

## Cheerleader Information

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

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

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

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

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

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

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

## Parent Information

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

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

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

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

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

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

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

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

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

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

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

**Dad** \_\_\_\_\_

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

## Parental Permission Form

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

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

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

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

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

1. March 23<sup>rd</sup> - \$300.00
2. April 27<sup>th</sup> – 2<sup>nd</sup> payment (will differ with each cheerleader/yell leader/mascot)
3. May 13<sup>th</sup>- Final payment (will differ with each cheerleader/yell leader/mascot)

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

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

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

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

\_\_\_\_\_

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

# Cheerleader Tryout Application

*Please print the following information clearly.*

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

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

Freshmen   
  Junior Varsity   
  JV captain   
  Varsity  
 Varsity captain

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

**2019-2020 Juniors:** If I do not make the varsity squad point break, I choose:

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

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

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

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

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

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

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

\_\_\_\_\_

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



**EXTRACURRICULAR CODE OF CONDUCT  
(NON-SCHOOL SPONSORED TIME)**

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

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

- I. Use and/or possession of Alcohol will not be tolerated.**
  - ❖ 1<sup>st</sup> Offense: removed from competition for ONE contest for extracurricular activities with one event and/or performance per week or TWO contests for activities with multiple events per week. School staff counseling required.
  - ❖ 2<sup>nd</sup> Offense: removed from competition for the next 45 school days. School staff counseling required. Reinstatement will require approval by coach/sponsor.\*
  - ❖ 3<sup>rd</sup> Offense: Student will no longer be permitted to participate in any extra-curricular activities for one school calendar year. Reinstatement will require approval by coach/sponsor.\*
  
- II. Use and/or possession of Drugs will not be tolerated.**
  - ❖ 1<sup>st</sup> Offense: removed from competition for TWO contests for extracurricular activities with one event and/or performances per week or FOUR contests for activities with multiple events per week. School staff counseling required
  - ❖ 2<sup>nd</sup> Offense: removed from competition for the next 45 school days. School staff counseling required. Reinstatement will require approval by coach/sponsor.\*
  - ❖ 3<sup>rd</sup> Offense: Student will no longer be permitted to participate in any extracurricular activities for one school calendar year. Reinstatement will require approval by coach/sponsor.\*
  
- III. Use and/or possession of Tobacco will not be tolerated.**
  - ❖ 1<sup>st</sup> Offense: removed from competition for ONE contest for extracurricular activities and/or performance with one event per week or TWO contests for activities with multiple events weekly. School staff counseling required.
  - ❖ 2<sup>nd</sup> Offense: removed from competition for the next 45 days. School staff counseling required. Reinstatement will require approval by coach/sponsor.
  - ❖ 3<sup>rd</sup> Offense: Students will no longer be permitted to participate in any extracurricular activities for one school calendar year. Reinstatement will require approval by coach/sponsor.
  
- IV. Hazing (as defined by board Policy FNCC Legal)**
  - ❖ 1<sup>st</sup> Offense: removed from competition for TWO contests for extracurricular activities and/or performance with one event per week and FOUR contests for activities with multiple weekly events. School staff counseling required.
  - ❖ 2<sup>nd</sup> Offense: removed from competition for the next 45 days. School staff counseling required. Reinstatement will require approval by coach/sponsor.\*
  - ❖ 3<sup>rd</sup> Offense: Students will no longer per permitted to participate in any extracurricular activities for one school calendar year. Reinstatement will require approval by coach/sponsor.\*
  
- V. Charged with a felony.**
  - ❖ Suspended from the non-curricular program until the case is adjudicated.

**Adjudication and/or Conviction of a felony**

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

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

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

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

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

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

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

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*School*

\_\_\_\_\_  
*Grade*

 **LISD - PARENT CONSENT FORM**

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

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

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

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

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

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

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

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

- I do not give** my permission for my child's information to be distributed and published within **LISD**.\*  
**\*NOTE: Objecting to LISD** will prevent your child's information from being included in **school yearbooks, class pictures and in LISD printed directory information** to be published and released (i.e., athletic programs and graduation programs).
- I do not give** my permission for my child's information to be distributed and published by **Third Party Vendors** (any organization or person not affiliated with LISD).

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**PART 2:**

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

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

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**(PLEASE TURN OVER AND COMPLETE)**

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

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

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

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

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

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

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

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

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

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

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

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

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

**Campus Student Handbook Signature**

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

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

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

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

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

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

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

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

**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\***

	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.

**\*Only fill out this form if you will be a senior and are interested in graduating early!**

**Early Graduation Contract (This form MUST be turned in with the tryout forms to be valid by February 24<sup>th</sup>):**

**Students trying out for cheerleader/yell leader/mascot that wish to graduate early must agree to the following terms:**

**Students are:**

- **Not eligible to try out for Captain**
- **To return all uniforms and school owned materials at the end of the 2<sup>nd</sup> nine weeks grading period or early graduation date.**
- **Not allowed to return to class for any reason after graduation date without coach approval – these events include, but are not limited to: tumbling practice, choreography, tryout practices, clinics or tryouts themselves.**
- **Not allowed to participate in the remainder of games, and/or duties after early graduation date.**
- **Allowed to attend banquet as a team member as long as they left at early graduation time in good standings. The Coach has the right to make the decision on whether the team member can attend banquet.**

\_\_\_\_\_  
**Student Name**

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

\_\_\_\_\_  
**Parent Name**

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**