

Katy Independent School District

# **CHEERLEADER GUIDELINES**

**JUNIOR  
HIGH  
SCHOOL**



# **CHEER**

**2020-21**

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# Cheerleader Guidelines

## Junior High School

**2020-2021**

### Purpose

The purpose of junior high cheerleading is to promote school spirit and a positive school environment by participating at athletic events and extra-curricular activities as deemed appropriate by the campus administration and cheer coach. As recognized school leaders, cheerleaders/mascots are expected to be positive role models at school and in the community.

The information provided in this brochure explains qualifications and responsibilities of junior high cheerleaders/mascots. Additional guidelines as noted in this document are created and published by each campus.

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The contents of this handbook are not contractual, and do not give rise to a claim of breach of contract against Katy Independent School District. Furthermore, the contents of this handbook apply to all students of the district, as the contents now appear in the handbook or may be amended in the future.

## Required Qualifications to Tryout

**All applicants for a position on the Cheerleading Squad or mascot for the next school year must continue to meet all stated “Required Qualifications to Tryout” for the remainder of their present school year. Failure to meet these requirements will result in immediate forfeiture of their position as a member on the Cheerleading Squad or mascot.**

1. **Grade Level/Enrollment** – Cheer candidates must be in 6<sup>th</sup> or 7<sup>th</sup> grade, and currently enrolled in Katy ISD.
  2. **Residence** - Cheer candidates should reside within attendance boundaries of the campus they are trying out for. There may be exceptions for students who have been approved for a transfer by Katy ISD. Residency and student transfer information will be confirmed at the campus prior to tryouts to determine eligibility.
  3. **New Campuses** – When a new campus is scheduled to open, students should try out for the school they will be attending in the fall.
  4. **Academic Standing** – The cumulative average for the current school year in each course must be “70” to try out.
  5. **School Behavior** - Candidates may not have received any of the following during the current school year:
    - A “U” in the conduct category on any report card
    - Three or more “N”s in any combination of classes on report cards
    - More than two Level II/Level III disciplinary infractions, or combination thereof
    - Any Level IV/Level V infraction
  6. **Pep Squad Membership** - If a campus Pep Squad exists, participation in the Pep Squad may be a requirement for cheerleading tryouts. Each campus will provide a copy of the Katy ISD Junior High Cheerleading Guidelines and Pep Squad requirements for cheerleading, to any interested student at the beginning of the school year.
  7. **Physical Examination**– Each candidate will submit a “Pre-participation Physical Evaluation” signed by a physician. The due date for this form will be established by the campus and must be turned in by that date to tryout. Pre-participation forms turned in during the current school year for other athletic activities will fulfil this requirement.
  8. Participation in Pre-Tryout Clinic and Mock Tryout - Candidates should attend each day of the pre-tryout clinic to help them be prepared as possible for tryouts. Clinic details will be established by each campus. During the clinic, each campus will specify the activities to be performed at tryouts and activities can include:
    - group cheer
    - individual cheer
    - jumps
    - dance routine
    - new cheer
- Each campus will provide a mock tryout date. Candidates are strongly encouraged to attend. In the rare event that the mock tryout day is missed, the candidate must contact the cheer coach for instructions regarding tryouts. On mock tryout day candidates must be on time, stay for the entire clinic, and have a confirmed ride home. Spectators of any kind are not permitted to watch or video the clinic practice.
9. **Parent Meeting** – In order to be eligible for tryouts, each candidate and their parent/guardian **must** attend the mandatory orientation meeting to discuss the selection process and cheerleader responsibilities. Any parent/guardian who is unable to attend this meeting must contact the cheer coach **prior** to the date of the meeting to receive the information for their student to be able to participate in tryouts.
  10. **Forms** - All required forms are due on the date stipulated by the campus. Required forms include, but are not limited to, Personal Student Information for Cheerleading, Pre-participation Physical Evaluation, Authorization for Regular Extracurricular Travel and Consent to Emergency Treatment of Student, UIL Concussion Acknowledgement, Student and Parent Agreement to Cheerleading Regulations and Guidelines etc.

# Selection Process

Junior High cheerleader selection is done by impartial judges who observe the candidates in a series of activities performed in a single session. Students must be present at the cheerleader tryouts in order to be eligible for selection. In addition, students must attend at least one half day of school prior to the day of tryouts in order to participate.

**1. Tryout Format** - The tryout process is facilitated by the cheer coach. The judges, Cheer Coach, and up to three designated faculty members will be present in the tryout room for to give directions and deliver score sheets from judges, to tally station, etc. Cheer Coaches will not tabulate results of the judging. At least one campus administrator must be present in the tryout room to oversee the selection process.

- Cheer tryouts are closed to all spectators.
- A minimum of three judges will be used for tryouts. Judges should be members of the UCA, NCA and/or UDA staff.
- Judges may not be Katy ISD employees, relatives of any candidate, or private coaches.
- While candidates perform tryout activities, each judge will assign points based on their demonstration of cheerleader skills and functions. These skills and functions can include:
  - spirit/enthusiasm/poise
  - sharpness/synchronization
  - voice projection
  - motion technique
  - jump/split techniques
  - team spirit/contribution to group cheer
  - overall effectiveness of individual cheer
  - neatness
- Tumbling/gymnastics are not allowed at junior high tryouts.
- Candidates are assigned a participant number prior to tryouts. During the judging and tabulation of scores students are referred to by number only.
- The required uniform for tryouts will be specified by the campus and published in advance. No item with cheerleader identification may be worn or displayed.
- All candidates and/or person acting as a representative on their behalf are prohibited from having any form of communication or personal contact with judges or tryout clinic personnel before, during, or after the tryout process. Violation of this guideline will result in the immediate dismissal from tryouts or removal from the squad if candidate had been selected. Judges are instructed to report any incident of this activity to the campus administrator.

## **2. Tabulation of Tryout Results**

- Each judge scores the candidates' performance using a numeric scale (1-5 for example). The judge is required to initial any change to a rating or sum of ratings.
- The judges' scores are tabulated to yield one total score for each candidate.
- Candidate total scores are ranked in numerical order.
- The candidates with the highest rankings are selected as cheerleader according to cheerleader numbers specified at each campus, for each grade level.
- In the event a tie needs to be broken to determine the final position on the squad, an established tie-breaking procedure will be implemented. The decision of the judges is final.
- At the end of tryouts the campus administrator will collect all rating sheets, tabulations, and rankings to maintain in a secure file.
- Upon request, parent/guardian may review their own student's ratings in conference with administrator and/or cheer coach within two school weeks after final results have been announced. Ratings may not be copied, duplicated, or photographed in any manner.
- The decision of principal is final in all tryout results.
- Appeals for any component of the cheerleading tryout process, including final results, will be addressed to the campus principal. Grounds for appeal may be made in reference to mathematical calculations or procedural impropriety only. All appeals must occur within two school weeks and during school business hours, after the final results have been announced. Appeal results/decision will be final at the campus level.

### 3. **Number of Cheerleaders Selected**

- The maximum number of cheerleaders on any squad is 12.
- Alternates are not named. If a vacancy on a cheerleading squad occurs two or more weeks prior to the first day of school, it will be filled by naming the student with the next highest total rating from judges if that student still meets qualifications and agrees to cheer requirements. Judges ratings and candidate rankings are maintained in the principal's office for use if this situation occurs.
- At the time a vacancy is filled, uniform and accessories will be ordered at parent expense.
- If a vacancy occurs less than two weeks before the first day of school or after the school year begins, it will not be filled.
- A head cheerleader is not designated. Leadership opportunities are rotated among squad members as designated by the Cheer Coach.

### 4. **Announcement of Results** - Procedures for announcing cheer selection are determined at the campus level.

5. **Selection of Mascot** – Campuses will determine if they want a mascot and if so, will publish requirements for the position. Mascot tryouts will be at a separate time and location from cheer tryouts. Each campus may have one mascot per squad. The required tryout qualifications, responsibilities, and consequences published in these guidelines will be used (with the exception of the previous pep squad membership) for tryout eligibility. All activities of the mascot are defined as cheer activities.

## **Responsibilities of Cheerleaders/Mascot**

1. **Time Commitments** - Cheerleading is a time consuming activity and it is the responsibility of each cheerleader to be present at each activity and perform to the best of his/her ability. Before scheduling outside of school activities such as dance/gymnastics a cheerleader must carefully evaluate the time demands of schoolwork and cheerleading.

Junior high students are able to participate in campus Fine Arts and/or athletic programs and be a cheerleader. However, students and parents do need to assess the time commitments of all school activities and schoolwork.

2. **Cheerleader Activities** – Cheerleaders will attend the events specified by their campus. Failure to attend required activities may result in dismissal from the squad. Cheer activities can include:

- scheduled practices
- attendance at one athletic event a week, September – April for their designated squad.
- pep rallies participation as scheduled by campus administration
- campus and community events as specified by campus administration/cheer coach
- attending summer camp

3. **Athletics and Cheer**: Cheerleaders who participate concurrently in athletics are allowed to cheer one night and play one night.

4. **Practice** - Cheer practice is scheduled by the cheer coach at each campus. Junior high cheerleader practice may be scheduled no more than three days a week during the school year. The number of practices required varies according to time of year. There will be no cheerleader practice during semester exam weeks or during STARR testing days. Summer practice times/dates will be determined by the cheer coach.

5. **Camp** – Summer cheer camp is required. Any absence(s) from camp must be approved by the campus administration/cheer coach.

### 6. **Event Attendance**

- **Events**: If a cheerleader is unable to attend a required event, the cheer coach must be notified in writing, prior to the activity. Students with unexcused absences from required cheer events are subject to penalties and restrictions established by the campus.
- **Attendance at School** - In order to participate in a cheer activities, a student must be present at least half of the school day, on the day of the event. Requirements for attendance at school and practice prior to participation may be specified in organization by-laws.

7. **Cost to Families** - Parents are responsible for costs associated with cheerleading. Maximum required expenditures may not exceed \$700.00. This amount includes summer camp expenses. Payment due dates are established by each cheer coach and campus. Failure by the parents/student to meet required financial responsibilities will result in removal from the squad.

**Please note: If a cheerleader is removed from the squad at any time, they will forfeit any allocated or expended funds. Unallocated funds and items already purchased will be refunded/returned to the student in a timely fashion as circumstances permit, or no later than the end of the school year.**

8. **Uniforms** - Uniform design is determined by the campus cheer coach/administration. Uniforms and components of uniforms worn during the school day must meet Katy ISD student dress code standards.

9. **Summary of Cheerleader/Parent Responsibilities**

a) **Responsibilities of Cheerleaders**

- Follow all rules and regulations outlined in the Discipline Management Plan, Student Code of Conduct, and any rules outlined in these guidelines.
- Cooperate with cheer coach and administration in investigations involving disciplinary infractions.
- Exhibit an attitude of respect toward individuals and property by conducting oneself in a responsible manner.
- Serve as an appropriate role model for other students.
- Maintain required standards of academic performance.
- Arrive prepared/on time for all practices and performances.

11. **Responsibilities of Parents**

- Stay informed of the rules, regulations, and procedures that are applicable to the cheerleader organization.
- Provide transportation, as needed, to ensure that the student arrives on time for all practices.
- Provide transportation, as needed, to ensure that the student is picked up on time from all practices and performance activities.
- When student participation in certain activities is considered “optional” by the cheer coach and/or principal, parents will be responsible for providing/arranging transportation to and from the event. (District representatives or cheer coaches are not permitted to provide transportation for students in their personal vehicles or arrange/coordinate transportation for students to attend “optional activities.”).
- Attend parent orientation meetings, as appropriate.
- Support school administrators and organization cheer coaches in establishing and maintaining a quality organization.
- Any concerns, ideas for improvement, and/or guidelines/procedural changes, as appropriate, should be submitted to the campus cheer coach.
- Execute proposed changes or challenges to organizational rules/procedures in an orderly and responsible manner through appropriate channels.
- Encourage student adherence to established rules, regulations, procedures, etc.
- Parents are responsible for meeting all required financial responsibilities associated with required cheerleading activities. This includes apparel, camp, and spirit items. (Failure to meet financial responsibilities will result in student being dismissed from the squad)
- All parent organizations and booster clubs operate under the guidance of the campus principal/designee. The campus principal/designee must approve activities of these organizations and has the authority to suspend parent/organizations/booster club activities that are not congruent with the mission of the school.

## **Discipline and Consequences**

1. **Code of Conduct for Students Involved in Extracurricular Activities** - All students are expected to adhere to the Katy ISD Student Code of Conduct. Cheerleaders who violate the District's Discipline Management Plan, Student Code of Conduct, or rules contained in this guidebook will be assessed appropriate school disciplinary consequences for the infraction. Disciplinary infractions may result in a student’s dismissal from the squad or limited participation in extracurricular activities.

2. **Short-Term Restrictions** - Individual campuses may assign short-term (one to three week) restrictions on cheerleader participation for poor academic performance, unexcused absences at practices/events, inappropriate behavior, and failure to fulfill established responsibilities. Specific criteria on short-term restrictions will be published at the campus level and reviewed in detail with cheerleaders upon selection to the squad.

3. **Academic Suspension (Ineligibility) and Dismissal from Cheer Squad** – If a cheerleader is suspended or ineligible they will not be allowed to perform at any contest, game, activity (other than practice), or pep rally for the period of the suspension/ineligibility. During the period of suspension/ineligibility, they may not wear uniforms or other cheerleader squad clothing or accessories at any time except practice gear. Students who are on suspension/ineligible are still required to attend practice with the squad as determined by the sponsor.

a) **Academic Suspension (Ineligibility) from Cheer Squad**

- A cheerleader with an F average (0-69) for a six-week grading period in any class will be suspended (ineligible) from cheer activities for three weeks. The period of suspension (ineligibility) begins seven calendar days after the end of the grading period and continues for three school weeks (See TEA/UIIL Eligibility calendar at <http://www.katvisd.org/dept/finearts/Pages/default.aspx> under “Quick Links”)
- A cheerleader on academic suspension (ineligibility) who receives passing averages in ALL courses on the following progress report (three-week evaluation) will regain eligibility at the end of the designated three-week suspension (ineligibility) period. If any average is below 70 on the progress report (three-week evaluation), the cheerleader continues on cheer suspension (ineligibility) until a report card documents passing averages in all courses.
- Complete details of No Pass/No Place can be found at <http://www.uiltexas.org/files/policy/TEA UIL Side by Side.pdf>

**NOTE: after receiving 9 cumulative weeks of suspension from the squad-academic, behavioral, or a combination thereof – any future period of suspension will result in immediate dismissal from the cheerleading squad.**

5. **Suspension from Cheer Squad Based on Behavior** - If a cheerleader is suspended from the squad they will not be allowed to perform at any contest, game, activity (other than practice), or pep rally for the period of the suspension. During the period of suspension they may not wear uniforms or other cheerleader squad clothing or accessories at any time except practice gear. Students who are on suspension/ineligible are still required to attend practice with the squad as determined by the sponsor. The suspension begins on the date the consequence for the infraction is assigned.

a) **Reasons for Suspension from squad:**

- Conduct Grades
- One “N” on any report card will result in suspension from the squad for a period of three school weeks
- A second “N”, in the same class or a different class, on any report card will result in suspension from the squad for a period of six school weeks

**NOTE: after receiving 9 cumulative weeks of suspension from the squad-academic, behavioral, or a combination thereof – any future period of suspension will result in immediate dismissal from the cheerleading squad.**

b) **Disciplinary Infractions:**

1. **Level II Infractions** leading to suspension from the squad:

- A student receiving **two level II** infractions will result in suspension from the squad for a period of two to four school weeks as designated by the campus administrator
- For Level II infractions with a more serious sanction see “Dismissal” section below

2. **Level III Infractions:**

- A student receiving one Level III infraction will result in suspension from the squad for a period of three to six school weeks as designated by the campus administrator
- For Level III infractions with a more serious sanction see “Dismissal” section below



6. **Demerits** - Each campus has its own system of merits and demerits and will publish information for review by the cheerleaders at time of selection. Accumulation of a specified number of demerits can lead to suspension or dismissal from the cheer squad.

7. **Dismissal Based on Behavior** - Students who are dismissed from the cheerleading squad may no longer participate in any cheerleading activity for the remainder of the school year and may not wear any cheerleader squad clothing/accessories. Grounds for dismissal are listed below. **Please note: If a cheerleader is removed from the squad at any time, they will forfeit any allocated or expended funds. Unallocated funds and items already purchased will be refunded/returned to the student in a timely fashion as circumstances permit, or no later than the end of the school year.**

a) **Grounds for Dismissal:**

- **Conduct**
  1. Three (3) or more “N”s in any combination of classes/marking periods will result in dismissal from the squad.
  2. One “U” in conduct will result in dismissal from the squad.
- **Discipline - Level II and Level III infractions** - Two (2) or more Level II or Level III infractions, or any combination thereof, will result in dismissal from the squad.
- **Level IV, Level V** - Any Level IV infraction or any Level V infraction will result in dismissal from the squad.
- **Out of School Suspension or Alternative School Placement** - Any disciplinary infraction leading to an OSS or OAC placement will result in dismissal from the squad.
- **Hazing** - Any cheerleader who participates in activity which meets the definition of hazing or who fails to report such activity will be dismissed from the squad immediately.
- **Conduct Unbecoming A Student Leader** - Any student member of an extracurricular organization or campus club (e.g. band/dance team/cheerleader/athlete/student council, etc.) representing themselves, or their organization, in an unfavorable, questionable or illegal manner will be subject to the disciplinary actions determined by appropriate school officials and/or organization cheer coaches /directors including probation or dismissal from the organization. This includes unfavorable, questionable or illegal actions documented through electronic media (i.e. websites, personal home pages, blogs, text messages, chat rooms or similar websites/files accessible through a server or internet) or using electronic communication devices in such a way as to bring discredit, dishonor, or disgrace on their organization or members of any other school organization including themselves (i.e. camera phones, digital photos, electronic descriptions).
- **Persistent Probations/Suspensions from Cheer Squad** - A cheerleader who accumulates more than nine weeks of probation/suspension from the squad (in any combination of academic and/or disciplinary) effective the first day of summer camp and/or summer camp preparations will be dismissed from the squad. A cheerleader may also be dismissed by accumulating sponsor assigned suspensions based on demerits as published in the approved campus cheerleading guidelines (this includes all short term restrictions). **Written notification of the possibility of dismissal upon the next occurrence of suspension from the squad will be issued to the student and parent.**
- **Tickets** - A cheerleader who receives a ticket involving alcohol or drugs or a criminal act will be dismissed from the squad.
- **Criminal Offenses/Deferred Adjudication**
  1. Any cheerleader who pleads guilty or is convicted of a misdemeanor or felony shall be removed from the cheerleader squad for the remainder of the school year.
  2. Any cheerleader, who accepts deferred adjudication in lieu of a finding of guilt or innocence in a criminal proceeding, shall be placed on cheer suspension until the end of the school year or until a judgment of not guilty is rendered whichever occurs first.

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## Statement and Signatures

I have read and understand all parts of the Cheerleader information. I understand that all activities of this organization will be referred to on the UIL Pre-participation Physical Evaluation – Medical History form as “athletic activities”.

As a Katy Independent School District student and member of the Cheerleader Squad, I will abide by all stated policies, guidelines, and rules of this organization and Katy ISD.

-Student Agreement-

My signature signifies that I have read all parts of the guidelines and will abide by such.

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

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

-Parent/Guardian Agreement-

My signature signifies that I have read all parts of the guidelines and will abide by such.

Parent or Guardian Name (Print): \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_/\_\_\_\_\_/\_\_\_\_\_

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**Personal Student Information for Cheerleader Squad**

<b>Student Information</b>			
<i>Please Print</i>			
<b>Student's Name – Last:</b>	<b>First:</b>	<b>MI:</b>	
<b>Street Address:</b>	<b>City:</b>	<b>Zip:</b>	
<b>Subdivision (if applicable):</b>			
<b>Birth Date (month/date/year):</b>	<b>Age:</b>	<b>Grade:</b>	
<b>Home Phone: (      )</b>			
<b>E-mail address:</b>			

<b>Father's Information</b>			
<i>Please Print</i>			
<b>Father's Name – Last:</b>	<b>First:</b>	<b>MI:</b>	
<b>Street Address (if different):</b>	<b>City:</b>	<b>Zip:</b>	
<b>Father Employed By:</b>			
<b>Father's Home Phone: (      )</b>	<b>Work Phone: (      )</b>		
<b>Father's Cell Phone: (      )</b>			
<b>E-mail address:</b>			

<b>Mother's Information</b>			
<i>Please Print</i>			
<b>Mother's Name – Last:</b>	<b>First:</b>	<b>MI:</b>	
<b>Street Address (if different):</b>	<b>City:</b>	<b>Zip:</b>	
<b>Mother Employed By:</b>			
<b>Mother's Home Phone: (      )</b>	<b>Work Phone: (      )</b>		
<b>Mother's Cell Phone: (      )</b>			
<b>E-mail address:</b>			

<b>Insurance Information</b>			
<i>Please Print</i>			
<b>Insured Name – Last:</b>	<b>First:</b>	<b>MI:</b>	
<b>Insurance Company:</b>			
<b>Group #:</b>	<b>Certificate/Policy#:</b>		
<b>Insurance Company Address:</b>			
<b>Insurance Company Phone: (      )</b>			
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	
<b>Insurance Type:</b>	<input type="checkbox"/> <b>HMO</b>	<input type="checkbox"/> <b>PPO</b>	<input type="checkbox"/> <b>Medicaid</b>
<b>Medicare</b>			<input type="checkbox"/>

Reviewed October, 2017

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## 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

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**PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY**

This **MEDICAL HISTORY FORM** must be completed *annually* by parent (or guardian) and student in order for the student to participate in 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.

	<b>Yes</b>	<b>No</b>		<b>Yes</b>	<b>No</b>
1. Have you had a medical illness or injury since your last check up or 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 had prior testing for the heart ordered by a physician?	<input type="checkbox"/>	<input type="checkbox"/>	14. Do you use any special protective or corrective equipment or devices that aren't usually used for your 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 passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	15. Have you ever had a sprain, strain, or swelling after injury?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you broken or fractured any bones or dislocated any joints?	<input type="checkbox"/>	<input type="checkbox"/>
Do you get tired more quickly than your friends do during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, check appropriate box and explain below:		
Have you had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip
Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Thigh
Has any family member or relative died of heart problems or of sudden unexpected death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee
Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelopathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Shin/Calf
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle
Has a physician ever denied or restricted your participation in sports for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Foot	
4. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	16. Do you want to weigh more or less than you do now?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>	17. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how many times? _____			18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
When was your last concussion? _____			<i>Females Only</i>		
How severe was each one? (Explain below)			19. When was your first menstrual period? _____		
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	When was your most recent menstrual period? _____		
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	How much time do you usually have from the start of one period to the start of another? _____		
Have you ever had numbness or tingling in your arms, hands, legs or feet?	<input type="checkbox"/>	<input type="checkbox"/>	How many periods have you had in the last year? _____		
Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	What was the longest time between periods in the last year? _____		
5. Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>	<i>Males Only</i>		
6. Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>	20. Do you have two testicles? _____		
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"/>	21. Do you have any testicular swelling or masses? _____		
8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>			
9. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>			
10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>			
11. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>			
12. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>			

**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.**

**\*\*EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_

**Any Yes answer to questions 1, 2, 3, 4, 5, or 6 requires further medical evaluation which may include a physical examination. Written clearance from a physician, physician assistant, chiropractor, or nurse practitioner is required before any participation in UIL practices, games or matches. THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE 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*
<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			
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.

# Parent/Guardian Authorization for Regular Extracurricular Travel And Consent to Emergency Treatment of Student

Student's Last Name	First Name	Middle Name	Grade Level
Extracurricular Activity			School Year

As the parent/guardian of the above-named student (or adult student), I grant permission for my child (or me) to travel and participate in all regularly/routinely scheduled activities of the designated extracurricular group for the current school year. I understand that all students are required to ride to and from all school-sponsored activities in District-provided transportation according to Board Policy FMG. An exception may be granted for a student to be released to the custody of his/her parent at the completion of the activity if a written request is received and approved prior to the trip. It is understood that a separate permission slip will need to be completed for any additional activities requiring travel in order for my child to participate.

It is understood that neither the Katy Independent School District, nor any of its trustees, officers, employees, or organization sponsors are liable for any accident or injuries that may occur to the above-named student as a result of any aspect of his/her participation on these trips.

I acknowledge that in case of an emergency, illness, or accident for which a parent cannot be reached, an attempt will be made to reach one of the emergency contact people listed below. However, if no one can be reached, I authorize the school officials to take whatever action is deemed necessary in their judgment, for the health of my child. I will be responsible for any cost in the event my child must be transported by ambulance and receive medical care.

As the parent(s)/guardian(s) of the above-named student, a minor, I/we do hereby authorize a Katy Independent School District staff member(s), to act as my/our agent(s), to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and/or hospital care which is deemed advisable by, and is to be rendered under, the general or special supervision of any licensed physician/surgeon, whether such diagnosis or treatment is rendered at the office of said physician/surgeon or at a hospital. Parents/guardians will be notified by the district, by the contact information below, of any treatment rendered to the student.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician/surgeon, in the exercise of his/her best judgment, may deem advisable, prior to any treatment being rendered.

I/We hereby authorize any hospital which has provided treatment to the above-named minor to surrender physical custody of such minor to the agent(s) upon completion of treatment.

It is understood that I/we must assume legal responsibility for any expenses incurred for medical treatment which may not be covered by my/our personal insurance, Medicaid, or Medicare.

Name of Father/Guardian: (Last) (First) (Middle)		
Father's Home Phone	Father's Work Phone	Father's Cell Phone
Name of Mother/Guardian: (Last) (First) (Middle)		
Mother's Home Phone	Mother's Work Phone	Mother's Cell Phone

### Insurance Information

Name of Insured Policyholder: Last First Middle		
Insurance Company		
Policy Number	Group Number	
Type of Insurance Plan <input type="checkbox"/> HMO <input type="checkbox"/> PPO <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Other: _____		

### Medical Information

Please note: My child has the following allergies/medical conditions and/or is currently taking the following medications:

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Signature of Parent/Guardian:	Date
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## Cheerleader/Mascot Regulations and Guidelines Agreement

<b>PRINT</b>					
Student's Name	Last	First	Middle	Date	
<p>This form must be signed and returned to the sponsor by the announced date prior to cheerleader/mascot tryouts. In addition, the physical exam and medical information card must be completed prior to tryouts.</p>					
<b>STUDENT SECTION</b>					
<p>I have read and understand the Katy ISD Junior High School Cheerleader Guidelines and campus cheerleader constitution, by-laws, and handbook information. My signature below signifies that I have read and agree to abide by all published guidelines and that I am not presently on deferred adjudication or probation for any law violation that will continue past the date of the scheduled tryouts. I understand that willfully falsifying any personal information in the application/participation process will result in my immediate dismissal from the tryout process or from the squad.</p>					
<p>-----</p> <p>I agree to abide by these regulations if I am selected as cheerleader/mascot.</p>					
Date _____		Student Signature _____			
<b>PARENT/GUARDIAN SECTION</b>					
<p>I have read and understand the Katy ISD Junior High School Cheerleader Guidelines and campus cheerleader constitution, by-laws, and handbook information. I give my student permission to participate in cheerleader/mascot tryouts. I have discussed the requirements, responsibilities, and rules with my student.</p>					
<p>-----</p> <p>I agree to support and uphold these cheerleading regulations and meet all required financial responsibilities, if my child is selected as cheerleader/mascot.</p>					
Date _____		Parent/Guardian Signature _____			
<p>Information/Photos pertaining to my child may be used in news releases and publications. Yes <input type="checkbox"/> No <input type="checkbox"/></p>					
Date _____		Parent/Guardian Signature _____			

Reviewed 2017