

# PART 1: SACHSE HIGH SCHOOL DRILL TEAM APPLICATION

Dear Parents:

These are the rules and regulations for membership in the Junior Varsity Drill Team at Sachse High School. If you are interested in your student becoming a member of this organization, please read the information on the following pages carefully and return this application along with the following documents (Part I – Part V). If you need additional information you may contact me via email at [afsharp@garladisd.net](mailto:afsharp@garladisd.net).

We are looking forward to having your student on the Sachse High School JV Drill Team.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ STUDENT ID#: \_\_\_\_\_

SCHOOL NOW ATTENDING: \_\_\_\_\_

PRESENT GRADE LEVEL: \_\_\_\_\_

I understand that I will be required to attend mandatory summer practice and camp as scheduled and will be expected to stay after school for scheduled practices. I am fully aware and agree to accept the responsibility of being a member of the Sachse High School Junior Varsity Drill Team.

\_\_\_\_\_  
Member's Signature

As a parent, I am aware of the extra costs and time necessary for my child to be a member of the Drill Team. I give my permission for my child to participate on the SHS Drill Team.

\_\_\_\_\_  
Parent/Guardian's Signature

## PART II: HEALTH FORM

### **TO THE PARENT:**

As a member of the Lariats, your daughter will participate in the following activities throughout football season:

1. Approximately two to four hours of strenuous physical activity per day.
2. Participation in half time performances at all Junior Varsity football games and selected parades. This involves physical and emotional stress.
3. Extra time spent at home and school in meetings and other activities related to Drill Team.
4. Your daughter will be dancing, jumping off of and manipulating wood props in some performances.

Because of the strenuousness of the activities, Lariats must be in good health and practice good health habits.

### **Please check and sign below:**

1. Does your daughter have any health weaknesses such as, a bad back, weak knees, or weak ankles that would prohibit her from her giving her best possible performance?

YES \_\_\_\_\_

NO \_

2. Does she take any medication that would cause her harm if she exerted herself too much?

YES \_\_\_\_\_

NO

3. I believe that my daughter is in good health and practices good health habits.

YES \_\_\_\_\_

NO \_\_\_\_\_

4. My daughter may participate in Drill Team.

YES \_\_\_\_\_

NO \_\_\_\_\_

5. My daughter may do jump splits.

YES \_\_\_\_\_

NO \_\_\_\_\_

6. I realize that my daughter should care for her injuries and is responsible for maintaining a status report.

YES \_\_\_\_\_

NO \_\_\_

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

\_\_\_\_\_  
Date \_\_\_\_\_

**PART III: PERMISSION FOR MEDICAL TREATMENT (HAS TO BE NOTARIZED)**

In the event of an emergency as a result of athletic participation that requires medical attention, I grant permission to the school and/or its employees, the \_\_\_\_\_ coaching staff, to take whatever action is deemed necessary. If I cannot be reached, the \_\_\_\_\_ coaching staff is authorized to give consent for unexpected medical care and hospitalization to my son/daughter, \_\_\_\_\_.

Check one: YES \_\_\_\_\_ NO \_\_\_\_\_

I expect every effort will be made to contact me in order to receive my specific authorization before any medical treatment or hospitalization is taken.

Signed \_\_\_\_\_ Date \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

State of Texas  
County of Dallas

Subscribed and sworn to before me, a Notary Public in and for Dallas, County, State of Texas.

On this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_ .

Home #: \_\_\_\_\_ Business #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Do you have medical insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Person to be notified other than parent or guardian in an emergency:

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

**MEDICAL INFORMATION**

	YES	NO
Kidney Injury	_____	_____
Heart Condition or Disease	_____	_____
Diabetes	_____	_____
Asthma	_____	_____
Date of last Tetanus Shot	_____	_____
Allergic to any medication (PLEASE STATE):		

\_\_\_\_\_

Additional medical information that may be helpful (PLEASE STATE):

\_\_\_\_\_

## PART IV: PARENTAL CONSENT FORM

\_\_\_\_\_ and I have discussed the  
LARIAT

responsibilities of being a member of the Lariats, such as cost, time involved, and physical requirements. I understand her obligations and responsibilities of being a Lariat and I will help her in her assignment for the entire year. I have received and read the GISD regulations and my child and I will abide by them.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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

*In case of emergency, contact:*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

## Directory Information

Name: \_\_\_\_\_

Grade (9, 10, 11, 12): \_\_\_\_\_

Address: \_\_\_\_\_

Home Ph. #: \_\_\_\_\_

Lariats Cell #: \_\_\_\_\_

Lariats Email: \_\_\_\_\_

Lariats Birthday: \_\_\_\_\_

Parents Names: \_\_\_\_\_

Parents #s: \_\_\_\_\_

\_\_\_\_\_

Parents Emails: \_\_\_\_\_

(This is how I contact you with updates) \_\_\_\_\_

Interested in a Booster Club position?      Yes \_\_\_\_\_ No \_\_\_\_\_

## PART V: LARIATS APPLICATION

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

Complete Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Birthday: \_\_\_\_\_

Classification: (Circle one) FRESHMAN    SOPHOMORE    JUNIOR    SENIOR

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

Work Number: \_\_\_\_\_

Father's name: \_\_\_\_\_

Work Number: \_\_\_\_\_

Are you Employed? \_\_\_\_\_

Where: \_\_\_\_\_

Number of hours per week? \_\_\_\_\_

Will your employment interfere with Lariats practice or performances? \_\_\_\_\_

Have you ever been in drill team or a similar activity? \_\_\_\_\_

Have you ever taken dance classes? \_\_\_\_\_

Where and for how long? \_\_\_\_\_

To what other clubs or organizations do you belong? \_\_\_\_\_

Why are in interested in becoming a Lariat?

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I have read all the rules and regulations and received a Constitution of the Lariats and will participate in all required activities. I understand to remain eligible, Lariats must pass all courses each six weeks

Candidate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# LARIATS DRILL TEAM CONSTITUTION

## VERIFICATION

**This document confirms that you the parent or guardian, and the student, have read and understand the Garland Independent School District Junior Varsity Drill Team Constitution ([www.garlandisd.net/drillteam](http://www.garlandisd.net/drillteam)). By signing this document, you acknowledge the consequences for failure to abide by these rules, which may include grounds for dismissal from the Junior Varsity Drill Team.**

I, \_\_\_\_\_, parent/guardian of student and member of the Sachse Lariats, \_\_\_\_\_, have read and discussed the Garland Independent School District Junior Varsity Drill Team Constitution. I further understand that anyone on the Junior Varsity Drill Team who violates any of the rules of the GISD Junior Varsity Drill Team Constitution or Lariats Code of Conduct will serve the consequences set forth by the document.

Lariat Name: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Date: \_\_\_\_\_