

REQUIRED TRYOUT FORMS AND INSTRUCTIONS

2025-2026

- Application and Candidate Information Form
- KISD Cheer Candidate Information
- Activity Permission Form
- Travel/ Medical Release Form: KISD policy requirement
- Transportation Consent and Release
- Student/ Parent/ Guardian Contract
- **TWO** Copies of Physical: ALL candidates **MUST** have a physical
- Due Thursday, February 26 with packet.
- Medical History
- Keller ISD Extra Curricular Code of Conduct Signature Page
- 1st Semester Report Card - **ALL CANDIDATES MUST TURN ONE IN.**
- Emergency Information Form: Please fill out each blank carefully and legibly. This form will be kept on hand by the coach(es) in case of an emergency.

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

<https://www.kellerisd.net/students-families/athletics/cheerleading>

Application/Required Paperwork DUE 2/26/25

to YOUR Middle School office no later than 4:00

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

Required Tryout Week

MONDAY 3/24 – WEDNESDAY 3/26

Tryout Clinic is CLOSED to the public

(You MUST attend at your school)

Tryout Results Posted

Friday, March 28 – at 4:00 pm

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

Sincerely,

Rebekah Preston – KMS 8th grade Coach

Lindy Kaemming - KMS 7th grade Coach

Kimberlee Noteboom – ISMS 7th & 8th grade Coach

Allisyn Field – FHMS 7th & 8th grade Coach

Cheryl Newton– TMS 8th Grade Cheer Coach

Kaitlyn Rainwater- TMS 7th Grade Cheer Coach

Sara Scheffler – TSMS 8th Grade Cheer Coach

Morgan Sneed – TSMS 7th Grade Cheer Coach

Hillary Anderson- HMS 7th grade Coach

Brandi Frazier – HMS 8th grade Coach

Taylor Dill - VRMS 8th grade Coach

Morghan Kroesche- VRMS 7th Grade Coach



CANDIDATE INFORMATION FORM

KISD MS CHEERLEADER

Name: _____ Student ID: _____

For 2025-2026 School Year: 7th Grade or 8th Grade: CURRENT School: _____

T-Shirt Size: (Circle) AXS AS AM AL AXL

Physical Home Address: _____

City: _____ State: _____ Zip Code: _____

Athlete Cell #: _____

Birthday: _____

Cheerleader's E-mail address: _____

Mom's Name _____ Cell #: _____

Mom's E-mail address: _____

Dad's Name: _____ Cell #: _____

Dad's E-mail address: _____

Do you plan to try out for an officer/leadership position? (Circle) Yes No

What position? _____

KISD CHEER CANDIDATE APPLICATION

Name: _____

Grade Next Year (2025-2026): _____ Current School: _____

*Why do you want to be a Middle School cheerleader?

*What are your strengths and weaknesses, as a cheerleader?

*Explain how you will be committed to this program for the entire year. Explain, in detail.

CURRENT Standing Tumbling Skills you can successfully land:

Back Handspring

Series (3) Back Handspring(BHS)

Back Tuck

Toe touch to Tuck

1-3 BHS to Layout or full

CURRENT Running Tumbling Skills you can successfully land:

Roundoff Back Handspring

Roundoff Series (3 connected back handsprings)

Roundoff BHS Back Tuck

Roundoff BHS Layout, or Layout Step Out

Roundoff BHS Full

Stunting Positions you can currently do:

- Flyer
- Main Base
- Side Base
- Back Spot

CURRENT Stunts you can, and have performed, within the corresponding position:

Flyer:

Main Base:

Side Base:

Back Spot:

Prior Cheer Experience:

Please list any other activities you plan to be involved in next year:

School Sponsored Activities <i>(Choir, Show Choir, Band, Athletics, Theatre, Stuco, NJHS, etc.)</i>	Outside Activities <i>(All-Star Cheer, Club sports, Dance, etc.)</i>

ACTIVITY PERMISSION FORM

_____ has my permission to tryout for KISD Cheerleader, Manager, or Mascot for the 2025-2026 school year. I understand that elected squad members are required to attend all sporting events and other activities scheduled by the coach. Due to the amount of time that cheerleading requires all **jobs**, and/or participation in other nonacademic activities or sports that may interfere with cheerleading **are not advisable**. At all times, KISD cheerleading responsibilities are to take priority over other such activities. **Approval is required by the cheerleader coach before tryouts and prior arrangements must be agreed upon before a cheerleader may be committed to another sport or activity.** In accordance with the state legislation, a passing average must be maintained by my son/daughter in all subjects at all times. I understand that elected squad members are required to participate in cheerleading camp for up to one week during the summer break (Coach(s) will announce dates and places) and to attend mandatory summer and holiday practices and activities. I understand that there will be a cost for my child's participation as a cheerleader for camp, uniforms, events, and supplies. **I understand that I will be held responsible for these costs and agree to pay expenses. I acknowledge that failure to pay may be handed over to a collection agency.** I grant the release of legal responsibility of my son/daughter to Keller Independent School District and the coaches or teachers while participating in cheerleading activities. I understand the tryout requirements and the consequences of violations. I agree to abide by these expectations. I also understand that the cheerleading selection decision is final. I will show good sportsmanship by accepting that decision.

Parent Signature _____

Date _____

Student Signature _____

Date _____

TRAVEL/MEDICAL FORM

I, _____, pledge to uphold all student policies and the high standards of the Keller 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 and/or alcohol is prohibited and that the school's authority to enforce policy includes the right to inspect luggage, lodging accommodations, transportation vehicles, etc. I understand that any infraction will be dealt with according to school policy and may result in my being sent home immediately at my parent's expense from a trip or activity.

Student's Name

Age

Date of Birth

Coach

Organization

I, _____, being the legal parent/guardian of _____, a student at _____ Middle School give my full permission for my child to attend any KISD 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 K.I.S.D., 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 _____, Our family doctor is _____, In case of emergency, he/she can be reached at _____, We are covered by hospitalization. The name of our insurance company is _____

Parent/Guardian Signature

Date

TRANSPORTATION CONSENT AND RELEASE



Student Name: _____

Student ID #: _____ Campus: _____

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

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

Parent's Signature

Name (printed)

Date

STUDENT-PARENT/GUARDIAN CONTRACT

As a Keller ISD Cheerleader/Mascot/Manager;

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

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

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

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

I promise to uphold all school rules and policies.

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

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

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

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

Cheerleader/Manager Signature

Parent Signature

PREPARTICIPATION PHYSICAL EVALUATION — MEDICAL HISTORY

2024

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.

<p>1. Have you had a medical illness or injury since your last check up or physical? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Have you been hospitalized overnight in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Have you ever had prior testing for the heart ordered by a physician? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever passed out during or after exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had chest pain during or after exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you get tired more quickly than your friends do during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had racing of your heart or skipped heartbeats? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you had high blood pressure or high cholesterol? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been told you have a heart murmur? <input type="checkbox"/> Yes <input type="checkbox"/> No Has any family member or relative died of heart problems or of sudden, unexplained death before age 50? <input type="checkbox"/> Yes <input type="checkbox"/> No 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"/> Yes <input type="checkbox"/> No Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? <input type="checkbox"/> Yes <input type="checkbox"/> No Has a physician ever denied or restricted your participation in activities for any heart problems? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Have you ever had a head injury or concussion? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been knocked out, become unconscious, or lost your memory? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many times? _____ When was your last concussion? _____ How severe was each one? (Explain below) _____ Have you ever had a seizure? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have frequent or severe headaches? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had numbness or tingling in your arms, hands, legs or feet? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had a stinger, burner, or pinched nerve? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Are you missing any paired organs? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Are you under a doctor's care? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Have you ever been dizzy during or after exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Have you ever become ill from exercising in the heat? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12. Have you had any problems with your eyes or vision? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>13. Have you ever gotten unexpectedly short of breath with exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have asthma? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have seasonal allergies that require medical treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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"/> Yes <input type="checkbox"/> No</p> <p>15. Have you ever had a sprain, strain, or swelling after injury? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you broken or fractured any bones or dislocated any joints? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check appropriate box and explain below:</p> <table border="0"> <tr> <td><input type="checkbox"/> Head</td> <td><input type="checkbox"/> Elbow</td> <td><input type="checkbox"/> Hip</td> </tr> <tr> <td><input type="checkbox"/> Neck</td> <td><input type="checkbox"/> Forearm</td> <td><input type="checkbox"/> Thigh</td> </tr> <tr> <td><input type="checkbox"/> Back</td> <td><input type="checkbox"/> Wrist</td> <td><input type="checkbox"/> Knee</td> </tr> <tr> <td><input type="checkbox"/> Chest</td> <td><input type="checkbox"/> Hand</td> <td><input type="checkbox"/> Shin/Calf</td> </tr> <tr> <td><input type="checkbox"/> Shoulder</td> <td><input type="checkbox"/> Finger</td> <td><input type="checkbox"/> Ankle</td> </tr> <tr> <td><input type="checkbox"/> Upper Arm</td> <td><input type="checkbox"/> Foot</td> <td></td> </tr> </table> <p>16. Do you want to weigh more or less than you do now? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17. Do you feel stressed out? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip	<input type="checkbox"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Thigh	<input type="checkbox"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee	<input type="checkbox"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Shin/Calf	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle	<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Foot	
<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip																	
<input type="checkbox"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Thigh																	
<input type="checkbox"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee																	
<input type="checkbox"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Shin/Calf																	
<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle																	
<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Foot																		

Females Only I choose not to provide written information on Question 19 but will discuss with a medical professional:

19. When was your first menstrual period? _____
 When was your most recent menstrual period? _____
 How much time do you usually have from the start of one period to the start of another? _____
 How many periods have you had in the last year? _____
 What was the longest time between periods in the last year? _____

Males Only I choose not to provide written information on Question 20 but will discuss with a medical professional:

20. Are you missing a testicle? _____
 Do you have any testicular swelling or masses? _____

☐ 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.

EXPLAIN "YES" ANSWERS IN THE BOX BELOW (attach another sheet if necessary):

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) if indicated			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			

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/



Statement of Expectations:

The Keller Independent School District believes that being involved in extra-curricular activities is an honor. Participation in one or more of these activities should be considered a privilege, not a right.

The following are expectations of our students:

- ✓ Obtaining a quality education is the primary reason for attending school.
- ✓ Compete at the highest level while promoting good sportsmanship and courteous behavior.
- ✓ Exhibit positive leadership.
- ✓ Develop and maintain high morals and ethical values.
- ✓ Exhibit conduct becoming of a young lady or gentleman.
- ✓ Exhibit respect to coaches, faculty, officials, opponents, and fellow students
- ✓ Develop and show school pride.

Standards for District Extra-Curricular Activities

Keller ISD students are expected to adhere to the *District Student Code of Conduct* as it applies to school-related and/or school-sponsored activities. Prior to participation in a Keller ISD Extra-Curricular activity, students and parents must also agree to abide by all guidelines outlined in the *Extra Curricular Code of Conduct*. Students involved in extra-curricular activities are expected to maintain high standards of ethical conduct. Extra-curricular participation is a privilege and not a right. Any misconduct that reflects negatively on the Keller Independent School District will fall under this Code of Conduct. These guidelines are developed to deal with misconduct that occurs within the school's jurisdiction as well as outside of the school's jurisdiction, regardless of time or location. Disciplinary action or suspension will be mandated to students who are involved in any disciplinary infraction on or off campus, including, but not limited to, theft, possession or use of drugs, improper use of prescription medicines, alcohol or tobacco, violent behavior, any inappropriate behavior including presence at functions where illegal substances are being consumed and other offenses that result in the violation of the district Student Code of Conduct, which in turn results into ISS (other than tardies or dress code), DAEP, Off Campus Suspension or expulsion. If a student is responsible for multiple violations prior to the initial investigation, it may be determined that a higher-level consequence be deemed appropriate.

Administrative Procedures for the Keller ISD Code of Conduct

The Keller Independent School District has adopted the following administrative procedures to deal with violations of the Extracurricular Code of Conduct. The investigation will be conducted by the head coach of that sport, the campus athletic coordinator, and the campus administration.

All violations will adhere to the following policies:

1. Confirmation that a violation has occurred via one of the following:
 - A. Report from a law enforcement agency
 - B. Personal disclosure by the participating student or parent/guardian
 - C. Observed behavior by a school employee
 - D. An investigation may be initiated if a KISD representative receives credible and specific information.
2. Notification by administrative designee to parents or legal guardian within 72 hours

3. Notification by activity sponsor to campus principal or assigned campus administrative designee within 72 hours.
4. Meeting with parent, student, and discipline panel, which consists of the sponsor/director/head coach and administrative designee. *The purpose of the meeting is to ask the parent(s) and student(s) for any new evidence or documentation that needs to be reviewed before the sponsor/director/head coach and/or administrative designee finalizes a discipline decision.*
5. The head coach, campus athletic coordinator, and campus administration will determine the level of discipline that will be assigned. Copies of the meeting summary will be sent to the activity sponsor, campus principal, and district-level director.
6. **Appeals:** The appeal process begins with contacting the appropriate campus principal. It must be done in writing and within 72 hours of the conclusion of the initial discipline hearing. The campus principal and athletic director's decision is final. There is no appeal to the decision after this level.

Cumulative Offenses (specific to grades 7-8 and 9-12)

Disciplinary offenses committed in grades 7 and 8 are cumulative for a student's middle school career but will not carry on to high school. Any subsequent offenses that occur in high school will be cumulative during the student's high school career.

It is an exception to this rule if the district receives credible evidence indicating that a middle school student committed an act involving the elements of a Class A misdemeanor or a felony. In this case, the offenses will carry from grade 7 through the completion of grade 12.

Cumulative offenses prior to the initial investigation

If a student is responsible for multiple violations prior to the initial investigation, a higher-level consequence may be appropriate.

Categories for Code of Conduct Offenses

Level 1 - When a student commits misconduct involving the elements of a Class B or C misdemeanor (class C traffic violations are not applicable) or misconduct that does not involve a law enforcement agency.

If a student is arrested for or commits the elements of a crime of violence, the administrative designee and coach/sponsor may suspend the student from the extra-curricular activity while the case is being decided.

1st Offense (Level 1)

- ✓ Meeting with student, parent, and discipline panel (head coach, AC, and campus administrator)
- ✓ Student will be assigned by school officials the following:

- Twenty hours of community service (30 days to complete)
- 2 – 4-week suspension from game/competition activities, excluding practice

* In cases involving substance abuse, students may be asked to attend substance abuse intervention. Failure to attend assigned intervention will constitute an additional level one offense and suspension until all requirements are met.

2nd Offense (Level 1)

- ✓ Meeting with student, parent, and discipline panel
- ✓ Suspension from all activities for 30 – 60 days (if out of season, the consequence will begin at the beginning of the next competition season)
- ✓ Student will be assigned the following:

- Twenty hours of community service (30 days to complete)

*In cases involving substance abuse, students may be asked to attend substance abuse intervention. Students involved in their second substance abuse offense **must** attend substance abuse intervention. Failure to attend shall result in continued suspension.

3rd Offense (Level 1)

- ✓ Meeting with student, parent, and discipline panel
 - ✓ Penalty shall include suspension from all activities for one calendar year
- *In cases involving substance abuse, students may be asked to attend substance abuse intervention. Students involved in their second substance abuse offense **must** attend substance abuse intervention. Failure to attend shall result in continued suspension.

Level 2 –If a student commits misconduct that contains the elements of a felony or a Class A misdemeanor.

1st Offense (Level 2)

If a student commits misconduct that contains the elements of a felony crime or a Class A misdemeanor:

- ✓ Student(s) will be suspended from all activities until the case is completed.
- ✓ Students found NOT GUILTY will return to the activity with no further penalty.
- ✓ Students found GUILTY will be removed from all activities for a period of at least one calendar year.

Students who accept deferred adjudication or have a case adjudicated in a way other than those identified above will have their specific situation reviewed by a committee consisting of at least (1) the Director of Fine Arts, (2) the Director of Athletics, (3) an administrator from the student's campus, and (4) another district level administrator. That committee will decide the appropriate consequences for the behavior at issue. The committee's decision is final and cannot be appealed.

In cases involving substance abuse, students may be asked to attend substance abuse intervention. Students involved in their second substance abuse offense **must** attend substance abuse intervention. Failure to attend will result in continued suspension.

2nd Offense (Level 2)

If a student commits misconduct that contains the elements of a felony crime or a class A misdemeanor:

- ✓ Student will be suspended from all activities until the case is completed.
- ✓ Students found NOT GUILTY will return to the activity with no further penalty.
- ✓ Students found GUILTY will be permanently removed from the program.

Automatic student removal from a program:

Any inappropriate behavior on school time or at a school-sponsored activity or event, including representation on social media, that is disrespectful to the district, school, athletics program, or coaching staff may result in immediate removal at the discretion of the principal and athletic director.

Keller ISD Extra-Curricular Code of Conduct Signature Page

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

Signing this sheet signifies that the student and parent/legal guardian of the student have read and understand the procedures and punishments set aside for a violation of the Athletics Extra-Curricular Code of Conduct.

Student's Name (please print):

Date: _____

Student's Signature:

Father/legal guardian (please print):

Date: _____

Signature of Father/legal guardian:

Mother/legal guardian (please print):

Date: _____

Signature of Mother/legal guardian:

This signature page must be signed and turned in to the Coaches, Sponsors, or Directors' offices prior to any practice or competition.