## **\*REQUIRED TRYOUT FORMS AND INSTRUCTIONS\***

2024-2025

- 1. \_\_\_\_\_Application and Candidate Information Form
- 2. \_\_\_\_\_Team Placement Commitment Contract
- 3. \_\_\_\_\_KISD Cheer Candidate Information with attached picture
- 4. \_\_\_\_\_Activity Permission Form
- 5. \_\_\_\_\_Travel/ Medical Release Form
- 6. \_\_\_\_\_Transportation Consent and Release
- 7. \_\_\_\_\_Student/ Parent/ Guardian Contract
- 8. \_\_\_\_\_Medical History Form
- 9. \_\_\_\_\_TWO Copies of Physical: <u>ALL</u> candidates MUST have a physical dated in 2024
- 10. \_\_\_\_\_1<sup>st</sup> Semester Report Card <u>ALL CANDIDATES MUST TURN ONE IN</u>.
- 11. \_\_\_\_\_Emergency Information Form: Please fill out each blank carefully and legibly. This form will be kept on hand by the coach(es)
- 12. \_\_\_\_\_Keller ISD Extra Curricular Code of Conduct Signature Page

### \*All paperwork MUST be printed online at:

Keller ISD Athletics Cheer Website

# Application/Required Paperwork DUEWednesday, February 14th@ YOUR High School office no later than 4:00 pm

Failure to turn in complete paperwork, by the deadline, may result in disqualification from tryouts, since applicants will be unable to participate without release forms.

Required Tryout WeekMONDAY 3/4 - THURSDAY 3/7<br/>\*Check with your school for times/dates\*Tryout Clinic is CLOSED to the public(You MUST attend at your school)

#### **Tryout Results Posted**

Thank you for your interest in the KISD Cheerleading Program. We wish you the best of luck.

Friday, March 8th – at 4:00 pm

Sincerely,

Malyn Bannister – CHS Varsity Head Coach Emma Baugh – FRHS Varsity Head Coach Shelly Waggoner – KHS Varsity Head Coach Alisha Fickle – TCHS Varsity Head Coach



# \*1. APPLICATION & CANDIDATE INFORMATION FORM\*

KISD HS CHEERLEADER

Name:			s	Studen	t ID:
For 2024-2025 School Year (circle one):	9 1	)	11	12	
CURRENT School:					
Tryout Meeting Attended:	T-Shirt	Size:	(Cir	cle)	AS AM AL AXL
Physical Home Address:					PO Box:
City: State:	· · · · · · · · · · · ·	Z	Zip C	Code:	
Cell #:					
Birthday:					
Cheerleader's E-mail address:					
Mom's Name		Ce	ell #	:	
Mom's E-mail address:					
Dad's Name:			_ Ce	ell #: _	
Dad's E-mail address:					
Do you plan to try out for a leadership position	on? (Circle	Yes	s N	0	
What position?					
*Why do you want to be a high school cheer	leader, ma	nager	or r	nasco	t?
*What are your strengths and weaknesses, a	as a cheer	eader	, ma	anagei	or mascot?
*Explain how you will be committed to this pr	rogram for	the er	ntire	year.	Explain, in detail.
Head Cheer Coach Signature: balance from the previous year (even if you	were not ir	the c	hee		- Stating that you have a <u>zero</u> ram, you still need to get a

signature).

#### \*2. TEAM PLACEMENT COMMITMENT CONTRACT 2024-2025\*

I, \_\_\_\_\_\_ understand that I am trying out for a possible position in a KISD cheer program for the 2024-2025 school year. I also understand that I am trying out for a program and not a specific team. I fully understand that the coaches select the teams based on the interest of the program, not the individual.

# PLEASE INITIAL NEXT TO EACH OPTION THAT APPLIES IN <u>BOTH</u> SECTIONS. PLEASE READ CAREFULLY!

#### Section 1:

\_\_\_\_\_ If I am selected as a cheerleader for JV, I will <u>NOT</u> honor the commitment and <u>NOT</u> accept the position.

OR

If I am selected as a cheerleader for JV, I will honor the commitment and accept the position.

#### Section 2:

\_\_\_\_\_ If I am selected as a cheerleader for Varsity, I will <u>NOT</u> honor the commitment and <u>NOT</u> accept the position.

OR

\_\_\_\_\_ If I am selected as a cheerleader for Varsity, I will honor the commitment and accept the position.

**REMINDERS:** After selection, if a candidate indicates they will NOT accept a position for the team on which they were placed, the candidate will not be included on the posting of the final team roster. Any candidate that resigns after being placed on a team will NOT be eligible to tryout the following year (2025-2026).

Injured candidates who are unable to demonstrate required skills due to injury or illness during tryouts will need to provide a medical doctor's note to indicate the diagnosis and any restrictions the candidate will be unable to do during tryouts. Injured candidates may appear on the final team posting with an asterisk, and can be added to the team once they have been released from doctor's care and have demonstrated the skill(s) required for that team. Skills should be demonstrated prior to the end of the 2023-2024 school year to avoid being removed from the cheer program.

Cheerleader Signature: _	Date:
Parent Signature:	Date:

# 3. KISD CHEER CANDIDATE INFORMATION 2024-2025

\*PLEASE ATTACH A CURRENT PHOTO TO THIS PAGE\*

Name: \_\_\_\_\_\_\_ Grade Next Year (2024-2025): \_\_\_\_\_ CURRENT School: \_\_\_\_\_ CURRENT Standing Tumbling Skills you can successfully land on dead mat: CURRENT Running Tumbling Skills you can successfully land on dead mat: Stunting Positions you can currently do (Flyer, Main Base, Side Base, and/or Backspot) Please rank positions on preference/experience:

CURRENT Stunts you can perform, and please list the corresponding stunting position:

Prior Cheer Experience:

Please list any other activities you plan to be involved in next year (All-star cheer, work, sports, clubs, etc.). Please be specific.

# \*4. ACTIVITY PERMISSION FORM\*

has my permission to tryout for KISD Cheerleader, Manager, or Mascot for the 2024-2025 school year. I understand that elected squad members are required to attend all sporting events and other activities scheduled by the coach. Due to the amount of time that cheerleading requires all jobs, and/or participation in other nonacademic activities or sports that may interfere with cheerleading are not advisable. At all times, KISD cheerleading responsibilities are to take priority over other such activities. Approval is required by the cheerleader coach before tryouts and prior arrangements must be agreed upon before a cheerleader may be committed to another sport or activity. In accordance with the state legislation, a passing average must be maintained by my son/daughter in all subjects at all times. I understand that elected squad members are required to participate in cheerleading camp for up to one week during the summer break (Coaches will announce dates and places) and to attend mandatory summer and holiday practices and activities. I understand that my child's participation as a cheerleader will cost me approximately \$3,000.00 for camp, uniforms, events, and supplies. I understand that I will be held responsible for these costs and agree to pay expenses. Failure to make timely payments may result in probationary status, suspension and can lead to dismissal. I acknowledge that failure to have a zero balance may also result in a hold on my school account. I grant release of legal responsibility of my son/daughter to Keller Independent School District and the coaches or teachers while participating in cheerleading activities. I understand the tryout requirements and the consequences of violations. I agree to abide by these expectations. I also understand that the cheerleading selection decision is final. I will show good sportsmanship by accepting that decision.

Parent Signature	
Date	
Student Signature	

Date \_\_\_\_\_

# \*5. TRAVEL/MEDICAL RELEASE FORM\*

field trip or activity as I am at school. I of drugs and/or alcohol is prohibited ar inspect luggage, lodging accommodati	understand that p nd that the school ons, transportatic	uphold all student policies and the high stan t I am governed by the same rules on any sp possession of, having used or being under th 's authority to enforce policy includes the righ on vehicles, etc. I understand that any infract ny being sent home immediately at my parer	e influence ht to ion will be
Student's Name	Age	Date of Birth	
Coach		Organization	
I,		_ being the legal parent/guardian of	
			chool give
hereby release from any and all claims the K.I.S.D., and their administrative/ fa	s, demands, action aculty personnel. , my son/daugh	ter/ward by the medical facilities of a Public	or illness, Health
consent includes any medical, anesthe	esia or surgical tre	, in the event of any illness/accident arising. eatment or hospital services rendered under ner physicians assigned to his or her care.	
MEDICAL INFORMATION			
My son/daughter has been determined	l to have the follo	wing allergies:	
He/she requires medication for the trea	atment of		
The following listed are significant med	lical conditions w	hich my son/daughter is known to have	
		Our family doctor is	
	In case of en	nergency, he/she can be reached at	
We are co	overed by hospita	lization. The name of our insurance compan	y is
		- /	

Parent/Guardian Signature

Date

## <sup>6.</sup> TRANSPORTATION CONSENT AND RELEASE



Student Name:

Student ID #:

Campus:

I give permission for my child, identified above, in lieu of utilizing transportation provided by the Keller Independent School District (the "District), to obtain his/her own transportation to off-campus events and activities, including but not limited to extra-curricular competitions in other towns, whether by driving his/her personal vehicle, driving a vehicle owned by me and/or my spouse, driving a private vehicle provided by a third party, or by riding in a private vehicle driven by a third party (together referred to as "Personal Transportation").

In consideration for the convenience and privilege of utilizing Personal Transportation, the receipt and sufficiency of which is hereby acknowledged, I, by my signature affixed below, individually and by next friend of the above named child, acting for myself, my minor child, my agents, heirs, beneficiaries, trustees, executors, successors, assigns, administrators, attorneys and legal representatives, do hereby RELEASE, ACQUIT AND FOREVER DISCHARGE the District, all of its employees, agents, trustees, volunteers, attorneys, and legal representatives, in their representative, official, and individual capacities, of and from any and all charges, complaints, grievances, claims, demands, causes of action, damages, loss, or expense, of whatsoever kind or character, in tort (INCLUDING NEGLIGENCE OR NEGLIGENT OMISSION), or in contract, that are created by or arise under state and federal statutes, constitutions, or the common law, whether known or unknown, which may in any manner arise from or relate to the Personal Transportation. I hereby waive my rights to institute any action, claim or suit against and/or recover compensation, benefits, or damages from the District and/or the above-described persons and entities, and covenant and agree not to sue any such persons or entities regarding such claims in any court or tribune and not file or aid in the institution or prosecution of any action, lawsuit, or cause of action (whether or not by direct action, counterclaim, cross-claim, or interpleader) regarding any claim released herein.

Parent's Signature

# \*7. STUDENT-PARENT/GUARDIAN CONTRACT\*

As a Keller ISD Cheerleader/Mascot/Manager;

I promise to represent the school in the best way possible.

I promise to give my best effort at all times and maintain a positive attitude in all situations.

I promise to respect other squad members, coaches and KISD employees.

I promise to be dependable, self-motivated, responsible and dedicated.

I promise to uphold all school rules and policies.

I promise that I will uphold the rules and policies of the KISD Cheerleading Constitution.

I promise that I will uphold my coach's policies and procedures.

I promise that I will uphold all procedures, policies, and guidelines that are stated in the mandatory meeting, this tryout packet, the constitution, and the Extra Curricular Code of Conduct.

I have a copy of the current KISD Cheerleading Constitution and Extra Curricular Code of Conduct.

I understand that through my commitment as a KISD cheerleader, mascot or manager, my picture and/or videos of team performances can be used by KISD athletics and the cheer program for purposes of social media, communication and promotions for KISD athletics. I hereby release KISD from any and all claims which arise out of or are in any way connected with such use.

Student Name	Student Signature	Date
Parent/Guardian Name	Parent/Guardian Signature	 Date

#### PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

Have you ever pottent unexpectedly short of breath with exercise?       13.       Have you ever pottent unexpectedly short of breath with exercise?         Have you ever had prior testing for the heart ordered by a physician?       0 you have sathma?       0 you nave seasonal allergies that require medical treatment?         Have you ever had prior testing for the heart ordered by a physician?       14.       Do you use any special protective or corrective equipment or devices that are runsually used for your activity or position (for example, knee brace, special neck roll, foot orthotics, retainer on your tesh, hearing add?)         Day ou ever had acting of your heart or skipped heartbeats?       Have you ever had areing of your heart or skipped heartbeats?         Have you ever had acting of your heart or skipped heartbeats?       Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?         Have you ever had acting of your heart or skipped heartbeats?       Have you ever had acting add?         Have you ever had neard inging of after exercise?       Have you ever had acting in you for orbeins with pain or swelling in muscles, tendons, bones, or joints?         Have you ever had neard inging of the part problems or of used any family member been idignosed with charged heart, charge add and you faing yoo down and pay other problems with pain or swelling in the start of medical tractation (for example, heave you ever had ascence or other ion channelpathy (Brugad asyndrome, etc), Marańs syndrem or been idignosed with or treated for sickle cell tisense?         Have you ever head acton?       Have you ever head ached?       Have you	Student's Name: (print)					
Personal Physician         Phone           In case of emergency, contact:         Phone (H)         (W)           Name         Relationship         Phone (H)         (W)           plain "Yes" answers in the box blow**. Circle questions you don't know the answers to.         Image: the system of the	Address				Phone	
In case of emergency. contact:         Name						
Name       Relationship       Phone (H)       (W)         plain "Yes" answers in the box below**. Circle questions you dor't know the answers to.       Image: Circle questions you dor't know the answers to.         Have you ever plate indices or injury since your last check up or physicin?       Image: Circle questions you dor't know the answers to.         Have you ever had surgery?       Image: Circle questions you dor't know the answers to.         Have you ever had surgery?       Image: Circle questions you have asshma?         Have you ever had surgery?       Image: Circle questions you have asshma?         Have you ever had prior testing for the heart ordered by a physicin?       Image: Circle questions you and have have that require medical treatment?         Have you ever had heart in drining of other cercice?       Image: Circle questions you have asshma?         Do you age tired more quickly than your friends do during cercise?       Image: Circle questions you have asshma?         Have you ever had aspini, pressure or high cholestero??       Have you broken or fractured any bones or dislocated any flar you had have holes problems with pain or swelling in murcles, tedonos, hones, or joints?         Hase you ever had aspini, pressure or high cholestero??       Have you want to weigh more or less than you do now?         Have you ver had aspini, pressure or high cholestero??       Have you want to weigh more or less than you do now?         Have you ver had aspini, pressure or high cholestero??       Have you vere had aspini, pressure	Personal Physician				Phone	
plain "Yes" answers in the box below "*. Circle questions you don't know the answers to.  Have you had a medical illness or injury since your last check yor physical? Have you even adhading in the past year? Have you even adhading for the heart ordered by a physician? Have you even had admired test grift of the heart ordered by a physician? Have you even had heart prior testing for the heart ordered by a physician? Have you even had heart prior testing for the heart ordered by a physician? Have you even had heart prior testing for the heart ordered by a physician? Have you even had heart prior testing for the heart ordered by a physician? Have you even had heart prior testing for the heart ordered by a physician? Have you even had heart prior testing for the heart ordered by a physician? Have you even had ness quest physical protective or corrective equipment or devices that areft usually used for your activity or position (for example, hearback; Phile						
Have you had a medical illness or injury since your last check       Image: Since of the since	NameRelationship			Phone (H)	(W)	
Have you were potten unexpectedly short of breath with up or physical?       13.       Have you were gotten unexpectedly short of breath with up or physical?         Have you were passed overnight in the past year?       Do you have asthma?       Do you have asthma?         Have you were passed out during or after exercise?       Image: provide the second asthetic equipment or devices that aren't usually used for your activity or position of devices that aren't usually used for your activity or position of devices that aren't usually used for your activity or position?         Have you were had chest pain during or after exercise?       Image: provide the second asthetic equipment or devices that aren't usually used for your activity or position?         Have you were had acting of your heart or skipped heartbeats?       Image: provide the second asthetic equipment or devices that aren't usually used for your activity or position?         Have you were had racing of your heart or skipped heartbeats?       Image: provide the second asthetic equipment or devices that aren't usually used for your activity or provide the second asthetic equipment or shift helps the asthetic equipment or device that help in or swelling in muscles. Indens, bones, or joints?         Have you were had astig ges 0?       Have you were had astig ges 0?         Have you were during or abormal heart hythm?       Have you were during or fields do any other provide heart, divitaria for any heart problems with pain or swelling in muscles. Indens, bones, or joints?         Have you were during or abormal heart hythm?       Have you were during or abormal heart hythm?         Have you we	lain "Yes" answers in the box below**. Circle questions you don	't know	the and	wers to.		
up or physical?       exercise?         Have you been hospitalized overlight in the past year?       Do you have sathma?         Have you even had surgery?       Do you have sathma?         Have you even had surgery?       Do you have sathma?         Have you even had surgery?       Do you have sathma?         Have you even had surgery?       Do you have sathma?         Have you even had surgery?       Do you have sathma?         Do you have sathma?       Do you have sathma?         Have you even had stargery?       Do you have sathma?         Do you ave are sathward?       Do you have sathma?         Have you even had she yand uining or after exercise?       If the you even had neing of your heart or skipped hearthears?         Have you even had neing of your heart or skipped hearthears?       If yes, check appropriate box and explain below:         sadden unexpected death before age 50?       Have you had any other problems with pain or swelling in muscles, tendons, boxes, or joints?         Have you had a severe viai infection (for example, hourder), long       Dreat         Qf syndrome, or abnormouncleosisy within the last month?       Head         Have you even had had injury or concussion?       Have you even been ingnosed with or treated for sickle cell intrait or sickle cell disease?         Yeary ou was that rest on uneonscions, or lost       Head       Do you areat stressed out?		Yes				Yes
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in-you ever passed out during or after exercise?       information on your tech, hearing aid?         Have you ever had chest pain during or after exercise?       information on your tech, hearing aid?         Have you ever had arcing of your heart or skipped hearbeats?       information on your tech, hearing aid?         Have you ever had racing of your heart or skipped hearbeats?       information on your tech, hearing aid?         Have you ver had racing of your heart or skipped hearbeats?       information on your tech, hearing aid?         Have you ver had arcing of your heart or skipped hearbeats?       information your tech, hearing aid?         Have you ver had arcing of your heart or skipped hearbeats?       information your tech, hearing aid?         Have you ver had arcing of your heart or skipped hearbeats?       information your tech, hearing aid?         Have you had high blood pressure or high cholesterol?       information your tech, hearing aid?         Has any family member been idagnosed with enlarged heart, (filated cardiomyopathy), hypertrophic cardiomyopathy, long       if yee, check appropriate box and explain below:         Have you near basever viral information or anhormal heart rhythm?       information arcine or the ion channelpathy (Bruggads syndrome, etc), Marfan's syndrome, or abnormal heart rhythm?       information arcine or howe igh more or less than you do now?         Have you ever had a heart problems?       information arcine or how igh more or less than you do now?       information arcine or howe igh more or less than you do now?						
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exercise?       Have you broken or fractured any bones or dislocated any joints?         Have you had main of your heart or skipped hearbeats?       have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?         Have you had may other problems with pain or swelling in muscles, tendons, bones, or joints?       have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?         Has any family member or lead the fore age 50?       Head       Elbow       Hip         Has any family member or lead the fore age 50?       Head       Elbow       Hip         Gliated cardiomyopathy, hypertrophic cardiomyopathy, long QT syndrome or other ion channelpathy (Brugada syndrome, etc), Marfan's syndrome, and brommal heart hythm?       Head       Elbow       Hip         Have you and a severe viral infection (for example, myocarditis or mononucloosis) within the last month?       Back       Wrist       Knee         Have you ever been kad head injury or concusion?       16.       Do you want to weigh more or less than you do now?       17.       Do you ever been diagnosed with or treated for sikkle cell trait or sickle cell disease?         If yes, how many times?       18.       Have you ever had a had injury or concusion?       18.       Have you ever had a start of one period to the st another?         Have you ever had a stinger, burner, or pinched nerve?       20.       Do you have two testicles?       21.       Do you have the set enstrual period? </td <td></td> <td></td> <td></td> <td>retainer on you</td> <td>r teeth, hearing aid)?</td> <td></td>				retainer on you	r teeth, hearing aid)?	
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Have you had high blood pressure or high cholesterol?	exercise?	_	_	Have you brok	en or fractured any bones or dislocated any	
Have you ever been told you have a heart murmur?       muscles, tendons, bones, or joints?         Has any family member or relative died of heart problems or of sudden unexpected death before age 50?       If yes, check appropriate box and explain below:         Have any family member been diagnosed with enlarged heart, (dilated cardinoyopathy, loypertrophic cardinoyopathy, loyne, or abnormal heart flythm?         Have you has a severe viral infection (for example, mycoarditis or monoucleosis) within the last month?       Have you are to restricted your participation in activities for any heart problems?       16.       Do you want to weigh more or less than you do now?         Have you ever beak nocked out, become unconscious, or lost your nemory?       If yes, how many times?       18.       Have you ever beak diagnosed with or treated for sickle cell trait or sickle cell disease?         Your memory?       If yes, how many times?       If yes, how many times?       If yes, how many times?         New was your last concussion?       If yes, how was your most recent menstrual period?       How much time do you usually have from the start of one period to the st another?         Have you ever had a sizinger.       If yes, how any yestrophic active and assigner, burner, or pinched nerve?       Do you have two testicl				joints?		_
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your memory?       Females Only         If yes, how many times?       9. When was your first menstrual period?         When was your last concussion?       9. When was your most recent menstrual period?         How severe was each one? (Explain below)       How may time do you usually have from the start of one period to the st another?         Have you ever had a seizure?       How many time do you usually have from the start of one period to the st another?         Have you ever had numbness or tingling in your arms, hands,       How many periods have you had in the last year?         Have you ever had a stinger, burner, or pinched nerve?       0. Do you have two testicles?         Are you under a doctor's care?       0. Do you have may testicular swelling or masses?         Are you under a doctor's care?       1. Do you have any testicular swelling or masses?         Are you under al doctor's care?       1. An electrocardiogram (ECG) is not required. I have read and understand information about cardiac screening. I understand is the responsibility of an accident screening. I understand it is the responsibility of an accident still remains. Neither the University Interscholastic Let nor the school assumes any responsibility in case an accident occurs.         It is understood that even though protective equipment is worn by athletes, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic Let nor the school assumes any responsibility in case an accident occurs.			H		-	
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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 harn school and any school or hospital representative from any claim by any person on account of such care and treatment of said student.	nor the school assumes any responsibility in case an accident occurs. If, in the judgment of any representative of the school, the above studer consent to such care and treatment as may be given said student by an	nt should ny physic	need in ian, ath	mediate care and treatment as a r etic trainer, nurse or school repr	result of any injury or sickness, I do hereby request, aut esentative. I do hereby agree to indemnify and save ha	horize,
If, between this date and the beginning of participation, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illnes injury.	If, between this date and the beginning of participation, any illness or inju					less or
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 coul subject the student in question to penalties determined by the UIL			bove q	uestions are complete and co	orrect. Failure to provide truthful responses co	uld
Student Signature: Parent/Guardian Signature: Date:			dian Sie	nature:	Date	

 For School Use Only:
 Date
 Signature

 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 participation and again prior to first and third years of high school 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			1
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

\*station-based examination only

#### CLEARANCE

□ Cleared

	Cleared after con	mpleting evaluation/rehabilitation for:
	Not cleared for:	Reason:
Re	commendations:	

The following information must be filled in and signed by either a Phys	ician, 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 h	ealth care practitioner, will not be accepted.				
Name (print/type)	Date of Examination:				
Address:					
Phone Number:					
Signature:					
Must be something before a student mostivization in some mustice. Before, during					

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

## \*11. EMERGENCY INFORMATION FORM\*

Name:	School ID#:		Current Age:
Birthday: M/F: 0	Grade (2024-2025):		
School (2023-2024):			_
Home Phone:			
Home Address:		City:	
Zip Code:			
ALLERGIES:			
Is student taking medication routinely	? (YES/NO)		
If yes, what type and how often?			_
Family Physician:		Phone:	_
Address:	City:	Zip C	ode:
Family Hospitalization Insurance Co			-
Address:	City:	Zip Code:	_
Policy No	Hospital Pr	eference:	
Name of Parents/ Guardian:			
Father's Place of Employment:			_
Business Address:		Phone:	
Mother's Place of Employment:			
Business Address:		Phone:	

#### PARENT/GUARDIAN PERMIT WAIVER

If, in the judgment of any representative of the school, the said student should need immediate care and treatment as a result of an injury or sickness, I do hereby request, authorize and consent to such care and treatment as may be given the said student by any physician, trainer, nurse 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 understand that over the counter medicines will only be given to my child if I provide the medication in its original unopened state with my child's name clearly labeled.

Signature of Parent/ Guardian \_\_\_\_\_ Date \_\_\_\_\_

## <sup>12.</sup> <u>Keller ISD Extra-Curricular Code of Conduct Signature Page</u>

This page must be signed by both the student and parent/legal guardian of the student and returned to the coach or activity sponsor before the student can participate in the activity.

# Signing this sheet signifies that the student and parent/legal guardian of the student has read and understands the procedures and punishments set aside for a violation of the <u>Athletics Extra-Curricular Code of Conduct</u>.

Student's Name (please print):	Date:
Student's Signature:	
Father/legal guardian (please print):	Date:
Signature of Father/legal guardian:	
Mother/legal guardian (please print):	Date:
Signature of Mother/legal guardian:	

This signature page must be signed and turned in to the offices of the Coaches, Sponsor, or Director prior to any practice or competition.

\*A Copy of This Document can be found on the <u>Keller ISD District Cheerleading page</u>. You must read it before signing above.\*