williams High School
Cheerleading/Mascot Application**

School presently attending Otto Bowman Williams Other: _____

What are you trying out for? 9th **Cheerleader** 10th **Cheerleader** **Mascot**

Legal Full Name _____

Address, City, Zip: _____

Home phone: _____ Cell phone: _____

Student Email: _____

Mother's name: _____

Cell phone: _____ Home phone: _____

Email: _____

Father's name: _____

Cell phone: _____ Home phone: _____

Email: _____

Who do you live with? Mother and Father Mother Father

Step-Parents' name(s): _____

Cheerleading experience: _____

Can you tumble? (If so, list your skills): _____

List all organizations you plan to be a member of during the 2014 - 2015 school year:

Do you plan to have a job? Yes No

Texas Family Code) I will not hold the school district financially responsible for the emergency care and /or transportation for said child.

I request that the physicians, dentists and staff of the medical facility perform and diagnostic procedure, treatment procedures, operative procedures and x-ray treatments and anesthetics as may be necessary for the diagnosis and treatment of my child. I authorize the medical facility to dispose of any specimen or tissue taken from named person.

I certify that I am a parent with legal control of the child, the child's legal guardian, or have the court ordered control of the child. I understand that I must notify Plano ISD in writing to change any information on this form or to revoke any consent given herein.

Printed name of Parent/Guardian

Signature of Parent/Guardian

Date

Printed name of Student

Signature of Student

Date

Guidelines For District Extracurricular Activities

Students involved in extracurricular activities are held to a higher standard of conduct than the general student body. Plano ISD views participation in extracurricular activities as a privilege, not a right. Any student who violates the Student Code of Conduct shall be subject to extracurricular discipline and/or regular school district disciplinary action. This includes any misconduct, regardless of time or location, that would reflect negatively upon Plano ISD in an extracurricular activity. Students clearly involved in major disciplinary infractions (i.e. including, but not limited to, drugs, alcohol, and violent behavior) will be placed on probation, removed temporarily, or removed permanently from extracurricular activities. Seasons of extracurricular activities may vary and could extend into the next school year. Discipline action may affect tryout eligibility for the next season.

Disciplinary measures taken by the sponsor/principal may be in one or more of three forms, defined as special assignments, probation, and dismissal.

Special assignments may consist of extra duties and may be assigned for minor disciplinary infractions.

Probation and/or dismissal from extracurricular activities will be for infractions involving alcohol, smoking, drugs, use of profanity, violence, and other serious offenses when the sponsor/principal believes the integrity and credibility of the organization has been jeopardized by the student's action. Probation may also be assigned when the student fails to comply with rules and regulations of the extracurricular activity. (Probation is defined as: A trial period in which a student is permitted to redeem bad conduct.)

The student may be dismissed from the extracurricular activity upon any major infraction, or during a probationary period. Prior to being dismissed from extracurricular activities, the student and parents will be notified of the reasons for the action. The student or his/her parents will be afforded the opportunity of a hearing with the sponsor and principal. The appeals process will be outlined at that time. Request for an appeal must be done within 5 school days at each level of the appeals process. The student will not be eligible for any individual or team recognitions or awards that occur after the date of dismissal.

STUDENT CODE OF CONDUCT FORM

Plano Independent School District Extracurricular Activity Conduct Statement

I understand and consent to the responsibilities outlined in the District's Student Code of Conduct. I also understand and agree that my child, _____, shall be held accountable for the behavior and consequences outlined in the Student Code of Conduct at school, and at school-sponsored or school-related activities. This shall include school-sponsored travel and any school-related misconduct, regardless of time or location.

Students involved in extracurricular activities are held to a higher standard of conduct. PISD views participation in extracurricular activities as a privilege not a right. I understand that any student who violates the Student Code of Conduct shall be subject to disciplinary action. This includes any misconduct, regardless of time or location that would reflect upon representing PISD in an extracurricular activity. Students involved in major disciplinary infractions (i.e. including, but not limited to, drugs, alcohol, and violent behavior) will be placed on probation, removed temporarily or removed permanently from extracurricular activities. Seasons of extracurricular activities may vary and could extend into the next school year. Discipline action may affect tryout eligibility for the next season.

PARENT SIGNATURE _____

STUDENT SIGNATURE _____

PLANO INDEPENDENT SCHOOL DISTRICT
Release of Liability for Student Participation in School-Sponsored Trip(s)
Via Alternative Transportation

Name of Activity: **Williams Cheerleader / Mascot**

Grade Level/Group Attending: **9th and 10th**

Date(s) of Activities: **2014 – 2015 School Year**

Destination:

TRAVEL RELEASE

I desire that my son/daughter be allowed to participate in the activities and travel to and from the activities of the group listed above. Although school transportation may be provided to and from the activities, I desire that my son/daughter be allowed to participate in and travel to and/or from the activities via an alternative mode of transportation designated by me.

I fully understand and my son/daughter fully understands that transportation to and from the events attended by the group listed could create risk to the health or safety of my son/daughter. I, the undersigned, assume full and complete responsibility for any injury or accident that may occur to my son/daughter while traveling to or from the activities in non-school provided transportation. In consideration of Plano Independent School District's allowing my child to participate in the activities of the above-referenced group and other good and valuable consideration, the receipt of which is acknowledged, I hereby release and waive all claims that I or my son/daughter may have against the Plano Independent School District, its Board of Trustees, employees, agents, and representatives resulting, in whole or part, from my son/daughter traveling to and from the events attended by the group listed above while traveling in non-school provided transportation. The release and waiver shall be binding on my heirs, legatees, administrators, and assigns.

Printed Name of Parent/Guardian

Signature of Parent or Legal Guardian

Date

Printed Name of Student

Signature of Student (if 18 or more years of age)

Date

Sponsor/Coach Signature

Date Approved

NOTE: Student Medical/Emergency Information Card must be on file.

2014-2015 Plano Independent School District
Publications, Video, Internet Consent and Release Agreement

Student who attend school in the Plano Independent School District are occasionally asked to be a part of school and/or District publicity, publications, and/or public relations activities. In order to guarantee student privacy and ensure your agreement for your student to participate, the District asks that you and the student sign and return this form to the school for each of your children.

The form referenced below indicates approval for the student's name, picture, art, written work, voice, verbal statements or portraits (video or still) to appear in student publicity or District publications, videos or on the District's website. For Example, pictures and articles about school activities may appear in local newspapers or district publications. These pictures and articles may or may not personally identify the student. The pictures and/or videos may be used by the district in subsequent years.

AGREEMENT
Student and Parent/Guardian release to Plano ISD the student's name, picture, art, written work, voice, verbal statements, portraits (video or still) and consent to their use by PISD.

Plano ISD agrees that the student's name, picture, art, written work, voice, verbal statements, portraits (video or still) shall only be used for public relations, public information, school or district promotion, publicity, and instruction.

Student and Parent/Guardian understand and agree that:

- No monetary consideration shall be paid;
- Consent and release have been given without coercion or duress;
- This agreement is binding upon heirs and/or future legal representatives;
- The photo, video, or student statements may be used in subsequent years.

If the Student and Parent/Guardian wish to rescind this agreement they may do so at any time with written notice.

Effective Date of Agreement: _____

Student's Name: _____
(Print Name)

(Student's Signature)

Parent/Guardian: _____
(Print Name)

(Parent/Guardian Signature)

Inherent Risks of Cheerleading

Cheerleading is reasonably safe as long as certain guidelines are followed, but there is the inherent risk of injury as in any athletic activity. Cheerleading is an anaerobic/aerobic activity which includes jumping, stunting, motions, and tumbling. All physicals must be on file in the office before you may participate in practice and games. You must also always keep the coach informed of all injuries and/or chronic conditions.

Although the probability of injury is minimized if you practice correctly, there is always the possibility of one occurring. Injuries that occur in cheerleading include, but are not limited to, the following: blisters, muscles strains, ligament sprains, joint and muscle soreness, abrasions, contusions, stress fractures, broken bones, spinal cord injuries involving paralysis, and even death. However, if you take certain precautions, the possibility of such injuries will be largely decreased.

Be sure to consistently abide by the following guidelines:

1. Never stunt or tumble unless a coach or coach's designee is present.
2. Always practice in the presences of a qualified coach.
3. Always warm-up appropriately before cheering (practice and games) by jogging and stretching.
4. Do not attempt a stunt that you do not know how to perform safely and that has not been check off by the coach.
5. Always use attentive spotters while stunting.
6. Always cheer in an area free from obstruction.
7. Always use mats or a grassy area when stunting during practice.
8. Do not stunt on uneven ground, wet surface, or concrete. Do not stunt in cold or rainy weather.
9. Never talk, laugh, or mess around when performing a stunt.
10. Report all injuries to the coach as soon as they occur.
11. Follow all trainer and doctor recommendations.
12. Lift weights to increase strength and guard against injuries.
13. Always wear shoes and clothes appropriate for cheerleading.
14. Never wear jewelry of any kind or chew gum when cheering (practice and games).
15. Always have your hair pulled back from your face and shoulders.
16. Eat nutritious meals and get plenty of rest.
17. Always ask for assistance and advice at any time.

I have read the preceding warning. I thoroughly appreciate and understand the assumption of risks inherent in cheerleading participation. I acknowledge that I am physically fit and am voluntarily participating in this activity.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

* Adapted from National Cheerleading Association Coach's Handbook

Acknowledgement of Plano ISD Cheerleading Guidelines and Campus Cheerleader Constitution

Parents and Students: Please initial by each statement below acknowledging your understanding of the cheerleading tryout process and the expectations of the campus cheerleading program.

_____ I have read through the District Cheerleading Guidelines.

_____ I have read through the Williams Cheerleader Constitution.

_____ I understand the requirements of the tryout process.

_____ I understand the expectations of the cheerleading program.

_____ I understand the financial obligation of being a cheerleader.

_____ My questions have been answered by the campus cheerleading coach.

Student Name: _____

Student Signature: _____

Date: _____

Parent Name: _____

Parent Signature: _____

Date: _____

WHS CHEERLEADING CONTRACT

Please make sure you have read over this entire packet with your parent or guardian. You will need to initial each section in the space provided. Both you and your parent or guardian will need to sign where indicated on the last page.

I have read and understand the WHS Cheerleading Constitution and Guidelines & Consequences policy.

I have completed all necessary forms included in this packet and my parent/guardian has signed where requested.

I have read and will choose to comply with the Responsibilities and Expectations of being a cheerleader.

I understand the requirements and procedures of the WHS try-out process.

I have reviewed and will commit to the scheduled meetings and practices and will also commit to any up-coming meeting/practices relating to cheerleading for the following school year.

Student initials: _____

As a WHS Cheerleader, I understand that I am a representative of my squad, school and community, and as such I must be accountable for all of my words and actions. I understand that other students are watching me and I have the potential to influence them. I promise to be a positive example and rise to the challenge of leading Williams High School students in their pursuit of excellence, academically and socially.

I will take pride in my appearance, choosing to dress neatly and modestly, adhering to the school dress code at all times.

I will take pride in my health and body, choosing to abstain from alcohol, cigarettes, and drugs at all times.

I will take pride in my reputation, choosing to avoid situations that can lead to trouble or that can be misinterpreted.

I will take pride in my ability to lift others, choosing to show compassion and encouragement toward all of my peers at all times.

Student initials: _____

As a WHS Cheerleader, I understand that I am responsible for helping to promote school spirit—especially at Pep-Rallies and Games. I understand how important it is for me to help raise the bar of excellence for our squad this year. I will commit to using my talents and skills to the best of my ability for cheerleading. I promise to push myself to work towards continuous improvement and development of my talents and skills this year.

I will take pride in my appearance for Cheerleading, always dressing in the correct uniform and accessories.

I will take pride in respecting my time and the time of other cheerleaders and coaches, always being punctual and prepared to practice/perform.

I will take pride in the professionalism of my cheerleading squad, always acting appropriately.

I will take pride in my performance, always preparing mentally and physically for practices and performances.

I will take pride in my participation, always striving to maintain passing grades and eligibility.

Student initials: _____

I have read the WHS Cheerleading Contract, and by signing below, I am showing my acceptance of the statements as my own. I also understand that failure to follow guidelines from the tryout packet, including the WHS constitution, Responsibilities and Expectations, and the attached contract statements will result in disciplinary actions based on the Guidelines & Consequences policy and/or School disciplinary procedures.

Name of Cheerleader (Please print)

Signature of Cheerleader

Date

I hereby give consent for _____ to tryout for Cheerleader/Mascot at Williams High School. I understand that, if chosen, my son/daughter will be required to pay for clothing, camp and uniform items for school activities. Expenditures are not to exceed \$530.00 plus tax (excluding camp). I further understand that this is an extracurricular activity and that attendance at all practices, games and special functions are required of the elected cheerleader. I have read the rules and regulations for the cheerleaders/mascots and understand their content and support my child in his/her efforts to uphold them.

The above paragraph/statement was provided by the Plano Independent School District Cheerleading Guidelines (Revised: December 2012)

I have also read the attached statements of the WHS Cheerleading Contract, and by signing below; I show support of these statements.

Signature of Parent/Guardian

Date

WILLIAMS HIGH SCHOOL CHEERLEADING GUIDELINES & CONSEQUENCES

SUMMER CAMP

- | | |
|---|------------------------------|
| 1. Not attending summer camp. | Benched 3 Games/Performances |
| 2. Not wearing proper camp attire | 3 Teacher Hours |
| 3. Not arriving on time for camp activities | 3 Teacher Hours |
| 4. Leaving campus with anyone at any time | Sent Home-Possible Dismissal |
| 5. Disrespect to Sponsor(s) and/or Captains | Referral |

CLASS/PRACTICE

- | | |
|--|-------------------------------------|
| 6. Hair not in ponytail/no bow | Daily Grade Deduction (-30 pts) |
| 7. Wearing jewelry | Daily Grade Deduction (-30 pts) |
| 8. Chewing gum/candy | Daily Grade Deduction (-30 pts) |
| 9. Incomplete practice clothes/equipment | Daily Grade Deduction (-30 pts) |
| 10. Not helping with clean up (mats, music, etc) | Lunch Detention |
| 11. Not helping w/ sign painting | Recycling Detention |
| 12. Tardy (class or practice) | 1 Warning/Detention |
| 13. Bad language/arguing | Detention/Referral |
| 14. Excessive talking | 1 Warning/Detention |
| 15. Public displays of affection | Detention/Referral |
| 16. ISS | Zero & P/T Conf-Probation/Dismissal |
| 17. Disrespect to Sponsor(s), Captains, teachers, etc. | Detention/Referral |
| 18. Missing more than one practice in a week (excused) | Benched 1 Game/Performance |
| 19. Unexcused absence/leaving early | Zero & Benched 1 Game/Performance |

PERFORMANCES (GAMES, PEP RALLIES)

- | | |
|--|---|
| 20. Hair not up as directed by sponsor (bow as well) | Major Grade Deduction (-10 pts) |
| 21. Wearing jewelry | Major Grade Deduction (-10 pts) |
| 22. Chewing gum/candy | Major Grade Deduction (-10 pts) |
| 23. Not cleaning up after game/pep rally | Major Grade Deduction (-10 pts) |
| 24. Bad language/arguing | Referral |
| 25. Incorrect/incomplete uniform to school | Major Grade Deduction (-20 pts) & Detention |
| 26. Incomplete/incorrect uniform to performance | Major Grade Deduction (-50 pts) & Benched |
| 27. Missing signs | Major Grade Deduction (-20 pts) |
| 28. Public displays of affection | Benched 1 Game/Performance |
| 29. Not maintaining proper sideline behavior | Major Grade Deduction minus points (varies) |
| - excessive talking | |
| - talking to people in crowd | |
| - not paying attention to game/pep rally | |
| - not standing in correct formation/stance | |
| - leaving formation without permission | |
| - unsportsmanlike like conduct | |
| - disrespect during National Anthem | |
| 30. Late to the game/pep rally | Benched & Major Grade Deduction (-30 pts) |
| 31. Missing performance (unexcused) | Zero & Probation |

WILLIAMS HIGH SCHOOL CHEERLEADING GUIDELINES & CONSEQUENCES

DEFINITIONS

- **Benched** – attending all practices and events, but not participating. Cheerleader will not be allowed to dress out or socialize and will sit on the sidelines with the Sponsor(s)
- **Probation** – attending all practice and events, but not participating for length of probation period
 - Parents will be notified when a cheerleader is placed on probation. Any infraction during the probation period may result in permanent dismissal.
- **Teacher Hours** – attending all practices and events, but not participating until all teacher hours have been documented and served. Teacher hours are documented hours with a teacher at Williams High School.
- **Zero** – cheerleader will receive a zero in cheerleading class for the event missed. Permanent dismissal is possible if a cheerleader fails cheerleading for any six week grading period.
- All consequences must be served within a week. Failure to serve a consequence can result in a referral, parent/teacher conference, and possibly permanent dismissal.

I, _____, have read and understand the WHS Cheerleading guidelines and consequences and agree to follow it at all times while I am a WHS Cheerleader / Mascot.

Cheerleader / Mascot Signature

Date

Parent 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?			17. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
How severe was each one? (Explain below)			18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	Females Only		
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	19. When was your first menstrual period? _____		
Have you ever had numbness or tingling in your arms, hands, legs, or feet?	<input type="checkbox"/>	<input type="checkbox"/>	When was your most recent menstrual period? _____		
Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	How much time do you usually have from the start of one period to the start of another? _____		
5. Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>	How many periods have you had in the last year? _____		
6. Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>	What was the longest time between periods in the last year? _____		
7. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>	An individual answering in the affirmative to any question relating to a possible cardiovascular health issue (question three above), as identified on the form, should be restricted from further participation until the individual is examined and cleared by a physician, physician assistant, chiropractor, or nurse practitioner.		
8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>	**EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):		
9. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
11. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
12. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>			

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

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

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

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

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

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

For School Use Only:

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

PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION

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

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

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

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

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

MUSCULOSKELETAL

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

*station-based examination only

CLEARANCE

Cleared
 Cleared after completing evaluation/rehabilitation for: _____

Not cleared for: _____ Reason: _____

Recommendations: _____

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

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

Address: _____

Phone Number: _____

Signature: _____

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