

KHS REQUIRED TRYOUT FORMS AND INSTRUCTIONS

2026-2027

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 date in 2026 - Due with a packet.*
12. 1st SEMESTER Report Card
-Tryout packets are NOT considered complete without a 1st-semester report card.

***KHS Tryout paperwork MUST be printed SINGLE SIDED and can be found online at:**

Application/Required Paperwork DUE: Thursday, February 19th no later than 4:00 pm
Paperwork should be delivered to 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.

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 KHS/KISD Cheerleading Program. We wish you the best of luck.

Sincerely,

Shelly Waggoner – KHS Varsity Head Coach
Lauren Simmons - KHS Assistant Coach



Questions: Please contact Coach Waggoner at shelly.waggoner@kellerisd.net with any questions.

1. CANDIDATE INFORMATION FORM



Name: _____ Student ID: _____

2026-2027 School Year (circle one): 9 10 11 12

CURRENT School: _____

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

Sweatshirt 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: _____

Parent 1 Name _____ Parent 1 Cell #: _____

Parent 1 E-mail address: _____

Parent 2 Name _____ Parent 2 Cell #: _____

Parent 2 E-mail address: _____

Indicate what position you plan to try out for in the cheer program:

_____ Cheerleader _____ Mascot

Do you plan to try out for a leadership position? (Circle) Yes No

*Note: Must have been in the cheer program the previous 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 2026-2027

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

Name: _____

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 KHS cheerleader or mascot?

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

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

3. TEAM PLACEMENT COMMITMENT CONTRACT 2026-2027

I, _____, understand that I am trying out for a possible position in a Keller ISD cheer program for the 2026–2027 school year. I also understand that I am trying out for a program, not a specific team. I recognize that team placement is determined by the coaching staff based on what is best for the cheer program as a whole, not the preference of any individual athlete. I also understand that team assignments may be adjusted at any time during the season at the discretion of the coaching staff.

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

READ THE 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.

SENIORS ONLY:

_____ I understand that if my tryout score **does not meet** the requirement for Varsity that I will **not be placed** on a team for the upcoming season.

REMINDERS:

After team selection, any candidate who chooses not to accept the position they were assigned will NOT be included on the final posted team roster. Any candidate who resigns after being placed on a team will not be eligible to try out for the following 2027–2028 year.

NOTE: Candidates who are injured or ill during the official tryout week and cannot demonstrate required skills must provide a medical doctor's note stating the diagnosis and any limitations. Injured candidates may appear on the final team posting with an asterisk and may be added to the team once they have been fully released by their doctor and have demonstrated the required skill(s) for that team. Injured candidates must attend ALL days of tryouts to remain eligible for placement consideration.

Skills MUST be demonstrated prior to the end of the 2025-2026 school year to avoid being removed from the cheer program.

Cheerleader Signature: _____ Date: _____

Parent Signature: _____ Date: _____

4. ACTIVITY PERMISSION FORM

_____ has my permission to try out for to be a KISD Cheerleader, Mascot, or Manager for the 2026–2027 school year. I understand that if selected, my child will be required to attend all sporting events, practices, camp, and other activities as scheduled by the coaching staff.

Due to the significant time commitment required by the KISD Cheer Program, jobs and participation in other nonacademic activities or sports that may interfere with cheerleading are strongly discouraged. KISD cheerleading responsibilities must take priority over all other activities. Approval from the cheer coach is required before tryouts, and any outside commitments must be discussed and agreed upon before participation in another sport or activity.

In accordance with state legislation, my child must maintain a passing average in all subjects at all times. I understand that elected program members are required to attend a cheerleading camp of up to one week during the summer (dates and location announced by coaches), as well as all mandatory summer and holiday practices and activities.

I understand that participation in the cheer program will **cost approximately \$3,500.00** for camp, uniforms, events, competitions, supplies, and other required expenses. I agree to be financially responsible for these costs and to make payments on time. Failure to make timely payments may result in probation, suspension, or dismissal from the program. I acknowledge that failure to maintain a zero balance may result in a hold on my student's school account.

I grant Keller Independent School District and its coaches/teachers permission to supervise my child and release them from liability while participating in cheerleading activities. I understand the tryout requirements, expectations, and consequences of violations. I agree to abide by these expectations and understand that all cheerleading selection decisions are final. I will demonstrate good sportsmanship by accepting the decision.

Parent Signature _____

Date _____

Student Signature _____

Date _____

5. TRAVEL/MEDICAL RELEASE FORM

I, _____, pledge to uphold all student policies and the high standards of Keller Independent School District. I understand that I am expected to follow all school rules during any school-sponsored trip, event, or activity, just as I would while on campus.

I understand that possession, use, or being under the influence of drugs and/or alcohol is strictly prohibited. I acknowledge that the school has the authority to enforce all policies, including the right to inspect luggage, lodging accommodations, transportation vehicles, and similar areas if necessary.

I understand that any infraction will be addressed according to school policy and may result in immediate removal from the trip or activity. If this occurs, I may be sent home at my parents' expense.

Student's Name	Age	Date of Birth
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Coach	Organization
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I, _____, being the legal parent/guardian of _____, a student at _____ School, give my full permission for my child to attend any KISD cheerleading-related event or activity.

I hereby release Keller ISD and all district administrators, faculty, and personnel from any and all claims, demands, actions, or causes of action related to injury, illness, or death that may occur while my child is participating in cheerleading activities.

I further consent to the treatment of _____, my son/daughter/ward, by Public Health Service medical facilities or by a licensed civilian physician or medical facility as needed in the event of illness or an accident. This consent includes any medical, anesthesia, surgical treatment, or hospital services rendered under the general or specific direction of the attending physician or any other physician assigned to their care.

MEDICAL INFORMATION

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

He/she requires medication for the treatment of _____

The following 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 KHS/Keller ISD Cheerleader/Mascot/Manager, and as the Parent of Keller ISD Cheerleader/Mascot/Manager, I promise to abide by the below expectations...

- 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 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
_____ Parent/Guardian Name	_____ Parent/Guardian Signature	_____ Date

8. EMERGENCY INFORMATION FORM

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

Birthday: _____ M/F: _____ Grade (2026-2027): _____

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: _____

Parent 1 Place of Employment: _____

Business Address: _____ Phone: _____

Parent 2 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
KHS Cheer website, or th [Keller ISD District Cheerleading page](#).
You **MUST** read it in its entirety before signing above.*

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/games/matches.

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.