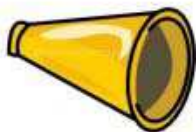


AUSTIN ACADEMY



CHEERLEADING



2012-2013 SEASON



Austin Eagles Cheerleaders

2012-2013

Dear parents,

Your student has expressed an interest in becoming a member of the Austin Academy Cheerleading Squad for the 2012-2013 school year. If selected, there are certain personal and financial responsibilities and obligations which your student must assume in order to qualify and remain a member in good standing.

We hope that you are aware of the vast amount of time and energy that is necessary to be an effective school leader. Austin cheerleaders must exemplify good student conduct, not only at games and at other types of school-sponsored or cheerleading activities, but also in any other aspect of life. It is a great honor to be an Austin Academy cheerleader, and it is only with a complete effort from both the cheerleader and his/her parents that we can have a successful year.

The costs of cheerleading for the 2012-2013 school year have been estimated. Costs could vary according to what clothing/accessories a cheerleader may wish to purchase. Also, please keep expenses in mind early, as you may want to set aside funds to ensure they are available when the money is due for uniforms, camps, etc., in April and May.

The Garland Independent School District Cheerleader Constitution and procedures and the tryout information packets for each GISD middle and high school are available on the district website: www.garlandisd.net Follow the general information link and select cheerleading.

There will be an informational meeting at Austin Academy for parents and candidates on **Thursday, March 22, at 6pm in the library.** All parents are invited to attend. This meeting is not mandatory. If you have any questions, please feel free to call Ms. Rew or Ms. Garrett at (972) 926-2620. We look forward to meeting you.

CHEER CAMP

- ❖ Mandatory NCA cheer camp will be June 7-9, and will cost \$130. Camp will be held for 3 days, and other practices days to follow. (DATES TO FOLLOW, BUT WILL BE HELD STARTING 3 WEEKS BEFORE SCHOOL STARTS). Exact time and dates will be distributed as soon as we can confirm dates, and ensure air conditioning. Austin Cheer Camp will provide instruction on all cheers, chants, and dances to be performed during the season. All girls will learn every routine before the first football game, and it will require all camp sessions to accomplish this. Cheerleaders are expected to be at all Austin camp sessions, unless approved by the cheer sponsor.
- ❖ There are no refunds on the mandatory NCA cheer camp.

PLEASE NOTE

Candidates selected to be a member of the cheerleading squad are expected to make a commitment to the activity for the full cheerleading year. Any cheerleader who voluntarily quits the squad before the end of the cheerleading year without the approval of the principal and sponsor will not be allowed to try out for the next year **on any GISD campus**. In addition, candidates who are removed from the squad (See Cheerleader Constitution pp 7-11) may not be allowed to cheer the following year on any campus without the approval of the Principal and the sponsor.

ESTIMATED COST OF CHEERLEADING FOR THE 2012-2013 SEASON

7TH and 8TH GRADE SQUAD:

- ❖ **CLINIC FEE- \$10.00- DUE WITH ALL FORMS PROPERLY COMPLETED BY APRIL 13, 2012.**

UNIFORM PACKAGES

- ❖ **BUY UNIFORM PACKAGE**
 - Complete Uniform Package- (includes shell, skirt, camp wear, briefs, bag, bow, poms, socks)- \$156.95
 - This package is ordered at school and parent needs to bring Money Order payable to Teamleader, or pay by CC. no personal checks)
 - White Tennis Shoes (regular below ankle tops), black long-sleeved turtleneck, black sweats- \$40.00 (retail purchase)
 - Camp Fees \$130.00

COST OUT OF POCKET PURCHASE OPTION (approx) \$326.95

❖ **BREAKDOWN OF PAYMENTS:**

April 13- Cheer Clinic Fee of \$10.00

April 24- **PARENT MUST PAY THE FOLLOWING AMOUNT ON THIS DAY:**

- **BUYING UNIFORM:** Complete Package \$156.95 – Parent Pays TEAMLEADER by Money Order or CC

April 30- Camp fees- total \$130.00 Parent pays Austin Academy

June 4- Tennis Shoes- (By Camp time)- Be sure these are regular white shoes, and NOT basketball shoes

NOTE: The amount for the Complete Uniform Package is the estimate: These amounts are only averages.

- ❖ If special financial arrangements are needed in order to pay the clinic fee, please see Ms. Rew or Ms. Garrett prior to Friday, April 13, 2011.

****7th grade cheerleaders will meet ON APRIL 24 at 4:00 p.m. in Ms. Garrett's room (28).**

**** 8th grade cheerleaders will meet ON APRIL 24 at 5:00 p.m. in Ms. Garrett's room (28).**

AT LEAST ONE PARENT/GUARDIAN MUST BE PRESENT AT FITTING. PARENT/GUARDIAN MUST HAVE THE UNIFORM MONEY DESIGNATED ABOVE ON THE 24th WITH THEM WHEN THEY COME.

CHEERLEADER TRY-OUT DATES TO REMEMBER

Thursday	March 22	Informational meeting for parents and candidates, 6pm in the Austin Academy library.
Friday	April 13	Candidates should have \$10 clinic fee and all requested forms filled out, signed, and returned to Ms. Garrett or Ms. Rew by 4:00 p.m. Including the Pre-participation physical evaluation – medical history form.
Tuesday	April 17	Clinic from 4:00 – 6:30 p.m in the Austin Academy gym. The try-out cheer, chant and dance will be taught in the competition gym. Wear shorts, t- shirt, socks, and tennis shoes. No video of the clinic will be allowed. Please bring a cd with your name on it if you would like a copy of the dance music. *ONLY CANDIDATES WHO ARE ELIGIBLE MAY ATTEND THIS CLINIC: Candidates must have passed all classes with a 70+ on their 4 th 6 weeks Report Card
Wednesday	April 18	4:00 – 4:50 p.m.- Scheduled practice sessions. Report to the girls' dressing room ready to practice at 4:00.
Thursday	April 19	4:00 – 5:00 p.m. -Scheduled practice session in gym. Draw for try-out positions on the 21st.
Friday	April 20	4:00- 5:30 p.m. -Mock try-outs/evaluations.
Saturday	April 21	10:00am- Try-outs before judges at Brandenburg Middle School. All candidates must be at Brandenburg for warm-ups at 10:00am . TRYOUTS BEGIN PROMPTLY AT 10:30AM and will be over by 11:45am. Candidates should have a ride waiting at the end of try-outs. CHEERLEADERS WHO DO NOT ARRIVE BY THE TIME THE CANDIDATES MOVE TO THE GYM TO TRY OUT WILL NOT BE ALLOWED TO TRY OUT. Remember that the actual try-outs, as well as the announcement of results, will be closed to the public. Parents and friends will not be in the building during any phase of the tryouts. All candidates must leave the school building within 20 minutes of the completion of try-outs. Each candidate may call Ms. Rew (7 th), or Ms. Garrett (8 th), on their school telephone extension to see if they have made the squad. Extension numbers will be given to all the candidates on the day of tryouts. In addition, the tryout numbers of the winning candidates will be posted on our school website http://www.garlandisdschools.net/austin . A list of the results will be posted by Sunday at 4:00 p.m. on the glass by the front door at Austin Academy.
Tuesday	April 24	Mandatory cheerleader and parent meeting- PARENT/GUARDIAN MUST BE AT THIS MEETING! Uniform fitting and uniform money due. <u>MONEY ORDER OR CC PAYMENT PAYABLE TO TEAMLEADER MUST BE MADE ON THIS DAY, UNLESS YOU HAVE CONTACTED YOUR SPONSOR.</u> 7 th grade- 4:15 p.m., and 8 th grade 5:15 p.m. in Ms. Garrett's room (rm 28). Total for uniforms will be discussed at parent information meeting on March 20, 2012 (6:00 pm in library), and are also listed in this packet.
Monday	April 30	Austin Academy Summer Camp session money due. \$130.00 payable in cash, money order, or check made out to Austin Academy.

- ❖ The clinic is not mandatory. Candidates may try-out without attending the clinic.
- ❖ Only students who are academically eligible may attend the clinic. Ineligible students may participate in the one-day judge try-out only.
- ❖ No one may video any part of the clinic or try-outs.

ATTIRE FOR TRY-OUTS

It is required that the candidate wear solid green or black shorts with an elastic waist, a plain white T-shirt, or polo shirt (no labels or logos, this also can be a plain white shirt with or without a collar), white socks, and white tennis shoes. The candidates must wear their hair up. Hair ribbons or any type of bow, earrings, or other jewelry are not permitted. The shorts/t-shirt may not carry emblems, names, etc. that would identify the candidate as a previous cheerleader.

TRY-OUT PROCEDURE FOR CHEERLEADING CANDIDATES

All cheerleading candidates will be judged on each event of the try-out, excluding the warm-up cheer/chant/dance. Listed below is the sequence of required skills each candidate will be asked to demonstrate in front of the judges on Saturday, April 21.

WARM-UP CHEER/CHANT/DANCE: As a warm-up, all candidates will perform the cheer, chant and dance at the same time.
Candidates will not be judged during this time.

ENTRANCE: Individual candidates will run-in for the jumps/cheer.

MANDATORY JUMPS: These will be demonstrated to the candidates and practiced at the clinic:
Toe touch
Right herkie or left herkie
One optional jump

INDIVIDUAL CHEER: Taught to candidates at clinic – will be performed at tryouts individually.

GROUP CHANT: Taught to candidates at clinic – will be performed at tryouts in groups of three.

GROUP DANCE: Taught to candidates at clinic – will be performed at tryouts in groups of three.

JUDGING CRITERIA

Entrance:	Chant:
Presence/poise (5)	Motion technique (10)
Tumbling during run-in (10)	Timing (5)
Spirit/enthusiasm (5)	
Jumps:	Dance:
Toe touch (10)	Motion technique (10)
Right Herkie (5)	Projection (5)
Left Herkie (5)	Timing (5)
Double Toe- Whip (5), with Prep- (4)	
Cheer:	
Motion technique (10)	
Voice/projection (5)	
Incorporation (jumps/standing tumble) (5)	

There are 100 points available from each judge.

There are 5 judges.

The high and low score will be dropped.

The remaining three scores will be averaged.

Candidates must earn a minimum score of 30 for 7th grade, and 35 for 8th grade, to be placed on the squad

TRY-OUT DETAILS

- ❖ Candidates should be at Brandenburg Middle School by 10:00am in their try-out attire for the warm-up session.
- ❖ Try-outs begin at 10:30 and end at 11:45am on Saturday, April 21, at Brandenburg Middle School. **Any student who arrives at the tryout site after the tryouts for that campus have started (10:30am) will not be allowed to try out.** All candidates are responsible for transportation to and from try-outs.
- ❖ Candidates may not receive gifts at school at any time during the try-out week.
- ❖ The candidates choose random try-out numbers on the day of mock tryouts. They will safety-pin the number to the front of the shirt that is required attire for the try-out (plain white t-shirt with or without a collar- no emblems, names, etc. on t-shirt). There will be no switching of numbers after they have been drawn.
- ❖ An administrator will be present at all try-outs.
- ❖ Scores will be tabulated by a person not connected to the try-out using a computer generated formula that will be used district-wide.
- ❖ Every attempt is made to hire judges that have not worked with students in the Garland area. However, with the hundreds of camps in the state of Texas, attended by thousands of cheerleaders and taught by hundreds of instructors, it may be possible at some time that a member of the judging panel may have had some contact with a candidate who is trying out. Professional judges with outstanding credentials and references will be hired for all tryouts. They will be instructed to judge the candidates based only on the mastery of the skills that they see demonstrated during the tryouts. Tryout results will not be challenged because of prior knowledge of judges and candidates.
- ❖ Pre-participation physical evaluation – medical history form included. As long as none of the numbers from 1-6 have “yes” marked then you will not need a physician’s signature.

CHEERLEADER PRACTICE SCHEDULE

The schedule listed below is based on scheduling information known at the present time. It may be amended if scheduling conflicts arise. Please keep in mind that middle school squads are only permitted to cheer at one sporting event per school week.

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7th Grade Schedule

Volleyball games are on Thursday evenings beginning at 5:00 p.m.

Football games are on normally on Tuesday evenings beginning at 5:30 p.m.

During football / volleyball season, cheerleading practice is tentatively scheduled for Monday afternoons beginning at 4:00 p.m. and ending at 6:00 p.m. The cheerleaders are expected to be in the sponsor's classroom at 4:00 dressed and ready to begin practice. Parents are expected to pick up the cheerleader up promptly at 6pm.

Basketball games are on Thursday evenings beginning at 5:00 p.m. and will end around 6:15 p.m. Cheerleaders will cheer at all home games. There is a home game every week at Austin Academy.

During basketball season, cheerleading practice is tentatively scheduled for Monday afternoons from 4:00 -4:50pm.

*Cheerleaders who play on the school basketball team cannot cheer at the games because of time conflicts.

8th Grade Schedule

Volleyball games are on Thursday evenings beginning at 6:30 p.m.

Football games are normally on Tuesday evenings beginning at 7:00 p.m.

During football / volleyball season, cheerleading practice is tentatively scheduled for Monday afternoons from 4-6pm, but practice may be changed to 1-2 mornings per week. If this change is made, it will be permanent. The practice schedule will be given to cheerleaders as soon as time is determined. Cheerleaders are expected to be dressed in their practice uniform and ready to go in the designated area by the time practice starts. Parents are expected to pick up the cheerleader promptly at 6 pm, or make sure they are at school by 8am for a morning practice.

Basketball games will be on Thursday evenings beginning at 6:30 p.m. and will end around 8:00 p.m. Cheerleaders will only cheer at home games. There is a home game every week at Austin Academy.

During basketball season, cheerleading practice is tentatively scheduled for one hour on Mondays from 4-4:50pm.

*Cheerleaders who play on the school basketball team cannot cheer at the games because of time conflicts.

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Cheerleaders will be expected to be on time for all practice sessions and provide their own transportation to and from the practice sessions.

Cheerleaders are expected to be at the game site no later than 15 minutes prior to the scheduled start time.

Parents are expected to be at the stadium or gyms to pick up cheerleaders as soon as the game and/or practice ends. If a cheerleader is still waiting for a ride 30 minutes after the event ends, she/he will not be able to cheer at the next event.

Austin Academy Cheerleader Application and Expectation Form

Candidate name: _____

Grade: 7 _____ 8 _____

My child, _____ has my permission to be a cheerleader at Austin Academy for Excellence, and I am initialing the items below to verify that I understand and will abide by all of the following:

_____ I understand that my cheerleader must abide by the rules and regulations set forth by the sponsor and principal of Austin Academy for Excellence, and be present for all practices and games. It is my responsibility to have my child at all functions on time, and to pick up my child from all functions on time, as stated in the Cheerleader Constitution and/or Austin Academy school policy. I also understand that if I pick up my cheerleader more than 30 minutes late from a school function (practice or game), she will be ineligible to cheer at the next game.

_____ I understand that my cheerleader is expected to act in an exemplary way regarding behavior in and out of the classroom and/or school, and will be representing our school in and out of uniform. I understand that ANY incident that could result in an office referral or placement in the Reassignment Room could result in removal from the squad, and my cheerleader will behave and hold herself or himself to a higher standard because she is being selected to represent our school.

_____ I understand that my cheerleader is required to attend all practices, and I understand what an excused absence is (see Cheerleader Constitution, attached). I also understand that serving detentions and/or attending tutorials on a practice day, as well as routine doctor appointments, are NOT EXCUSABLE absences. Detentions/tutorials must be arranged on non-practice days. I also am aware that there may be occasional summer practice sessions, including an NCA Camp, which my cheerleader will be required to attend.

_____ I understand that my cheerleader must receive at least a 70 for every class on all report cards/progress reports. A failing grade on a report will cause the cheerleader to be benched for practices and games until the grade is brought up to passing. I understand that if I have access to a computer, I can monitor my cheerleader's grades on the ONLINE GRADEBOOK on a daily basis, and, if necessary, I can set the grade book up to alert me if grades fall below a certain point.

_____ I understand that my cheerleader will treat every member of the squad with respect at all times, and my daughter will be held accountable for any negative or derogatory actions made toward another cheerleader, or any other person in or out of school. All squad members will act as a team, regardless of level of ability, and will always put the squad first.

_____ I understand that I must pay all of my cheerleader fees at the time they are required. No uniforms for the squad will be shipped until all payments are made in full. I understand that cheerleading requires several fees up front, and I acknowledge that I will pay them when I am required to do so.

_____ I understand that my cheerleader will be required to pay attention and be serious in practice at all times. I understand that if my cheerleader does not show that she knows the material for the upcoming game, she may be benched during the half-time show until she shows she can perform it in synch with her teammates. I also understand that my cheerleader may have to practice routines at home in order to master them.

_____ I understand that as a cheerleader, my child is covered at school-sponsored events by the school insurance, providing that the proper GISD channels are followed. However, this GISD insurance coverage is a supplemental coverage, and not primary coverage and is limited in scope. I am encouraged to have my own insurance coverage, and/or to take the additional insurance made available through GISD.

_____ I understand that if my child cannot attend the Mandatory Summer Camp at John Horn High School in Mesquite, TX, she will be benched for 3 performances. I also understand that the rules regarding camp attendance, as well as all other rules regarding attendance, are located in the GISD Middle School Cheerleading Constitution on page 9.

_____ I confirm that I have selected Austin Academy as the school of choice for the 2012-2013 school year for my student.

I agree to the above statements, and have read all the attached forms regarding cost, regulations, try-outs, and the standards of cheerleading. I understand and will abide by all the rules, and I understand that parents/guardians are not allowed in the building during the clinic, open gym time, or during try-outs.

Parent/Guardian Signature and date

Cheerleader Candidate Signature and date

**Parent/Cheerleader Candidate Acknowledgement
Receipt of Middle School Cheerleader Constitution**

I, _____ parent of _____, a cheerleader candidate for Austin Academy 2012-2013, do acknowledge that I have received a copy of the Garland Independent School District Middle School Cheerleader Constitution, and that I am aware of the policies and procedures involved in Middle School Cheerleading.

I also acknowledge that I am aware of the guidelines, required conduct, and deduction system, which is located on pages 6-11 of the Constitution.

I pledge that I will and can abide by, and agree to all the contents therein, and I understand that my cheerleader candidate, should she/he make the squad, will be held accountable and disciplined according to the information found in the Constitution. I also understand that not following these rules could result in my cheerleader being benched, or possibly dismissed from the squad, if the rules are not followed.

Cheerleader Candidate

Parent/Guardian Signature

Printed Parent Name

Street Address

City, State, Zip Code

Home: _____ **Cell:** _____ **Work:** _____

TRY-OUT PACKET CHECKLIST

1. Cheerleader application and expectation form.
2. Pre-participation physical evaluation – medical history form signed by parent/guardian.
 - a. *Check to see if you need a Dr. signature!*
3. Parent/cheerleader acknowledgement of Constitution form
4. Latest report card (**NOT** progress report)- can be obtained in counselor's office
5. \$10.00 clinic fee- Cash or check (made out to Austin Academy)
6. Give 1-6 to Ms. Rew or Ms. Garrett **BEFORE** 4pm on Friday, April 13.

Please consider the cost of cheerleading before you commit. If your child makes the squad, all of the money is due within the next 2-4 weeks.

If you have any questions regarding these payments, please do not hesitate to contact Ms. Rew or Ms. Garrett before your child tries out for the squad.

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 _____ 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"/>	Females Only		
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"/>	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.		
9. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	**EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):		
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.