

REQUIRED CHEER TRYOUT FORMS AND INSTRUCTIONS

2024-2025

1. _____ Application and Candidate Information Form
2. _____ Team Placement Commitment Contract (NOT MIDDLE SCHOOL)
3. _____ BISD Cheer Candidate Information with attached photo
4. _____ Activity Permission Form
5. _____ Travel/Medical Release Form
6. _____ Student/Parent/Guardian Contract
7. _____ TWO copies of Physical ALL candidates MUST have a physical dated in 2024
8. _____ 1st semester report card- ALL candidates MUST turn one in
9. _____ Burleson ISD Extra Curricular Code of Conduct Signature Page

Application/Required Paperwork DUE Monday, March 4th

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.

TRYOUT CLINIC IS CLOSED to the public (you must attend at your school)

TRYOUT RESULTS POSTED – Friday, March 8th

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

Sincerely,

Victoria Butler- BHS Cheer Coach

Honey Waddle – CHS Cheer Coach

Courtney Fairchild – KMS Cheer Coach

Allison Danelski – HMS Cheer Coach

APPLICATION & CANDIDATE INFORMATION FORM

BISD CHEERLEADER

Name: _____ Student ID: _____

For 2024-2025 School Year (circle one) 7 8 9 10 11 12

Current School: _____

Physical Home Address: _____

City: _____ State: _____ Zip Code: _____

Cell # _____

Birthday: _____

Cheerleader's Email address: _____

Mom's Name: _____ Cell _____

Mom's email: _____

Dad's Name: _____ Cell _____

Dad's email: _____

Do you plan to tryout for a leadership position? (circle) YES or No

What position? _____

- Why do you want to be a cheerleader, manager, or mascot?
- What are your strengths and weaknesses, as a cheerleader, manager, or mascot?
- Explain how you will be committed to this program for the entire year. Explain, in detail.

Head Cheer Coach Signature: _____-Stating that you have a zero balance from previous year (even if you were not in the cheer program, you still need to get a signature. If you are trying out for High School you must have your 8th grade coach sign.

TEAM PLACEMENT COMMITMENT CONTRACT 2024-2025

(Not Middle School)

I, _____ understand that I am trying out for a possible position in a BISD 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 interested of the program, not the individual. I also understand that Seniors can only make the Varsity team.

Please initial next to each position that applies in BOTH sections. Please read carefully!

Section 1:

_____ If I am selected as a cheerleader for JV, I will NOT honor the commitment and NOT 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 NOT honor the commitment and NOT 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 are placed, the candidate will NOT be included on the positing of the final team roster.

Injured candidate's who are unable to demonstrate the 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 the 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 _____

BISD 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: (This is not mandatory to tryout)

Please list any other activities you plan to be involved in next year (All Star cheer, work, sports, clubs, ect) Please be specific

Activity Permission Form

_____ has my permission to tryout for the BISD Cheerleader, Manager, or Mascot for the 2024-2025 school year. I understand that elected squad members are required to attend all sporting events, competition, and other activities scheduled by the coach. Due to the amount of time that cheerleading required all jobs, and/or participation in other nonacademic activities or sports may interfere with cheerleading. Approval is required by the cheerleading 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 have a financial obligation set by the coach at the tryout meeting. I understand that I will be held responsible for these and agree to pay expenses. Failure to make timely payments may result in probationary status, suspension and could 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 Burleson ISD and the coaches or teachers while participating in cheerleading activities. I understand that 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 _____

Travel/Medical Release Form

I, _____ pledge to uphold all student policies and the high standards of the Burleson Independent School District. I understand that I am governed by the same rules on any sponsored field trip or activity as I am at school. I understand that possession of, having used or being under the influence of drugs or alcohol is prohibited and that the school's authority to enforce policy includes that right to inspect luggage, lodging accommodations, transportation vehicles, ect. I understand that any infraction will be dealt the according to school policy and may result in my being sent home immediately at my parent's expense from a trip or activity.

Student Name: _____ Age _____ Birthdate _____

Coach _____ Organization _____

I, _____ being the legal parent/guardian of _____, a student at _____ give my full permission for my child to attend any BISD Cheerleading related event or activity. Furthermore, I do hereby release from any and all claims, demands, actions, or causes of action, due to death, injury or illness, the BISD and their administrative/faculty personnel. I further consent to the treatment of _____, my son/daughter/ward by the medical facilities of a Public Health Service or civilian physician/medical facility as required, in the event of any illness/accident arising. The consent includes any medical, anesthesia or surgical treatment or hospital services rendered under the general and special instructions of the attending physician or other physicians assigned to his or her care.

Medical Information

My son/daughter has been determined to have the following allergies:

He/She requires medication for the treatment of _____

The following listed are significant medical conditions which my son/daughter is known to have _____.

Parent Signature _____ Date _____

Student -Parent/Guardian Contract

As a BISD 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 BISD 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 BISD 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 Conduct.

I have a copy of the current BISD Cheerleading Constitution, BISD Concision protocol and Extra Curricular Code of Conduct.

I understand that through my commitment as a BISD Cheerleader, mascot, or manager, my picture and/or videos of team performances can be used by BISD athletics and the cheer program for purposes of social media, communication and promotions for BISD Athletics. I hereby release BISD from any and all claims which arise out 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

2020

This **MEDICAL HISTORY FORM** must be completed **annually** by parent (or guardian) and student in order for the student to participate in activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an 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 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 activity 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 activities for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Foot	
4. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	16. Do you want to weigh more or less than you do now?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>	17. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how many times? _____			18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
When was your last concussion? _____					
How severe was each one? (Explain below)			Females Only		
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	19. When was your first menstrual period? _____		
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	When was your most recent menstrual period? _____		
Have you ever had numbness or tingling in your arms, hands, legs or feet?	<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 a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	How many periods have you had in the last year? _____		
5. Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>	What was the longest time between periods in the last year? _____		
6. Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>	Males Only		
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"/>	20. Do you have two testicles? _____		
8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>	21. Do you have any testicular swelling or masses? _____		
9. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> An electrocardiogram (ECG) is not required. I have read and understand the information about cardiac screening on the UIL Sudden Cardiac Arrest Awareness Form. By checking this box, I choose to obtain an ECG for my student for additional cardiac screening. I understand it is the responsibility of my family to schedule and pay for such ECG.		
10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>	EXPLAIN "YES" ANSWERS IN THE BOX BELOW (attach another sheet if necessary):		
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 athletes, 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 participation, 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, PERFORMANCE 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 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			
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 performance/games/matches.