

2022-2023
Kaufman Jr. High
Cheerleading Guidelines and Code of Conduct

Things to know:

- Cheer guidelines will be distributed February 14th -March 3rd.
- Your name must be on the master list or you cannot try out.
- The approximate total out of pocket cost for cheer is \$900.00
- Payments must be made as required and ON TIME. All payments are due before the end of the current school year.
- There will **NOT** be a MANDATORY MEETING before tryouts this year. Please read the guidelines and code of conduct **thoroughly** and reach out to the coaches with any questions. ALL information typically reviewed at the meeting will be sent out via the tryout remind.
- Please sign up for the KJH TRYOUT REMIND- The link for the cheer and chant will be sent out through this remind. We will also send several reminders through this account. This will also help us answer any questions quickly for parents. Text @kjhtryout to 81010
- A \$10.00 fee for the tryout is required.
- Required paperwork is due March 4, 2022. Paperwork can be turned into Mrs. Kidd room 127.
- The cheer clinic is March 7th-10th 3:45-5:15 PM in the Lair. (KJH Lair)
- Tryouts are on March 11, 2022. Incoming 8th graders need to report to the lair no later than 8:30 A.M. Incoming 7th graders need to report to the lair no later than 11:30 AM. Incoming 7th graders must attend school until 10:00 AM. Late admissions will not be allowed.
- Parents will NOT be allowed to enter the gym during tryout week.

ALL CANDIDATES MUST HAVE A DISCIPLINE REVIEW

If you have any questions, please do not hesitate to contact the Jr. High at (972) 932-2410 or email Hannah Kidd at hkidd@kaufman-isd.net

Tryout Attire:

- Solid black athletic shorts
- Solid white t-shirt
- Solid white athletic shoes
- Black or white bow(optional)
- No Jewelry
- No Nailpolish
- Makeup is NOT required
- Appropriate colored undergarments
- White or no show socks

KJH CHEERLEADING IMPORTANT DATES

2022-2023 IMPORTANT DATES

February 15th	Cheer/Mascot sign ups begin
March 2nd	Last day to sign up for Cheer/Mascot
March 4th	<ul style="list-style-type: none"> • All paperwork for cheer/mascot DUE • Cheer Tryout fee is DUE \$10 • Tryout video will be released on Friday 3/4/22 • Please watch and review the informational slide show
March 7-10th	Cheer/Mascot Clinic from 3:45-5:15 in the KJH Lair.
March 11th	<u>Tryouts:</u> Incoming 8th graders report to the Lair by 8:30-DOORS LOCK AT 8:30 Incoming 7th graders report to the Lair by 11:30. DOORS LOCK AT 11:30. <u>Incoming 7th graders MUST ATTEND school until 10:00 AM.</u>
March 30th	Uniform fittings/ accessory fittings from Varsity Spirit
March 31st	1st Payment Due- made to Varsity Spirit online- Estimated \$350 for new cheerleaders
April 21st	2nd Payment Due- Camp Payment \$250
May 16th	3rd Payment Due- Camp Wear Due-\$225
June 8th and 9th	Cheer Practice for camp at KJH Lair 9:30-1:30
June 13th-15th	UCA cheer camp at KJH Lair

*** Payment Prices are a close estimate- Final pricing will be sent out with New Team Information

O.P. Norman Junior High

Cheerleading Constitution

2022-2023

This constitution is designed to serve as a set of general guidelines for administrators, sponsors, parents and student cheerleaders. The purpose of the constitution is to communicate these guidelines in order to help the Kaufman ISD cheerleading squads be the best possible representatives for their school. Good judgment and common sense will be used when events are not covered in the constitution.

PHILOSOPHY/PURPOSE

- Being a cheerleader is an honor and special privilege.
- Cheerleaders exist to promote good sportsmanship, good citizenship, and wholesome and enthusiastic school spirit and are first and foremost representatives of their school.
- Cheerleaders should exemplify both individual and group behavior suitable to their position and in accordance with the rules as stated in the KISD Student Code of Conduct.
- Members of these groups have a fundamental responsibility to play a leadership role in building teamwork and helping the school achieve its goals and objectives.
- Because of these responsibilities, members of the cheerleading squad will be expected to maintain a higher standard of behavior both on and off campus and academic achievement than that of their peers.

OBJECTIVES

Cheerleaders are expected to be physically and mentally skilled in learning and remembering cheers. They are also expected to be able to publicly demonstrate a skill level suitable for the team position and the timing necessary for group performance. Off the field, they are to enthusiastically support all athletic teams through advertisement, personal attitude, and attendance at events chosen by the sponsor and approved by the principal.

MORAL AND ETHICAL EXPECTATIONS

Certain standards and expectations are necessary for the integrity and reputation of the cheerleaders in KISD. Cheerleaders should be leaders within their school and set a good example at all times. Cheerleaders are expected to have and maintain a character above reproach and to exhibit personal appearance and habits that will reflect a positive image. Cheerleaders are constantly representing the school before the public; they are never to smoke, drink, use drugs, or show inappropriate public displays of affection. These expectations apply at all times, not just at school functions.

DEFINITION

Cheerleading- The rules and procedures outlined in this constitution are in effect from the time the student is selected to the cheerleading squad until the next tryout date. This does not include academic guidelines. Because of TEA rules, the academic policies are in effect for the school year.

ELIGIBILITY FOR TRYOUTS

- At the time of the tryouts, the student must be currently enrolled as an in school learner at Kaufman Independent School District.
- To be eligible for tryouts, students must have passed all subjects the preceding nine week grading period in order to participate in all of the out of school workshops and judging.
- If a student is academically ineligible for the nine week grading period prior to cheer tryouts, that student is ineligible for the cheer tryouts.
- Any student who has been placed at ALC during the current academic year will not be eligible to participate in tryouts.
- Any student that has been removed from or quits the cheer squad is ineligible for tryouts.
- Any student that has been removed from an athletic organization is ineligible for tryouts.
- All current demerits must be cleared prior to tryouts.
- All cheer fines must be cleared prior to tryouts.

COMMITMENT

Candidates selected to be a member of the cheerleading squad are expected to make a commitment to the activity for the full cheerleading year. Attendance at cheer camp is mandatory. Any cheerleader who voluntarily quits the squad before the end of the cheerleading year will not be eligible to try out for the next year.

TRYOUT GUIDELINES

The cheer sponsors will prepare and distribute a packet of information to be made available to all candidates. This information will include specific tryout dates, times, attire, and procedures. There will NOT be a mandatory parent/guardian meeting this year due to COVID. We ask that parents/guardians thoroughly read the packet. Candidates and parents/guardians must sign a form stating that they understand and will comply with all information in the packet before the student is allowed to participate in the tryout process. Cheer candidates must have all paperwork turned in by March 4, 2022. Please note: students are NOT required to have a physical exam prior to tryouts unless they answer yes to questions 1,2,5,7,11, or 17. If none of these apply, they only need to turn in the first page completed. If they answer yes to any of these questions, they must have a physical exam and must turn in both pages of the form completed.

- All candidates will be required to attend the tryout clinic and practices.
- Cheer candidates will be charged a fee of \$10.00 to offset the cost of the choreographer for the material.

SQUAD MAKEUP

- The 7th grade squad will be made up of the top **12** scoring students entering the seventh grade and one mascot.
- The 8th grade squad will be made up of the top **12** scoring students entering the eighth grade and one mascot.
- In the case of a tie for the last position on the squad, both students shall be selected.

USE OF A VIDEO OR DVD FOR TRYOUTS

A live tryout is mandatory, but in the event of an illness, injury or other extenuating circumstances(death of or life threatening injury to an immediate family member) that are approved by the campus administrative team, candidates may request to tryout with a video or DVD. If they make such a request, they must provide a doctor's note indicating the specific injury or illness that limits the ability to participate or other documentation and a video showing cheerleader skills within the last six months. The video must be unedited and must be no longer than 2.5 minutes. A request for a video tryout must be made to the campus principal no later than 10 school days prior to tryouts(unless the injury occurs during the 20-day period preceding the tryout). All videos must be approved by the principal. It will be up to the judges' discretion to score the video as they deem appropriate based on what skills they are able to see. Candidates are required, if they are requesting to tryout via video, to present their doctor's note at the time of tryouts.

JUDGING CRITERIA FOR JUNIOR HIGH CHEERLEADERS

CATEGORY	NUMBER OF POINTS POSSIBLE
Entrance:	
Presence/Poise	5
Tumbling	5
Spirit/Enthusiasm	5
Jumps:	
Difficulty	10
Height	5
Form	5
Cheer:	
Motion Technique	10
Voice/Projection	5
Memory	10
Chant:	
Motion Technique	10
Memory	5
Timing	5

JUDGES

There will be 3 judges on the panel. Judges will be selected from NCA, UCA, ACA, other professional cheerleading associations, universities, and/or out of district sponsors. Judges will not be hired to judge tryouts if they have tutored or taught any cheerleading candidate during the current school year. Professional judges with credentials and references will be hired for the tryouts. They will be instructed to judge the candidates based only on the mastery of the skills that they see demonstrated during the tryouts.

PANEL TRYOUTS

Cheerleader tryouts will be closed to everyone except judges and principals. There will be no students, parents or existing cheerleaders in the tryout room/area, nor will they be involved in the collection of tabulation of scores. Cheer sponsors and/or designee will be in the holding area. Any deviation by the candidates from the tryout requirements may result in the disqualification of the candidate.

MASCOT TRYOUTS

At tryouts, candidates for mascot will perform a one minute school spirit and crowd involvement performance. Music and props can be used but must be provided by the candidate.

CATEGORY	NUMBER OF POINTS POSSIBLE
Entrance:	
Presence/Poise	10
Spirit/Enthusiasm	10
Crowd Involvement	10
Personality	10
Overall	5
Musical Selection:	
Routine	10
Theme	10
Props	10

TABULATION OF SCORES

Scores will be tabulated on an excel spreadsheet. Candidates will be ranked from high to low and the appropriate number selected for each squad. Each judge may award up to 80 points per cheer candidate and 75 per mascot candidate. The three scores will be averaged together to get the judges average score. Scores will be calculated to two decimal points. Scores given to a candidate by an individual judge will not be changed by a sponsor or principal. Tryout scores will not be modified because a candidate is injured. In the case of a tie for the last position on each squad, both students shall be selected.

NOTIFICATION

After all tryout scores have been tabulated and confirmed by a principal, the results will be posted on the KISD website by candidate number.

PARENT REQUEST FOR SCORES

A candidate may elect to privately view his/her own individual judges' tryout score sheets. The score sheets may be reviewed in an administrators' office by appointment and may not be removed from the school. Score sheets will be maintained after tryouts for 2 years and will be destroyed at the end of that period.

ELIGIBILITY- MAINTENANCE

Cheerleaders will follow the UIL No Pass No Play guidelines. To be eligible to participate in the quarter period following the initial six weeks period of a school year, a student must not have a recorded grade average lower than a 70 in any course for that preceding quarter period. A student whose recorded quarter average in any course is lower than a 70 at the end of the quarter shall be suspended from competition or performance. A suspension continues for at least three weeks and is not removed during the school year until the student is passing all subjects taken. This suspension shall become effective seven calendar days after the last day of the quarter period during which the grade lower than 70 was earned. A student who regains eligibility at the end of the quarter or three week grading period shall not become eligible until the end of the school day seven calendar days later. Students who become ineligible to perform/compete, must continue to attend classes and all practices, must sit out of all performances, and may not sit with or ride with the team for appearances or performances. Ineligible students are not allowed to wear the cheerleading uniform. If an average below 70 exists for two quarters in the same or in different courses during the school year, the student will be removed from the cheerleading squad for the remainder of the school year.

GENERAL CONDUCT RULES

Cheerleaders are expected to behave in a manner that is becoming to the individual, as well as to the organization they represent. They should be aware that in or out of uniform they are representatives of the cheerleading squad and the school they attend and should act accordingly. Any cheerleader removed from his/her squad for disciplinary reasons during the current school year will not be eligible to participate in the next year's tryouts without approval from the principal or sponsor.

- Proper manners should be used at all times to address adults. Mutual respect and politeness toward members within the squad are basic elements that contribute to the total success of the squad.
- Anyone assigned to PASS for any reason will be subject to the following actions:
 - First Offense- benched for the next event
 - Second Offense- benched for the next event, principal/sponsor review, placed on probation for the duration of the school year.
 - Third Offense- removal of squad

GENERAL CONDUCT RULES CONTINUED

- Anyone given out of school suspension will be removed from the squad. Students assigned to PASS may not perform, wear their uniform, or practice with the squad while in PASS. Any member placed in the Alternative Education Program will be removed from the cheerleading squad for the remainder of the school year. Any member failing to abide by published school rules relating to conduct will be subject to review by the sponsor and principal. Dismissal from the group may result from that review. Any member caught using drugs, alcoholic beverages, or is involved in any other illegal activities will be removed from the squad as spelled out in the KISD Extracurricular Code of Conduct. Students involved in major disciplinary infractions (including, but not limited to, drugs, alcohol, violent behavior, and other illegal offenses) or who violate the Student Code of Conduct resulting in an AEP assignment will be removed from the cheerleading squad for the remainder of the school year.

CHEER CAMP

Attendance at cheer camp is mandatory. The consequence for not attending the complete camp session will result in automatic dismissal from the squad. Sponsors will accompany the squads to camp. We will have a home camp this year and the dates are scheduled for June 13th -15th. Please keep these dates available.

UNIFORMS

The school provides all cheerleading uniforms. The uniforms consist of a skirt, shell and pompoms. The KJH Cheerleaders are responsible for all uniforms and equipment. Lost or damaged items are figured at replacement cost. Cheerleaders are responsible for and required to pay for cheer shoes, unifits, tights/bloomers, bows, sweatshirts, cheer backpack, camp clothes, camp fees, and other accessories deemed appropriate for the squad by the cheer sponsors. Uniforms must be returned when requested by the sponsors. Cheerleaders are responsible for any alterations. Alterations must be approved by the cheer sponsors.

MASCOT

The mascot should be a spirited figure who can develop simple, short routines coordinated with the cheerleaders. The mascot must attend all practices and cheer functions. The mascot will be expected to perform at all designated activities, and **be in uniform**. The mascot is expected to attend cheer camp. The mascot is responsible for and required to pay for camp fees, camp clothes, shoes and any other accessory deemed appropriate by the sponsor.

NOTES

- Accumulation of three or more benching's may result in a principal/sponsor review which could result in removal from the squad.
- Injuries- if an injury occurs that keeps the student out of two practices, a note from the student's doctor stating the reason will be required. This note should state the nature of the injury, the restriction and the length of time, the specific task the student cannot perform, and any special instructions.
- Cheer season: Football- the beginning of school until December 1, or the last football game.
- Guidelines- these are general rules and guidelines for all KISD Cheerleaders. Failure to comply may, at times, require judgement calls to be made. These decisions will be left up to the individual sponsors for each squad. Sponsors reserve the right to upgrade any penalty (immediate benching, office referral) depending on the severity of the situation.

TRANSPORTATION

All away games will require bus transportation. All cheerleaders must ride to the game on the bus. Parents may sign their cheerleader out with the sponsor/coach after the game. If riding home with another parent a note from the cheerleader's parent or guardian must be turned into sponsor/coach BEFORE leaving for the event. Notes/phone calls/text messages will not be allowed after departure. Parents are responsible for picking up students following a cheerleading event in a timely fashion. Failure to abide by this rule may result in a parent conference and an administrator/ sponsor/coach review. Sponsor/Coach may assign designated seat assignments on the bus to away games.

When using a bus for transportation, certain rules should be followed:

1. Be courteous to the bus driver.
2. Students must remain seated and the aisles clear.
3. Only headphones may be used for music.
4. No yelling, screaming or singing since it causes a distraction to the bus driver.
5. No pictures or flashing.

The use of cell phones may be removed at any time by the sponsor/coach!

Parent Contract Guidelines

2022-2023

The most important aspect of your child's KJH cheer experience is for him/her to have fun while developing, physical, emotional and spiritual skills that will serve him/her in life. A healthy environment that emphasizes the importance of safety, sportsmanship and discipline will be invaluable for your child as he/she continues to develop into a well-rounded individual.

Do not compete with the coaching staff. Become familiar with the philosophy of the coaching staff so that you can rest assured that their attitudes, ethics, and knowledge are such that you are happy to have your child under their leadership. The KJH cheer staff is very skilled, knowledgeable and trained. It is enormously important that you respect any and all decisions made by the sponsor/coach. Each decision is made in the best interest of the team, not in the interest of the coaching staff or an individual cheerleader.

Always remember that your child may tend to exaggerate, both when praised and when criticized. Please temper your reaction and investigate before overreacting. Don't sweat the small stuff, and don't get caught up in a whirlwind of gossip and untruths. Girls will be girls and boys will be boys. However, as parents, it is extremely important to lead by example and not be part of the problem.

The degree to which your child benefits from his/her time spent as a KJH cheerleader is as much your responsibility as theirs. In order for your child to get the most out of the program, it is important for you to show support and to offer encouragement while allowing him/her the independence and responsibility required to participate in this program.

If you have a concern, you may contact the sponsor/coach or schedule a conference with the coaching staff. If you are still unsatisfied with the outcome you may schedule a conference with the principal.

I have read all the above and will adhere to the conduct as stated in this contract. I will respect the authority of the KJH sponsor/coach as they run the program as set forth by the rules and guidelines as listed in the KJH cheer guidelines. I understand that these rules have been laid out for the benefit of my child, his/her team, and the entire cheerleading program.

**REQUIRED
PAPERWORK/
TRYOUT FEE**

DUE BY

MARCH 4, 2022

Turn in to Mrs. Kidd

Room 127

Pre-Tryout Paperwork Checklist:

- ☐ Permission Slip
- ☐ KJH Code of Conduct & Cheer Guidelines Agreement
- ☐ Participant Risk Acknowledgement
- ☐ Parent Contract
- ☐ KJH Social Media Contract
- ☐ Pre-Participation Physical Evaluation- Medical History
- ☐ KISD Student Drug Testing Policy
- ☐ KJH Student Activity & Transportation Permission Form/
Consent to Medical Treatment/ Emergency Contact
- ☐ \$10 Tryout Fee
- ☐ Signup for KJH Cheer Tryout Remind



Sign up for important updates from Mrs. Kidd.

Get information for **Norman J High School** right on your phone—not on handouts.

Pick a way to receive messages for **KJH Cheer Tryouts 22**:

A If you have a smartphone, get push notifications.

On your iPhone or Android phone, open your web browser and go to the following link:

rmd.at/kjhtryout

Follow the instructions to sign up for Remind. You'll be prompted to download the mobile app.

A graphic of a smartphone displaying a web browser. The address bar shows "rmd.at/kjhtryout". The page content includes the title "Join KJH Cheer Tryouts 22", a "Full Name" label with a text input field containing "First and Last Name", and a "Phone Number or Email Address" label with a text input field containing "(555) 555-5555".

B If you don't have a smartphone, get text notifications.

Text the message @kjhtryout to the number **81010**.

If you're having trouble with **81010**, try texting @kjhtryout to **(903) 489-5749**.

** Standard text message rates apply.*

A graphic of a smartphone displaying a text messaging app. The "To" field shows the number "81010". The "Message" field contains the text "@kjhtryout".

Don't have a mobile phone? Go to rmd.at/kjhtryout on a desktop computer to sign up for email notifications.

Permission Slip

2022-2023

My child, _____, has my permission to tryout for cheerleader at Kaufman Jr. High. I understand that he/she must abide by the rules and regulations set forth by the coaching staff and principal of Kaufman Jr. High. I also understand that he/she must be present for all mandatory events, practices, and games. I have read the rules and regulations and understand that the violation of any of these rules may lead to temporary or permanent suspension from the squad. I understand that all forms attached must be completed and turned in by the date specified or my child will not be eligible to tryout. I understand that my child must attend mandatory summer camp in its entirety or my child will be removed from the squad.

I understand that qualified judges will evaluate my child and I agree to abide by the decision they make. I will not contact the coaching staff to discuss the outcome of tryouts.

I understand that I am responsible for all costs involved in my child participating in KJH cheer.

I understand that the very nature of cheerleading and gymnastics carries a risk of physical injury. I also understand that no matter how careful the participant and coaching staff may be, regardless of how many spotters used, or what landing surface is, the risk cannot be eliminated. The risk of injury includes minor injuries such as muscle pulls, dislocation, and broken bones. The risk also includes catastrophic injuries such as permanent paralysis, or even death, from landing or falling on the back, neck, or head. I understand these risks and will not hold Kaufman Jr High or any of its personnel responsible in the event of an accident or injury at any time.

Parent / Guardian Name Printed:
Parent / Guardian Signature:
Date:

KJH

Code of Conduct & Cheer Guidelines Agreement

I have read, fully understand and will abide by the policies/guidelines of the Kaufman Jr. high Cheer Code of Conduct and Cheer Guidelines for the year.

As a Cheerleader/Mascot, I realize that it will take my full support and commitment to the KJH Cheer Program and I am willing to accept all responsibilities and obligations that are required to make the squad one of excellence.

As a Parent/Guardian, I realize that it will take my full support and commitment to the KJH Cheer Program and that I will do everything necessary to help my child meet her/his responsibilities and obligations. I understand that it will be my responsibility to provide transportation in a timely manner to and from all cheer functions. I also understand that parents, family, and friends will not be allowed in the building for any event the week of cheer tryouts. I understand that I have two weeks to return all KISD uniforms if removed from the team.

Participants Name Printed:
Participant signature:
Date:

Parent / Guardian Name Printed:
Parent / Guardian Signature:
Date:

Participant Risk Acknowledgement

2022-2023

I am interested in being a cheerleader at KJH. I understand the risks as stated above. If elected, I promise to abide by the rules and regulations set forth by the coaching staff and principal at Kaufman Jr. High. I promise to cooperate and follow the instructions of the coaching staff. I also acknowledge that if I make the cheerleading squad, it does not guarantee that I will be in one set stunt group for the entire year.

Participants Name Printed:
Participant signature:
Date:

Parent Contract

2022-2023

The most important aspect of your child's KJH cheer experience is for him/her to have fun while developing, physical, emotional and spiritual skills that will serve him/her in life. A healthy environment that emphasizes the importance of safety, sportsmanship and discipline will be invaluable for your child as he/she continues to develop into a well-rounded individual.

Do not compete with the coaching staff. Become familiar with the philosophy of the coaching staff so that you can rest assured that their attitudes, ethics, and knowledge are such that you are happy to have your child under their leadership. The KJH cheer staff is very skilled, knowledgeable and trained. It is enormously important that you respect any and all decisions made by the sponsor/coach. Each decision is made in the best interest of the team, not in the interest of the coaching staff or an individual cheerleader.

Always remember that your child may tend to exaggerate, both when praised and when criticized. Please temper your reaction and investigate before overreacting. Don't sweat the small stuff, and don't get caught up in a whirlwind of gossip and untruths. Girls will be girls and boys will be boys. However, as parents, it is extremely important to lead by example and not be part of the problem.

The degree to which your child benefits from his/her time spent as a KJH cheerleader is as much your responsibility as theirs. In order for your child to get the most out of the program, it is important for you to show support and to offer encouragement while allowing him/her the independence and responsibility required to participate in this program.

If you have a concern, you may contact the sponsor/coach or schedule a conference with the coaching staff. If you are still unsatisfied with the outcome you may schedule a conference with the principal.

I have read all the above and will adhere to the conduct as stated in this contract. I will respect the authority of the KJH sponsor/coach as they run the program as set forth by the rules and guidelines as listed in the KJH cheer guidelines. I understand that these rules have been laid out for the benefit of my child, his/her team, and the entire cheerleading program.

Parent / Guardian Name:
Parent / Guardian Signature:
Date:



KJH Social Media Contract

Social media can be a useful tool to communicate with teammates, fans, friends, coaches, sponsors, and more. Social media can also be dangerous if you are not careful. Every picture, link, quote, tweet, status, or post that you or your friends put online is forever part of your digital footprint. You never know when that will come back to hurt or help your reputation during the recruiting process, a new job, or other important areas of your life.

Recognizing the above: (Initial beside each one)

____ I take responsibility for my online profile, including my posts and any photos, videos or other recordings posted by others in which I appear.

____ I will not degrade my opponents before, during, or after games.

____ I will post only positive things about my teammates, coaches, opponents, and officials.

____ I will use social media to purposefully promote abilities, team, community, and social values.

____ I will consider "Is this the me I want you to see?" before I post anything online.

____ I will ignore any negative comments about me and will not retaliate.

____ If I see a teammate post something potentially negative online, I will have a conversation with that teammate. If I do not feel comfortable doing so, I will talk to the team captain or a coach.

____ I am aware that I represent my sport(s), school, team, family, and community at all times, and will do so in a positive manner.

Student Signature

Date

Thanks to PCA's National Student Athlete Advisory Board for helping produce this agreement.

PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

REVISED 12-4-14

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.

	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 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 weight 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 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"/>			
6. Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>			
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"/>			
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"/>			

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*
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine position.			
Heart-Auscultation of the heart in the standing position.			
Heart-Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

*station-based examination only

CLEARANCE

☐ Cleared
☐ Cleared after completing evaluation/rehabilitation for: _____

☐ Not cleared for: _____ Reason: _____
 Recommendations: _____

The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner, will not be accepted.

Name (print/type) _____ Date of Examination: _____
 Address: _____
 Phone Number: _____
 Signature: _____

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

KISD STUDENT DRUG TESTING POLICY

I understand that my participation in certain extracurricular activities is a privilege, which is conditioned upon my conduct and upon my compliance with federal and state law, school policy and team rules. I hereby agree to accept and abide by the standards for conduct, rules and regulations set forth by the Kaufman ISD Board of Trustees, Administrators and the sponsors for the activity in which I participate.

I acknowledge that I have received a copy of the Kaufman ISD Drug Testing policy. I fully understand its provisions. I understand and accept that I may be asked to provide a urine sample for drug analysis. I authorize the Kaufman ISD to conduct tests on one or more urine specimens, which I provide to test for drug use. I consent to any such test and such testing procedures which are part of the Kaufman ISD Drug Testing Policy and to the involvement of such professional laboratory, selected by the Kaufman ISD. I waive any rights to privacy or other rights involved in the implementation of the drug testing policy.

I consent to the taking of surveys, questionnaires and other data taken in the administration and evaluation of the drug testing policy. I consent to participation in mandatory drug counseling and other requirements of the policy.

I understand that I may refuse to participate in the drug-testing program, but that refusal to participate will result in the loss of the privilege of representing the Kaufman ISD in any activity covered by the policy.

I AUTHORIZE THE RELEASE OF INFORMATION CONCERNING THE RESULTS OF SUCH TESTS TO THE KAUFMAN ISD AND TO THOSE PROFESSIONALS PARTICIPATING IN THE REQUIRED DRUG COUNSELING OF STUDENTS. THIS FORM SHALL BE DEEMED TO BE CONSENT TO THE RELEASE OF INFORMATION UNDER THE FAMILY EDUCATION RIGHTS AND PRIVACY ACT AND ANY OTHER FEDERAL OR STATE ACT REQUIRING CONSENT FOR THE RELEASE OF ALL INFORMATION CONCERNING THE RESULTS OF SUCH TESTING TO KAUFMAN ISD, ITS REPRESENTATIVES, AGENTS, AND EMPLOYEES.

Listed below are the prescription drugs and dosages taken by my son/daughter on a regular basis.

Drug Name	Dosage
Drug Name	Dosage

_____ My son/daughter does not take any prescription medication on a permanent basis.

Student Signature:	Date:
Parent/Guardian Signature:	Date:

KJH Student Activity and Transportation Permission Form

Student Name: _____ **Date of Birth:** _____

Last Name

First Name

Grade: _____

Many of KISD curricular and extracurricular activities involve transporting students from school to the site of the activity using school buses or other school-owned or provided vehicles. By my signature below, I consent to my minor child's participation in those activities and the transportation necessary to participate. I understand the school district has no liability for any personal injury or death that may occur while child is participating in curricular and extracurricular activities. The school district is not responsible for the cost of medical treatment for any injuries that may occur while my child is participating in curricular and extracurricular activities including the cost of emergency care or emergency transportation.

Parent / Guardian Name Printed:

Parent / Guardian Signature:

Consent to Medical Treatment

Students Name:

Date of Birth:

Grade:

By my signature below, I authorize the principal or other professional employee who is supervising curricular and extracurricular activities to consent to emergency medical treatment for my minor child's illness or injury that may occur while my child is participating in curricular and extracurricular activities. I also authorize emergency transport of my child by available emergency medical services.

Known Medical/Food Allergies: _____ **Current Medications:** _____

Current Medical Conditions: _____

Insurance Company: _____ **Group/Memeber #:** _____

Insurance Company Phone: _____ **Insurance Responsible Party:** _____

Parent Name- Printed

Parent Signature

EMERGENCY CONTACT INFORMATION

Students First Name

Middle Name

Last Name

Father's Name

Father's Work Number

Father's Cell Number

Mother's Name

Mother's Work Number

Mother's Cell Number

Alternate Contacts:

Contact Name

Contact Phone Number

Contact Cell Number

Contact Name

Contact Phone Number

Contact Cell Number