



Frisco High School Stars Dance Team Tryout Information Packet and Forms

Dear Stars Hopeful & Parent/Guardian,

Welcome to Dance Team! We are so happy that you have decided to tryout to become a member of this award-winning group. Stars learn how to be great dancers and performers. They also learn to problem solve, work together as a team, serve as leaders, and make close friends. It is an honor to be selected as a member of this dedicated team. The Stars set forth a standard of excellence that can only be maintained with 100% support of all its members and their families.

Included in this packet:

Tryout Information
FISD Dance Team Code of Conduct
Stars Demerit System
All required applications and forms.

Tryout Qualifications and Requirements:

- Candidates must be entering grades nine (9) through twelve (12) at Frisco High School.
- At least one parent of each candidate must be present at the orientation meeting on January 29, 2020 or must contact the director prior to the meeting.
- Candidates and their families must agree to and be fully aware of the financial responsibilities of being a dance team member and meet all financial obligations throughout the year.
- Each candidate must tryout each year, regardless if she/he has previously been a Dance Team member.
- All financial obligations to any FISD affiliated program must be cleared prior to tryouts.
- Dance team members who have been dismissed or resigned from the previous year must have permission from the director and principal to tryout.
- Candidates must show proof of residence within the attendance zone of the school and be enrolled in that school.
- Must not have been academically ineligible for more than one grading period during the application school year.
- Students must have acceptable disciplinary records for the current year. Students who have been assigned to either ISS, OSS, or DEAP must have permission from the principal to participate in tryouts. **Frisco High School will not be granting a tryout to students who have been assigned OSS, DAEP, or more that 3 days of ISS.**

- After the first semester of the school year, students must have the following number of credits to tryout:
 - Incoming 9th Grade: on track to pass 8th grade and verified by both the outgoing and incoming principals.
 - Current 9th Grade: 2.5 credits
 - Current 10th Grade: 7.5 credits
 - Current 11th Grade: 12.5 credits
- Students must not have been absent (without making up those hours) for more than 10% of school days in a school year.
- Students must be cleared through both the attendance and administrator's offices before eligible to tryout. Documentation for this clearance will be based on campus preference, but must be on file before the tryout process begins.
- The student code for extracurricular activity involvement will continue to be in effect.
- All required forms must be turned into **Mrs. Kullman by Thursday February 27th by 4:30pm.**

Application Process:

Place all application materials in a **MANILA** envelope in order with the checklist on top, clearly marked as follows:

Attention: Kendra Kullman, Frisco High School
Candidate's Name
 Frisco High School Dance Team Auditions 2020-2021

Turn in one of the following places:

Frisco High School Front Office
Or
 Directly to Mrs. Kullman (Indoor Facility/Dance Studio)
No later than Thursday February 27th at 4:30pm

Tryout Checklist

1. Candidate Application Form
2. Fisd Code of Conduct Form
3. Parent Permission Form
4. Information Agreement Form
5. Report Card: Must show grading periods for the first two nine weeks.
6. Dance Team Acknowledgment Form
7. Dance Team Medical Release Form
8. Inherent Risk Sheet Form
9. Physician Form, **COMPLETED BY A PHYSICIAN (2 sided) (Due prior to Camp in August)**
 (Physicals must be dated May 2020 or later.)

Tryout Clinic Dates:

All tryout events will be in the FHS Competition Gym
Monday March 2nd-5th

Stars Tryout Date:

Thursday, March 5th at 5:30pm
An estimated finish time will be given at clinics.

Tryout Clinic and Tryout Attire:

For the clinic sessions, appropriate dance attire or work out attire is required. This includes leotard or dance top, dance pants knee length or longer, and dance shoes. No shorts, crop tops, or athletic shoes should be worn. Hair must be pulled back into a ponytail and all jewelry must be removed.

For Tryouts on March 5th, each candidate must wear a black leotard or dance top, long black dance pants or leggings, and jazz shoes. Hair must be in a ponytail. All jewelry must be removed. Make up should be worn to emphasize facial features. Please remove all colored nail polish. No hair ribbons or bows should be worn. Each candidate will be given a number on the day of tryouts. This must be pinned to their top, so please bring safety pins on the day of tryouts.

Tryout Clinic Agenda

At the tryout clinic sessions, Stars candidates will learn a kick combination, jazz routine, combinations for leaps and pirouettes, and technique for splits. The candidates will be placed in groups of 4-5 on the first clinic day. These will also be the group that they will tryout with during tryouts on March 5th.

Tryout sessions are closed to spectators and may not be videotaped or recorded. Mrs. Kullman and Outgoing Senior Stars will teach all Stars candidates the combinations during each clinic session. It is important to pay attention, stay quiet, and do not miss any sessions.

Tryout Process:

March 5th is the only day to try out for the 2019-2020 Stars Dance Team. Stars candidates are required to be present for the entire audition time. Tryouts are closed to the public with only the director, administrators, judges, and Stars candidates present.

Three/Four qualified judges will watch each group and score them according to the preset criteria (see scoring system below). A candidate can receive a possible of 100 points from each judge (300 points total). The minimum score necessary to become a Stars will be 210 points. This is an average of 70.

Judges Scoring:

Jazz Technique- 30 points

Memory- 20 points

Precision- 10 points

Showmanship- 10 points

Right and Left Splits- 10 points

Kick Technique- 10 points

Leaps and Turns- 10 points

Announcement of the 2020-2021 Stars

At the end of the tryout process, all Stars candidates will be dismissed and will be required to leave the building. Results will be posted by number on the Stars Dance Team website, www.friscohighstars.com and the FHS website on **Friday, March 6th @4:30pm.**

Mrs. Kullman will not address the results. The judges' subjective and objective opinions regarding the adjudication process are final and are not appealable or grounds for the FISH formal grievance process. The tryout results, once reviewed and certified as accurate by the campus administration, are final and not appealable or grounds for the FISH formal grievance process.

If a parent wishes to view their student's individual tryout documents, they must contact their officiating administrator. Parents may view their student's individual documents only. The statute of limitations for viewing is five (5) school days following the tryout session. Parents are not allowed to view any other students' documents, nor the tally sheets.

2020-2021 Stars Requirements:**Financial Obligations**

The first year of Dance Team can be the most expensive because each girl must purchase initial items, which are used for the rest of her years as a Star. The New Team fitting where ALL items are ordered as a Rookie or Veteran Star is in the FHS Indoor Facility/Dance Studio and is followed by a mandatory parent meeting. The initial cost for a new member is around \$850.00. Your first payment will be due at the mandatory fitting and meeting, date and time will be sent via email to the 2020-2021 Stars. Final payment date will be discussed at the mandatory meeting as well. Extended financial plans may be available with approval from the director and principal.

Many required items are a one-time purchase that can be used for the rest of the time on the team, possibility of 4 years. Therefore, upon the member's return in subsequent years, expenses can be considerably less.

Grade Requirements

Upon selection, each member must pass all courses. Frisco ISD is moving to 9-week grading period for high school next year. "Students can lose their eligibility if they are failing at the end of the sixth week of school (the "UIL Eligibility Check") or at the end of a 9-week marking period. They can regain eligibility at the 9-week marking period or at any Interim Progress Report ("IPR") after the first 9-week marking period by passing all courses, not just the one they failed. Students who pass all courses for the nine-week period are eligible for the next nine-week period. Students who lose eligibility and then regain eligibility must wait seven calendar days before they become eligible to participate in competitions and performances. Students who are academically ineligible may continue to practice with the team, but may not perform. **Any member who obtains an average below 70 for any two grading periods during the school year may be removed from the team.**

Stars Dance Team Class and Practice

All dance team members are required to enroll in the period 3B Dance Team Class for the fall and spring semesters as well as attend all scheduled practices and performances. This includes summer camps/practices and weekend rehearsals, performances, and events. Work is not an excuse for missing practices or performances. Most outside of school practices will be in the mornings from 6:45am to 8:00am, 2 to 3 days a week.

Uniforms

Members are required to purchase their own practice uniform pieces. Field uniform and contest costumes will be provided and are property of Frisco High School. The member must keep all pieces in excellent condition.

Demerits

Demerits are given as a form of discipline. Members may receive demerits by breaking the rules set by the director. Dance Team rules promote promptness, neatness, responsibility and character. Accumulation of demerits will affect a member's ability to perform and possibility of removal from the Dance Team. Please see the FISD Code of Conduct and the Stars Demerit System for more details.

*All 2020-2021 Stars need to attend the Stars Spring Show May 1st and 2nd @7pm
All upcoming fitting, meeting, practice, summer camp dates will be discussed at the mandatory new team meeting, TBD.*

For More Information:

If you have any questions that arise after the meeting please contact the Stars Director.

Kendra Kullman
Frisco High School Stars Dance Team Director
469-633-5533
kullmank@friscoisd.org

FHS Stars Dance Team Checklist

Candidate Name: _____

Grade Level for 2020-2021 _____

Place all application materials in a manila envelope with this checklist on top in the correct order listed below, clearly marked as follows:

Attention: Kendra Kullman, Stars Dance Team Director
Candidate's Name
Frisco High School Dance Team Auditions 2020-2021

Turn in at the Frisco High School Front Office

Or

Directly to Mrs. Kullman (Indoor Facility/Dance Studio)

No later than Thursday, February 27th at 4:30pm

Tryout Checklist

1. Candidate Application Form
2. FISH Code of Conduct Form
3. Parent Permission Form
4. Information Agreement Form
5. Report Card: Must show grading periods for the first two nine weeks.
6. Dance Team Acknowledgment Form
7. Dance Team Medical Release Form
8. Inherent Risk Sheet Form
9. Physician Form, COMPLETED BY A PHYSICIAN (2 sided) (Due prior to Camp in August)
(Physicals must be dated May 2020 or later.)

******Failure to have forms turned in prior to tryouts will result in tryout ineligibility******

To be checked off by Dance Director:

- Parent attended mandatory meeting.
- OR
- Met with Mrs. Kendra Kullman, Director, to receive packet and had option of checking out tryout meeting video.
- Candidate fulfills all requirements stated in the FISH Dance Team Code of Conduct (see Articles II and III)

2020-2021 Stars Candidate Application

Name: _____ Birthday: _____ (mm/dd/yy)

Current Grade Level: _____ Student ID #: _____

Address _____

City: _____ Zip Code: _____

Student Phone: (____) - ____ - ____

Student E-mail: _____

Mother/Guardian Name: _____

Home(____) - ____ - ____ Work(____) - ____ - ____

Cell(____) - ____ - ____

E-mail: _____

Address (if different then student's): _____

Father/Guardian Name: _____

Home (____) - ____ - ____ Work(____) - ____ - ____

Cell(____) - ____ - ____

E-mail: _____

Address (if different then student's): _____

Other Organizations you plan to be in next year:

**Stars Dance Team Participation
FISD Dance Team Code of Conduct Contract
2020-2021**

Participation in the FHS Stars Dance Team organization is a privilege, not a right. For the member to retain this privilege, the policies and procedures contained in the FISD Dance Team Code of Conduct must be adhered to in the spirit of discipline, education, and overall goals and objectives of the Frisco Independent School District and the Frisco Stars Dance Team.

The policies and enforcement procedures are relative to the FHS Stars Dance Team program and will be administered accordingly. The rules, regulations, and policies are all outlined in the FISD Dance Team Code of Conduct and Stars Demerit System.

I have read the Frisco ISD's Dance Team Code of Conduct 2019-2020, and fully understand the expense, time, and discipline that would be required of me as a dance team member. I agree to abide by all provisions of the FHS Stars Dance Team. I understand that if I am unable to meet the requirements set forth in the FISD Dance Team Code of Conduct and FHS Stars Demerit System, I will forfeit my membership as a FHS Stars Dance Team member.

Student Name (PRINTED)

Student Signature

Date

I have read the Frisco ISD's Dance Team Code of Conduct and Guidelines 2019-2020, and am fully aware of the time, expense, and discipline membership would mean to my son/daughter. I understand and agree to abide by all provisions of the FISD's Dance Team Code of Conduct and Stars Dance Team Demerit System. I further stipulate that I will assist the Stars Dance Team Director and Frisco High School in the monitoring and enforcement of the code of conduct policies and procedures. I support my son/daughter in this endeavor and understand the implications that will result if the rules and regulations are not followed.

Parent Name (PRINTED)

Parent Signature

Date

Parental Permission Form

_____ (candidate's name) has my permission to participate as a member of the Frisco High School Stars Dance Team in all team practices, performances, and other activities. I understand and accept the rules and regulations that accompany participation as a member of the dance team as well as the penalties for failing to comply (as outlined in the Frisco ISD Dance Team Code of Conduct and guidelines and the FISD Extracurricular Code of Conduct). I will assist in every way to ensure that the rules and regulations of the Frisco Stars are upheld. I also understand that parental involvement is essential to the success of the Frisco Stars and I will do my best to lend my help to my son/daughter and the team through involvement in the Frisco Stars Booster Club.

An estimate for individual expenses for the 2020-2021 FHS Stars is approximately \$850. Many required items are a one-time start up expense, as well as other expenses that will cover two or three years. Therefore, upon the member's return in subsequent years, expenses are considerably less.

APPROXIMATE TOTAL COST = \$850

{Covers items such as: camp, practice attire, dance shoes, field boots, tights, team bag, etc.)

I understand and agree to pay costs involved for my son/daughter to participate in the FHS Stars. I understand that my son/daughter will not be allowed to perform until these payments are secured.

Parent Name: _____

Parent Signature: _____

Information Agreement Form

A mandatory Parent/Candidate meeting for Stars Dance Team Auditions was held January 29, 2020 at Frisco High School. Applications for membership were distributed and discussed at that time. General team information, including expenses, tryout procedures, policies, and expectations was presented. While the application contains complete information, each candidate is responsible for any information discussed at that meeting.

This form must accompany your application whether or not your parent or guardian attended the January 29, 2020 meeting. Your application will be incomplete without this page and you will not be allowed to audition.

Parent Signature

Date

Candidate Signature

Date



FRISCO INDEPENDENT SCHOOL DISTRICT

Dance Team Acknowledgment Form

to be turned in prior to tryouts

I PLEDGE TO FOLLOW THE DANCE TEAM CODE OF CONDUCT SET FORTH BY FRISCO INDEPENDENT SCHOOL DISTRICT.

I HAVE READ AND UNDERSTAND THE GUIDELINES SET IN THE CODE OF CONDUCT AND WILL ADHERE.

STUDENT SIGNATURE

DATE

I HAVE READ AND UNDERSTAND THE GUIDELINES SET IN THE CODE OF CONDUCT AND MY CHILD WILL ADHERE.

PARENT SIGNATURE

DATE

FRISCO INDEPENDENT SCHOOL DISTRICT

Dance Team Medical Release Form

to be turned in prior to tryouts

DANCE TEAM MEDICAL RELEASE FORM

Student's Name: _____

School: _____

Grade: _____

I certify that _____ is physically capable and able to fulfill requirements needed to be a dance team member. I understand that this form legally releases all obligations and responsibilities for the medical treatment of my daughter in the event of illness or injury during any squad related activity when either parent cannot be reached. If there is any physical or medical reason why she should not participate fully, the school requires a doctor's release. Furthermore, the school is not liable for any injury incurred during Dance Team.

Parent(s) Signature: _____

Date: _____

MEDICAL TREATMENT PERMISSION FORM

In the event of an emergency occurring while my daughter is on a school sponsored practice, performance, or trip. I grant my permission to the school and its employees to take whatever action necessary. In the event that I cannot be reached, I hereby authorize the school and/or its employees to give consent for my daughter, to receive medical treatment.

Home Phone: _____ Business Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

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

Name: _____

Phone: _____

Family Doctor: _____

Phone: _____

If you do not grant permission/authorization for consent to medical treatment, what procedure should be followed?

Insurance Company: _____

Policy # _____

Parent(s) Signature: _____

Date: _____

Medical Information:

	<u>Circle One</u>		<u>Circle One</u>
Heart condition or disease	Yes No	Asthma	Yes No
Diabetes	Yes No	Allergic to medication	Yes No
Convulsions disorder	Yes No	Allergic to insect stings	Yes No

State allergies: _____

Date of last tetanus shot: _____

Additional medical information that might be helpful: _____

Any medications currently receiving: _____



FRISCO INDEPENDENT SCHOOL DISTRICT

Inherent Risk Sheet- *to be turned in prior to tryouts*

INHERENT RISKS OF DANCE TEAM:

Dance Team participation is reasonably safe as long as certain guidelines are followed, but there is the inherent risk of injury as in any athletic activity. Dance Team is an anaerobic/aerobic activity which includes jumping, stunting, motions, and tumbling. All physicals must be on file in the high school office before you may participate in practices and games. Keep your sponsor informed of all injuries and/or chronic conditions.

Although the probability of injury is minimized if you practice correctly, there is always the possibility of one occurring. Injuries that can occur in Dance Team include, but are not limited to, the following: *Blisters, muscle strains, ligament sprains, joints and muscle soreness, abrasions, contusions, stress fractures, broken bones, spinal cord injuries involving paralysis, and even death. However, if you take certain precautions, the possibility of such injuries will be largely decreased.*

BE SURE TO CONSISTENTLY ABIDE BY THE FOLLOWING GUIDELINES:

NEVER stunt or tumble unless a sponsor or sponsor's designee is present

Always practice in the presence of a qualified teacher

Always warm-up appropriately before dancing (practice and games) by jogging & stretching

Do not attempt a stunt that you do not know how to perform safely and that has not been checked off by the teacher

Always use attentive spotters when stunting

Always dance in an area free from obstruction

Always use mats or a grassy area when stunting during practice

Do not stunt on uneven ground, wet surfaces, and concrete. Do not stunt in cold or rainy weather

Never talk, laugh, mess around when performing a stunt

Report all injuries to the coach as soon as they occur

Follow all trainer and doctor recommendations

Lift weights to increase strength and guard against injuries

Always wear shoes and clothing appropriate for Dance Team

Never wear jewelry of any kind or chew gum when dancing (practice and games)

Always have your hair pulled back from your face and shoulders

Eat nutritious meals and get plenty of rest

Always ask for assistance or advice at any time

I have read the preceding warning

I thoroughly appreciate and understand the assumption of risks inherent in Dance Team participation

I acknowledge that I am physically fit and am voluntarily participating in this activity

STUDENT SIGNATURE _____ DATE _____

PARENT 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? _____			<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"/>	<i>Males Only</i>		
6. Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>	20. Do you have two testicles? _____		
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"/>	21. Do you have any testicular swelling or masses? _____		
8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>	An electrocardiogram (ECG) is not required. By checking this box, I choose to obtain an ECG for my student for additional cardiac screening. I have read and understand the information about cardiac screening. I understand it is the responsibility of my family to schedule and pay for such ECG.		
9. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):		
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 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 ☐ NPupils: ☐ 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.