

KISD REQUIRED TRYOUT FORMS AND INSTRUCTIONS

2025-2026

1. _____ Application Form
2. _____ KISD Cheer Candidate Information with attached picture
3. _____ Team Placement Commitment Contract
4. _____ Activity Permission Form
5. _____ Travel/ Medical Release Form
6. _____ Transportation Consent and Release
7. _____ Student/ Parent/ Guardian Contract
8. _____ 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.
9. _____ Keller ISD Extra Curricular Code of Conduct Signature Page
10. _____ Medical History Form
11. _____ **TWO** Copies of Physical
*- ALL candidates **MUST** have a physical dated in 2025 Due 2/19/25 with packet.*
12. _____ 1st **SEMESTER** Report Card
-Tryout packet are NOT considered compete without a semester report card.

***KISD Tryout paperwork MUST be printed SINGLE SIDED and can be found online at:**
<https://www.kellerisd.net/students-families/athletics/cheerleading>

Application/Required Paperwork DUE: Wednesday, February 19th no later than 4:00 pm
Paperwork should be delivered @ YOUR High School office no later than 4:00 pm

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.

Required Tryout Week	TUESDAY 3/11 – THURSDAY 3/13
Tryout Clinic is <u>CLOSED</u> to the public	You <u>MUST</u> attend tryouts at your school
Tryout Results Posted	Friday, March 14th – after 4:00 pm

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

Sincerely,

Shelly Waggoner - KHS Head Coach
Al Harris – KHS Assistant Coach



1. CANDIDATE INFORMATION FORM



Name: _____ Student ID: _____

For 2025-2026 School Year (circle one): 9 10 11 12

CURRENT School: _____

Comfort Colors T-Shirt Size (youth sizes not available): (Circle) AS AM AL AXL

Physical Home Address: _____

City: _____ State: _____ Zip Code: _____

Birthday: _____

Cheerleader's Cell #: _____

Cheerleader's E-mail address: _____

Mom's Name _____ Mom's Cell #: _____

Mom's E-mail address: _____

Dad's Name _____ Dad's Cell #: _____

Dad's E-mail address: _____

Indicate what position you plan to tryout for:

_____ Cheerleader

_____ Mascot

Do you plan to try out for a leadership position? (Circle) Yes No
(must have been in the program the prior year)

What position? _____

Head Cheer Coach Signature: _____

(Even if you were not in the cheer program, you still need to get a signature stating that you have a zero balance from the previous year)

2. KISD CHEER CANDIDATE APPLICATION 2025-2026

****PLEASE ATTACH A CURRENT PHOTO TO THIS PAGE - NO LARGER THAN 4X6****

Name: _____

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

CURRENT Standing Tumbling Skills you can successfully land on dead mat:

CURRENT Running Tumbling Skills you can successfully land on dead mat:

CURRENT Stunting Positions (Flyer, Main Base, Side Base, and/or Blackspot)

Please rank positions on preference/experience:

CURRENT Stunts you can perform, and please list the corresponding stunting position:

Prior Cheer Experience:

Please list any other activities you plan to be involved in next year (All-star cheer, work, sports, clubs, etc.). Please be specific.

*Why do you want to be a KISD high school cheerleader, mascot, or manager?

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

*Explain, in detail, how you will be committed to this program for the entire year.
Use other side if necessary.

3. TEAM PLACEMENT COMMITMENT CONTRACT 2025-2026

I, _____ understand that I am trying out for a possible position in a KISD cheer program for the 2025-2026 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 interest of the program, not the individual.

PLEASE INITIAL NEXT TO EACH OPTION THAT APPLIES IN BOTH SECTIONS.

**PLEASE READ ENTIRE COMMITMENT CONTRACT CAREFULLY
BEFORE MAKING YOUR SELECTIONS!!!**

Section 1: Junior Varsity Selection

_____ 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: Varsity Selection

_____ 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 were placed, the candidate will not be included on the posting of the final team roster. Any candidate that resigns after being placed on a team will NOT be eligible to tryout the following year (2026-2027).***

Injured candidates who are unable to demonstrate 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 perform during tryouts. Injured candidates may appear on the final team posting with an asterisk and may be added to the team once they have been released from doctor's care and have demonstrated the skill(s) required for that team. Injured candidates must attend **ALL** days of tryouts to be eligible for placement consideration.

Skills MUST be demonstrated prior to the end of the 2024-2025 school year to avoid being removed from the cheer program.

Cheerleader Signature: _____ Date: _____

Parent Signature: _____ Date: _____

4. ACTIVITY PERMISSION FORM

_____ has my permission to tryout for KISD Cheerleader, Mascot, or Manager 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 (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 cost me **approximately \$3,500.00** for camp, uniforms, events, supplies, and other related expenses. **I understand that I will be held responsible for these costs and agree to pay expenses. Failure to make timely payments may result in probationary status, suspension and can 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 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 _____

5. TRAVEL/MEDICAL RELEASE 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 _____ School gives 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 that 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

_____ and our Policy number is _____.

Parent/Guardian Signature

Date

***6 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

7. 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 always give my best effort 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.

I understand that through my commitment as a KISD cheerleader, mascot or manager, my picture and/or videos of team performances can be used by KISD athletics and the cheer program for purposes of social media, communication, and promotions for KISD athletics. I hereby release KISD from any and all claims which arise out of or are in any way connected with such use.

Student Name

Student Signature

Date

Parent/Guardian Name

Parent/Guardian Signature

Date

8. EMERGENCY INFORMATION FORM

Name: _____ School ID#: _____ Current Age: _____

Birthday: _____ M/F: _____ Grade (2025-2026): _____

School (2023-2024): _____

Home Address: _____ City: _____

Zip Code: _____

ALLERGIES: _____

Does the student take medication(s) routinely? (YES/NO)

If yes, what type and how often? _____

Family Physician: _____ Phone: _____

Address: _____ City: _____ Zip Code: _____

Family Hospitalization Insurance Co. _____

Address: _____ City: _____ Zip Code: _____

Policy No. _____ Hospital Preference: _____

Name of Parents/ Guardian: _____

Father's Place of Employment: _____

Business Address: _____ Phone: _____

Mother's Place of Employment: _____

Business Address: _____ Phone: _____

PARENT/GUARDIAN PERMIT WAIVER

If, in the judgment of any representative of the school, the said student should need immediate care and treatment as a result of an injury or sickness, I do hereby request, authorize and consent to such care and treatment as may be given the said student by any physician, trainer, nurse or school representative, and I do hereby agree to indemnify and save harmless the school and any school representative from any claim by any person whomsoever on account of such care and treatment of said student. I understand that over the counter medicines will only be given to my child if I provide the medication in its original unopened state with my child's name clearly labeled.

Signature of Parent/ Guardian _____ Date _____

9. Keller ISD Extra-Curricular Code of Conduct Signature Page

This page must be signed by both the student and parent/legal guardian of the student 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 has read and understands 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 offices of the Coaches, Sponsor, or Director prior to any practice or competition.

*A Copy of This Document can be found on the [Keller ISD District Cheerleading page](#). You **MUST** read it in it's entirety before signing above. *

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"/>	<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.		
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 ☐ 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.

12. REPORT CARD REMINDER



ALL candidates **MUST** turn in a copy of their **first semester report card** with their paperwork.

Reminder: all 1st semester seat time must be completed before the first day of tryouts!

*2-9 weeks of academic ineligibility will be subject to academic review by the head coach and the assistant principal. If a candidate can audition and makes the program, the candidate enters on a probationary contract.

*More than 1 conduct grade of N or U for any candidate will cause them to enter on probationary status with a contract agreed upon by the head coach and administrator.