

## Cheerleader Information

Full Name: \_\_\_\_\_

Age/birthday: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

Favorite song/music/group: \_\_\_\_\_

Favorite color: \_\_\_\_\_ Favorite food/candy: \_\_\_\_\_

Hobbies: \_\_\_\_\_

## Parent Information

Dad's Name: \_\_\_\_\_

Dad's Address: \_\_\_\_\_

Dad's Home Number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Address: \_\_\_\_\_

\*If it is the same, just write same.

Mother's Home Number: \_\_\_\_\_

\*If it is the same, just write same.

Parent Work #: Mom \_\_\_\_\_ Dad \_\_\_\_\_

Cell Phone: Mom \_\_\_\_\_ Dad \_\_\_\_\_

Email: Mom \_\_\_\_\_

Dad \_\_\_\_\_

**\*Note: We give a lot of group information through email, so please give all emails that will require the information!**

## Parental Permission Form

I have read, understand, and accept the rules and regulations set for the cheerleaders, as well as the penalties for failing to comply. I agree to abide by these rules, regulations and penalties as long as I am a member of the cheerleading squad.

\_\_\_\_\_ Signature of candidate

\_\_\_\_\_ (Print candidates name) has my permission to participate as a member of the cheerleading squad at The Colony High School. I understand and accept the rules and regulations set up for all cheerleaders, as well as the penalties for failing to comply. I will assist in any way to see that these rules and regulations are enforced.

While I expect school authorities to exercise reasonable precaution to avoid injury, I understand that they assume no financial obligation for any injury that might occur.

I agree to pay costs involved to the TCHS cheer booster club on the following schedule:

1. March 17<sup>th</sup> - \$300.00
2. April 21<sup>st</sup> - final payment (will differ with each cheerleader/yell leader/mascot)

I understand that if these payments are not met, my son/daughter will not have uniforms ordered and will be removed from his/her position.

Date \_\_\_\_\_

\_\_\_\_\_ Parent or Guardian (please print)

\_\_\_\_\_ Signature of parent or guardian

\_\_\_\_\_ Home address

\_\_\_\_\_ Home phone number

\_\_\_\_\_ work phone number

# Cheerleader Tryout Application

*Please print the following information clearly.*

Name		
Address		
City		Zip
Phone		
Father		Mother
Employer		Employer
Business Phone		Business Phone
Insurance Company		Policy Number(s)
Overall GPA		Birth date
Height	Weight	Shoe Size
Top	Skirt	Inseam
Shirt	Pants	Briefs

**Candidate for:** (check one/two if trying out for JV or Varsity captain; Varsity captains should be a returning varsity member that will be classified as a senior; JV should have one year of cheer experience at TCHS)

\_\_\_\_\_ Freshmen \_\_\_\_\_ Junior Varsity \_\_\_\_\_ JV captain \_\_\_\_\_ Varsity  
 \_\_\_\_\_ Varsity captain

**Position:** (check one) \_\_\_\_\_ Cheerleader \_\_\_\_\_ Yell Leader \_\_\_\_\_ Mascot

**2014-2015 Juniors:** If I do not make the varsity squad point break, I choose:

\_\_\_\_\_ **YES**, to be a member of the JV team if I make that point break.

\_\_\_\_\_ **NO**, not to be a member of the JV team

**Cheerleaders trying out for Varsity/JV/Freshmen:** If I do not make the cheer point break, I choose: (you would become the mascot for the team that you tryout for or the highest team available)

\_\_\_\_\_ **YES**, to be considered for mascot (providing there are not enough mascots to try out)

\_\_\_\_\_ **NO**, not to be considered for mascot if I do not make the point break for my team. **\*Varsity juniors need to specify if they would like to choose varsity mascot or JV cheerleader first by placing a \* by the preference they check!**

1. When is your summer vacation week? \_\_\_\_\_

2. Please list any other obligations, which may interfere with attending summer camp.

\_\_\_\_\_

Parent's Signature: \_\_\_\_\_

**ACKNOWLEDGEMENT OF CONSTITUTION GUIDELINES &  
ACCEPTANCE OF CONSTITUTION POLICIES**

I have read, understand, and accept all guidelines, rules, and policies set forth in the Lewisville ISD High School Cheerleading Constitution. I am also aware of all policies regarding disciplinary consequences, including benchings and dismissal. I understand I am bound by the rules of this document for the duration of the cheerleading year, which runs from squad selection to the following year's tryouts (typically March to March)

\_\_\_\_\_  
Candidate's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Candidate's Signature

My signature below indicates that I have received a copy of the LISD High School Cheerleading constitution and I will acknowledge and abide by all policies included in the document and agree to assist my child to abide by all provisions set forth in the LISD High School Cheerleading Constitution.

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

\_\_\_\_\_  
Date



**LISD - PARENT CONSENT FORM**

All parts of this form must be completed in full, signed and returned to School by August 29, 2011.

**Note: Failure to return this form gives permission to release all directory information.**

**Permission is granted for all sections unless the "I do not give" is checked.**

STUDENT NAME: \_\_\_\_\_ STUDENT ID \_\_\_\_\_  
(PLEASE PRINT) (PLEASE PRINT)

**PART 1: Directory/Vendor Release Information**

**DISCLAIMER: A Third party vendor includes any organization or person not affiliated with LISD.**

Certain information about district students is considered directory information and will be released to anyone who follows the procedures for requesting the information unless the parent/guardian objects to the release of the directory information about the student. If you do not want Lewisville Independent School District to disclose directory information from your child's education records without your prior written consent, you must complete and return this form by August 29, 2011. Lewisville Independent School District has designated the following information as directory information: Student Name, Address, Phone Number, Date/Place of Birth, Student Photograph, Weight-Height-Number if on Athletic Team, Dates of Attendance, Awards received in school, Most recent former school attended, and Participation in Officially Recognized Activities/Sports.

**\*Note:** *Objecting to directory information will prevent your child's information from being included in school yearbooks, class pictures and in LISD printed directory information to be published and released (i.e., athletic programs).*

**I do not give** my permission for my child's information to be distributed and published within **LISD**.\*

**\*NOTE: Objecting to LISD** will prevent your child's information from being included in **school yearbooks, class pictures and in LISD printed directory information** to be published and released (i.e., athletic programs and graduation programs).

**I do not give** my permission for my child's information to be distributed and published by **Third Party Vendors** (any organization or person not affiliated with LISD).

**PART 2:**

**Note:** Federal Law requires a District to provide certain information to military recruiters of institutions of higher education on request unless the parent has previously objected to such disclosure with the parent's consent.

**I do not give** my permission for my child's information to be released to **Armed Services Recruiters**.

**(PLEASE TURN OVER AND COMPLETE)**

### **PART 3: Release of Student Information Via Email**

I do not give permission for the release of student record information of my child (listed above), to be provided to me electronically via email by school personnel. The specific information and/or records requested may include any pertinent concerns, including student conduct, discipline, attendance, academic performance and behavior and response to parental concerns and requests for information.

I understand that the transmittal of this material may not be available by secure methods and may be capable of observation, interception, or monitoring by others. Because of the non-secure nature of electronic communication, teachers will not communicate with you via e-mail or fax unless you have granted your permission for such communication to occur. Further, I understand the District *cannot guarantee* that only the e-mail address provided will receive the records. I request that the student record information above be sent to:

Note: Teachers WILL NOT be able to specifically communicate with you via email or fax regarding your child's school progress without this form. This release assumes that student records will be sent via e-mail or FAX.

\_\_\_\_\_ @ \_\_\_\_\_  
(Please print CLEARLY)

### **PART 4: Photo/Video and LISD Web Site Consent Form (Please read carefully)**

Occasions arise during the school year for students to be photographed by professional photographers or teachers/staff for learning and/or teaching opportunities. There may also be opportunities for student photos or projects to be published on the World Wide Web as part of school classes and activities. No last name, home address or telephone numbers should appear on the web. A copy of all such publishing will be printed and provided on request. Examples of such activities include:

- I do not give my permission for my child's information to be included in LISD activities.
- News Stories
  - Bulletin Boards
  - Special Events
  - School-made Books for classroom or library
  - Video Reports for Class
  - Teacher developed web pages
  - Class Plays

**I acknowledge by my signature below that I have read and discussed the campus Student Handbook with my child and I have read and completed Parts 1 – 4 of this document. My wishes have been indicated on each separate part.**

Name \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian Name – Please Print)

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

\_\_\_\_\_  
Parent or Guardian Signature

**Campus Student Handbook Signature**

Student's Acknowledgement of Reading Campus Student Handbook: \_\_\_\_\_  
Student Signature

## EXTRACURRICULAR CODE OF CONDUCT

### (NON-SCHOOL SPONSORED TIME)

Participation in extracurricular activities is considered a privilege and higher standards are expected from all participants as it pertains to grades, behavior in and out of school, attendance, work ethic, and commitment. Any behavior that is deemed unbecoming of an athlete or participant will be subject to punishment by the coach or sponsor of the activity. I will be held accountable for all of my actions.

**It should be noted that the LISD student code of conduct and local school policies regarding appropriate behavior shall always be applied first and foremost when violations occur at a school, contest/event, traveling to and from a contest/event, or when the students represent themselves as a part of a school team, organization, or school group.** The district standards are set as a minimum expectation, but campuses may choose to establish more stringent guidelines deemed, as necessary. Campus guidelines will prevail.

I. Use and/or possession of Alcohol will not be tolerated.

- 1<sup>st</sup> Offense: removed from competition for ONE contest for extracurricular activities with one event and/or performance per week or TWO contests for activities with multiple events per week. School staff counseling required.
- 2<sup>nd</sup> Offense: removed from competition for the next 45 school days. School staff counseling required. Reinstatement will require approval by coach/sponsor.\*
- 3<sup>rd</sup> Offense: Student will no longer be permitted to participate in any extra-curricular activities for one school calendar year. Reinstatement will require approval by coach/sponsor.\*

II. Use and/or possession of Drugs will not be tolerated.

- 1<sup>st</sup> Offense: removed from competition for TWO contests for extracurricular activities with one event and/or performances per week or FOUR contests for activities with multiple events per week. School staff counseling required
- 2<sup>nd</sup> Offense: removed from competition for the next 45 school days. School staff counseling required. Reinstatement will require approval by coach/sponsor.\*
- 3<sup>rd</sup> Offense: Student will no longer be permitted to participate in any extracurricular activities for one school calendar year. Reinstatement will require approval by coach/sponsor.\*

III. Use and/or possession of Tobacco will not be tolerated.

- 1<sup>st</sup> Offense: removed from competition for ONE contest for extracurricular activities and/or performance with one event per week or TWO contests for activities with multiple events weekly. School staff counseling required.
- 2<sup>nd</sup> Offense: removed from competition for the next 45 days. School staff counseling required. Reinstatement will require approval by coach/sponsor.
- 3<sup>rd</sup> Offense: Students will no longer be permitted to participate in any extracurricular activities for one school calendar year. Reinstatement will require approval by coach/sponsor.

IV. Hazing (as defined by board Policy FNCC Legal)

- 1<sup>st</sup> Offense: removed from competition for TWO contest for extracurricular activities and/or performance with one event per week and FOUR contests for activities with multiple weekly events. School staff counseling required.
- 2<sup>nd</sup> Offense: removed from competition for the next 45 days. School staff counseling required. Reinstatement will require approval by coach/sponsor.\*
- 3<sup>rd</sup> Offense: Students will no longer per permitted to participate in any extracurricular activities for one school calendar year. Reinstatement will require approval by coach/sponsor.\*

- V. Charged with a felony.
- Suspended from the non-curricular program until the case is adjudicated.

Adjudication and/or Conviction of a felony.

- Removed from the program indefinitely.
- VI. Any activity or conduct that the coach, director and principal deems harmful or detrimental to the reputation of the program can be subject to disciplinary action under the Extracurricular Code of Conduct (Non-School Sponsored Time).

\*Once a participant has been removed from the program, the coach/sponsor and administrator shall review the case as to whether to allow the participant back into the program, after the 45 days or more, for a probationary period. Penalty can carry over from year to year until time is served.

**I am selected to represent \_\_\_\_\_ School in an extracurricular program. I will contribute my best effort to the success of the program. I therefore agree to the expectations and consequences as they pertain to my behavior during non-school sponsored time, while a member of an extracurricular group.**

**I have received a copy of the Extracurricular Code of Conduct (Non-School Sponsored Time) and understand that I will be held accountable for my behavior and will be subject to the disciplinary consequences outlined in the Code.**

\_\_\_\_\_  
Name of Student (Print)

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

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

\_\_\_\_\_  
Date/School/Grade



**ACKNOWLEDGEMENT OF RULES**

*Attention School Authorities:* This form must be signed yearly by both the student and parent/guardian and be on file at your school before the student may participate in any practice session, scrimmage, or contest. A copy of the student's medical history and physical examination form signed by a physician or medical history form signed by a parent must also be on file at your school.

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

Current School \_\_\_\_\_

**Parent or Guardian's Permit**

I hereby give my consent for the above student to compete in University Interscholastic League approved sports, and travel with the coach or other representative of the school on any trips.

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 high school assumes any responsibility in case an accident occurs.

I have read and understand the University Interscholastic League rules on the reverse side of this form and agree that my son/daughter will abide by all of the University Interscholastic League rules.

The undersigned agrees to be responsible for the safe return of all athletic equipment issued by the school to the above named student.

If, in the judgement of any representatives of the school, the above student needs 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 to said student by any physician, athletic trainer, nurse, hospital, or school representative; and I do hereby agree to indemnify and save harmless the school and any school representative from any claim by any person whomsoever on account of such care and treatment of said student.

**I have been provided the UIL Parent Information Manual regarding health and safety issues and my responsibilities as a parent/guardian. I understand that failure to provide accurate and truthful information on UIL forms could subject the student in question to penalties determined by the UIL.**

Your signature below gives authorization that is necessary for the school district, its trainers, coaches, associated physicians and student insurance personnel to share information concerning medical diagnosis and treatment for your student.

- |   |  |                                   |  |  |                                    |
|---|--|-----------------------------------|--|--|------------------------------------|
| <b>To the Parent:</b>                     | <input type="checkbox"/> Baseball      | <input type="checkbox"/> Football | <input type="checkbox"/> Softball          | <input type="checkbox"/> Tennis        | <input type="checkbox"/> Wrestling |
| <b>Check any activity in which this</b>   | <input type="checkbox"/> Basketball    | <input type="checkbox"/> Golf     | <input type="checkbox"/> Swimming & Diving | <input type="checkbox"/> Track & Field |                                    |
| <b>student is allowed to participate.</b> | <input type="checkbox"/> Cross Country | <input type="checkbox"/> Soccer   | <input type="checkbox"/> Team Tennis       | <input type="checkbox"/> Volleyball    |                                    |

Date \_\_\_\_\_

Signature of parent or guardian \_\_\_\_\_

Street address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home area code and telephone \_\_\_\_\_

Business telephone \_\_\_\_\_

***The student's signature is required on the reverse side of this form.***

## GENERAL INFORMATION

School coaches may not:

- Transport, register, or instruct students in grades 7-12 from their attendance zone in non-school baseball, basketball, football, soccer, softball, or volleyball camps (exception: school coaches may hold one 6-day camp in their school district for incoming 7th, 8th and 9th grade students),
- Give any instruction or schedule any practice for an individual or a team during the off-season except during the one in school day athletic period in baseball, basketball, football, soccer, softball, or volleyball.
- Schools and school booster clubs may not provide funds, fees, or transportation for non-school activities.

## GENERAL ELIGIBILITY RULES

According to UIL standards, students are eligible to represent their school in interscholastic activities if they:

- are not 19 years of age or older on or before September 1 of the current scholastic year. (See 504 handicapped exception.)
- have not graduated from high school.
- are enrolled by the sixth class day of the current school year or have been in attendance for fifteen calendar days immediately preceding a varsity contest.
- are full-time day students in a participant high school.
- initially enrolled in the ninth grade not more than four calendar years ago.
- are meeting academic standards required by state law.
- live with their parents inside the school district attendance zone their first year of attendance. (Parent residence applies to varsity athletic eligibility only.) When the parents do not reside inside the district attendance zone the student could be eligible if: the student has been in continuous attendance for at least one calendar year and has not enrolled at another school; no inducement is given to the student to attend the school (for example: students or their parents must pay their room and board when they do not live with a relative; students driving back into the district should pay their own transportation costs); and it is not a violation of local school or TEA policies for the student to continue attending the school. Students placed by the Texas Youth Commission are covered under Custodial Residence (see Section 442 of the *Constitution and Contest Rules*).
- have observed all provisions of the Awards Rule.
- have not represented a college in a contest.
- have not been recruited. (Does not apply to college recruiting as permitted by rule.)
- have not violated any provision of the summer camp rule. Incoming 10-12 grade students shall not attend a baseball, basketball, football, soccer, or volleyball camp in which a seventh through twelfth grade coach from their school district attendance zone, works with, instructs, transports or registers that student in the camp. Students who will be in grades 7, 8, and 9 may attend one baseball, one basketball, one football, one soccer, one softball, and one volleyball camp in which a coach from their school district attendance zone is employed, for no more than six consecutive days each summer in each type of sports camp. Baseball, Basketball, Football, Soccer, Softball, and Volleyball camps where school personnel work with their own students may be held in May, after the last day of school, June, July and August prior to the second Monday in August. If such camps are sponsored by school district personnel, they must be held within the boundaries of the school district and the superintendent or his designee shall approve the schedule of fees.
- have observed all provisions of the Athletic Amateur Rule. Students may not accept money or other valuable consideration (tangible or intangible property or service including anything that is usable, wearable, salable or consumable) for participating in any athletic sport during any part of the year. Athletes shall not allow their names to be used for the promotion of any product, plan or service. Students who inadvertently violate the amateur rule by accepting valuable consideration may regain athletic eligibility by returning the valuable consideration. If individuals return the valuable consideration within 30 days after they are informed of the rule violation, they regain their athletic eligibility when they return it. If they fail to return it within 30 days, they remain ineligible for one year from when they accepted it. During the period of time from when students receive valuable consideration until they return it, they are ineligible for varsity athletic competition in the sport in which the violation occurred. Minimum penalty for participating in a contest while ineligible is forfeiture of the contest.
- did not change schools for athletic purposes.
- **I have been provided the UIL Parent Information Manual regarding health and safety issues and my responsibilities as a parent/guardian. I understand that failure to provide accurate and truthful information on UIL forms could subject the student in question to penalties determined by the UIL.**

I have read the regulations cited above and agree to follow the rules.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of student



**Parent and Student Agreement/Acknowledgement Form  
Anabolic Steroid Use and Random Steroid Testing**

- Texas state law prohibits possessing, dispensing, delivering or administering a steroid in a manner not allowed by state law.
- Texas state law also provides that body building, muscle enhancement or the increase in muscle bulk or strength through the use of a steroid by a person who is in good health is not a valid medical purpose.
- Texas state law requires that only a licensed practitioner with prescriptive authority may prescribe a steroid for a person.
- Any violation of state law concerning steroids is a criminal offense punishable by confinement in jail or imprisonment in the Texas Department of Criminal Justice.

**STUDENT ACKNOWLEDGEMENT AND AGREEMENT**

As a prerequisite to participation in UIL athletic activities, I agree that I will not use anabolic steroids as defined in the UIL Anabolic Steroid Testing Program Protocol. I have read this form and understand that I may be asked to submit to testing for the presence of anabolic steroids in my body, and I do hereby agree to submit to such testing and analysis by a certified laboratory. I further understand and agree that the results of the steroid testing may be provided to certain individuals in my high school as specified in the UIL Anabolic Steroid Testing Program Protocol which is available on the UIL website at [www.uil.utexas.edu](http://www.uil.utexas.edu). I understand and agree that the results of steroid testing will be held confidential to the extent required by law. I understand that failure to provide accurate and truthful information could subject me to penalties as determined by UIL.

Student Name (Print): \_\_\_\_\_ Grade (9-12) \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT/GUARDIAN CERTIFICATION AND ACKNOWLEDGEMENT**

As a prerequisite to participation by my student in UIL athletic activities, I certify and acknowledge that I have read this form and understand that my student must refrain from anabolic steroid use and may be asked to submit to testing for the presence of anabolic steroids in his/her body. I do hereby agree to submit my child to such testing and analysis by a certified laboratory. I further understand and agree that the results of the steroid testing may be provided to certain individuals in my student's high school as specified in the UIL Anabolic Steroid Testing Program Protocol which is available on the UIL website at [www.uil.utexas.edu](http://www.uil.utexas.edu). I understand and agree that the results of steroid testing will be held confidential to the extent required by law. I understand that failure to provide accurate and truthful information could subject my student to penalties as determined by UIL.

Name (Print): \_\_\_\_\_

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

Relationship to student: \_\_\_\_\_



# 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: Head ache, appears to be dazed or stunned, tinnitus (ringing in the ears), fatigue, slurred speech, nausea or vomiting, dizziness, loss of balance, blurry vision, sensitive to light or noise, feel foggy or groggy, memory loss, or confusion.

**Oversight** - Each district shall appoint and approve a Concussion Oversight Team (COT). The COT shall include at least one physician and an athletic trainer if one is employed by the school district. Other members may include: Advanced Practice Nurse, neuropsychologist or a physician's assistant. The COT is charged with developing the Return to Play protocol based on peer reviewed scientific evidence.

**Treatment of Concussion** - The student-athlete shall be removed from practice or competition immediately if suspected to have sustained a concussion. Every student-athlete suspected of sustaining a concussion shall be seen by a physician before they may return to athletic 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 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 under Section 38.156 may not be permitted to practice or compete 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 AWARENESS FORM

Revised June 2013

Name of Student: \_\_\_\_\_

### 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?

- **Conditions present at birth**
  - ***Inherited (passed on from parents/relatives) conditions 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 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. 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/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.



## SUDDEN CARDIAC ARREST AWARENESS FORM

Revised June 2013

### 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/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 12 important cardiac elements.
- **The UIL *Pre-Participation Physical Evaluation – Medical History* form includes ALL 12 of these important cardiac elements and is mandatory annually.**
- Additional screening using an electrocardiogram and/or an echocardiogram is readily available to all athletes, but is not mandatory.

### Where can one find information on additional screening?

- American Heart Association ([www.heart.org](http://www.heart.org))
- AugustHeart ( [www.augustheart.org](http://www.augustheart.org))
- Championship Hearts Foundation ([www.championshipheartsfoundation.org](http://www.championshipheartsfoundation.org))
- Cypress ECG Project ([www.cypressecgproject.org](http://www.cypressecgproject.org))
- Parent Heart Watch ([www.parentheartwatch.com](http://www.parentheartwatch.com))

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (Print)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Name (Print)

**PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY**

REVISED 10-18-07

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, hypertrophic cardiomyopathy, long QT syndrome, 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 times? _____ concussion?			Do you lose weight regularly to meet weight requirements for your sport?	<input type="checkbox"/>	<input type="checkbox"/>
How severe was each one? (Explain below) _____			17. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	<b>Females Only</b>		
Have you ever had numbness or tingling in your arms, hands, legs, or feet?	<input type="checkbox"/>	<input type="checkbox"/>	19. When was your first menstrual period? _____		
Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	When was your most recent menstrual period? _____		
5. Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>	How much time do you usually have from the start of one period to the start of another? _____		
6. Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>	How many periods have you had 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"/>	What was the longest time between periods in the last year? _____		
8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>	<b>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.</b>		
9. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<b>**EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):</b>		
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.**

**PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION**

Student's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Height \_\_\_\_\_ Weight \_\_\_\_\_ % Body fat (optional) \_\_\_\_\_ Pulse \_\_\_\_\_ BP \_\_\_\_/\_\_\_\_ (\_\_\_\_/\_\_\_\_, \_\_\_\_/\_\_\_\_)  
 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*
<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)			
Skin			

<b>MUSCULOSKELETAL</b>			
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.