

Houston High School- Cheer Tryouts

Sponsors: Kelsey Woolfolk & Ashley McInnis (black) kelsey.woolfolk@gmsdk12.org

Crista Ponder (silver) crista.ponder@gmsdk12.org

Tryouts: April 12th, 13th, & 14th from 4:00-6:00- HHS Gym. \$25 tryout fee*

Mandatory Post-Tryout Meeting– Monday, April 17th at 5:30pm

First payment due (approximately \$425)

Uniform Fitting– April 20th - Silver: 3pm, Black: 3:30pm

A parent/guardian MUST attend this fitting. You will be setting up a payment account with Varsity.

Camp Dates– TBA.

Grade/Conduct Requirements:

For Tryouts:

Incoming Freshmen- Passing grades in ALL subjects from previous year

10th- 12th- Passing grades in all subjects/ minimum 2.0 GPA

For School Year:

No F'S during any marking period.

Requirements:

Please wear a t-shirt/tank, shorts, and tennis shoes/ cheer shoes to tryouts. Have your hair out of your face. Please do not wear any jewelry.

**Please bring the following:

- a. Information form
- b. Signed tryout form/ liability release form
- c. Signed Alternates Policy
- d. Signed Sit Policy
- e. Signed Apparel/Accessory Financial Agreement
- f. Completed TSSAA Physical form signed by a physician (See NOTE below*)
- g. Signed TSSAA Concussion Statement
- h. Signed Sudden Cardiac Arrest Form
- i. Recent copy of grades

You must have your tryout fee (cash, check, or money order) and the above forms on the first day of tryouts in order to participate.

***NOTE:** TSSAA requires that all physicals for the 2023-2024 season be completed **AFTER** April 15, 2023. ALL cheerleaders will need an updated physical performed AFTER April 15, 2023 that is documented on the TSSAA Physical form (History Form-TSSAA). All physicals must be returned to the sponsor at Tryouts.

Houston High School Cheerleading

Requirements:

- Squad members will be enrolled at Houston High school in grades 9-12 and participate according to TSSAA rules.
- Sports medical filled out by a physician
- Insurance coverage
- Gymnastic, stunt and cheer skills as outlined by sponsor and coach
- Cheer is a priority over other activities and all competitions, practices, games, camp, and other activities are mandatory. If needed, the coaches will implement a demerit system.

Conduct:

- Cheerleaders represent Houston and as such are more prominent and should exhibit exemplary behavior at all times.
- Unsatisfactory conduct/ behavior both in and outside of class and disciplinary actions will result in a warning, probation, or removal from squad.

Practices:

- Members are expected to be on time for practices, wear specified practice clothes, be attentive and cooperative and stay until the end. Please bring bag, water, paper, tape, and wrap. No soft drinks. Closed practices.
- Mandatory practices will be scheduled during game and competition months. Additional practices will be scheduled as needed.
- Any absence from practice must be approved by the sponsors/ coaches (including college visits).
- Practices take place immediately following tryouts. We will practice from when school begins and continue until Nationals in February.
- Girls are required to attend one gymnastic class per week with the rest of the squad. We strongly encourage the girls to attend tumbling additional to this. (Not mandatory for Silver team members, but strongly encouraged)

Expenses:

- Uniforms, shoes, accessories, camp, coaching fees, sponsor fees, competition, camp, gymnastics and other expenses will be paid by the families of squad members.
- Parents will need to set up a Varsity account in order to pay Varsity directly for uniform.
- Sponsor approved parent fundraisers will be held to defray some of the expenses.
- Failure to stay current with cheer expenses will result in temporary suspension of cheerleader. (Please let us know of any extenuating circumstances).

Academics:

- Sponsors will check girl's grades. Grades lower than a C will result in a warning, probation, or non-participation.

Miscellaneous:

- No jewelry, gum, or nail polish at any cheer events.
- Boyfriends may not travel with the squad or squad member to competitions or sit with squad members during a competition, show night, game, or other events where we are represented as a squad.

Information Form

Name:	Cheerleader's Cell:
Address:	2023-2024 Grade:
Age:	Birthdate:

Mother's Name:
Mother's Cell Phone:
Mother's Work Phone:

Father's Name:
Father's Cell Phone:
Father's Work Phone:

Preferred Email Address:
Secondary Email Address (if applicable):

Emergency Contact:	
Phone Number:	Relationship
Insurance Name:	
Group Number:	Policy Number:
Preferred Hospital:	

I hereby give consent authorizing treatment for my daughter.

(Parent Signature)

(Student Signature if over 18)

Houston High School 2023-2024

Cheer Squad Tryout Form

Name _____ '23-'24 Grade _____

My daughter, _____, has my permission to try out for the cheerleading squads at Houston High School. We understand that we are required to pay all expenses involved with the Cheer squad should our daughter make the squad.

Parent Signature _____ Date _____

LIABILITY RELEASE

I, _____ (parent/legal guardian name) as a parent or legal guardian of _____ (cheerleader name), a minor, do hereby grant permission to allow her to participate in Cheer tryouts. I also agree to allow her to participate in all cheer related activities including but not limited to practices, games, competitions, and team building events. I, on my own behalf and on behalf of the minor, agree to release from liability and to indemnify and hold harmless Houston High School, and any of its employees representing or related to the school as regards to cheer tryouts and cheer related activities for the entire duration of the cheer season.

The release is for any and all liability for personal injury and property losses in connection with any activity related to this event.

Signature of Parent/Guardian _____ Date _____

ALTERNATES POLICY

When cheerleading teams compete, the coach(es) enter(s) the team in the division that he/she feels the team will be most successful. Cheerleading divisions have restrictions with regard to skill and team size (i.e., number of girls permitted on the floor). The coach(es) take into consideration the team's skill level, the division restrictions, and the number of eligible cheerleaders. Team size is affected when girls leave the team. Cheerleader eligibility is affected by injuries, grades, conduct, attendance, commitment to squad activities, time between competitions, squad needs, and good financial standing. In order to insure enough eligible cheerleaders for competition, more girls may be chosen for the team than are needed for competition. Alternates are selected when the number of eligible cheerleaders exceeds the number of cheerleaders needed for competition.

We want to make sure that everyone understands this policy. Please read this with your parents and sign your names below.

Cheerleaders in good financial standing and who meet the grade/conduct requirements, will be included in squad activities and practices. Competitions are not considered "squad activities."

Cheerleader Signature _____ Date _____

Parent Signature _____ Date _____

SIT POLICY

When a cheerleader's account becomes "past due," the cheerleader will be placed on a "sit list" and will sit out of all practices, games, competitions, and cheerleader-related activities until the account comes into "good standing." The sponsor will reinforce the "sit list."

Cheerleader Signature _____ Date _____

Parent Signature _____ Date _____

APPAREL and ACCESSORY

STATEMENT OF UNDERSTANDING AND FINANCIAL AGREEMENT

Statement of Understanding:

Houston High School Cheer facilitates the fitting of cheerleaders for competition and game uniforms, poms, rain wear, practice clothes, warm-ups, and accessories (e.g., duffle bags, bows). Many of these items are custom-fit items and many are embroidered. Some items are branded by the vendor (e.g., Varsity); others are branded for Houston High Cheer; and others are personalized with cheerleader's names/initials. Due to the branding and individualized nature of many of these items, they cannot be returned, exchanged, or refunded.

Financial Agreement:

My signature below indicates that I have read, understand, and agree with the above Statement of Understanding.

Parent Signature _____ Date _____

Cheerleader Name _____

If your daughter makes the team, we will embroider/monogram various items throughout the year. In order to do so, we will need to know how you would like her

FIRST name EMBROIDERED: _____

Initials MONOGRAMMED.

Specify initials in this order: first name, last name, middle name: _____

2022-2023

HHS Cheer Team Policy



OVERVIEW:

- This is a policy that will be effective immediately upon announcing the team.
- Parents, please ensure that your athlete understands the expectations and regulations of this policy as well as the benefits, risk and responsibility that follow being a student athlete at HHS.

SOCIAL MEDIA POLICY:

Social media connects people in various corners of the world, helping to build relationships through social interaction using highly accessible communication techniques. Examples include: Snapchat, Twitter, Facebook, Instagram, YouTube, Vimeo, Tumblr, LinkedIn, Flickr, WhatsApp, Kik, YikYak and TikTok.

Suggested Practices

- o Remember that the Internet is PERMANENT!
- o Be in the right state of mind whenever you make a post – DO NOT post when you're angry, upset or your judgement is impaired in any way
- o Check your privacy settings. It is recommended that the strongest security settings be used. Student-athletes should have "protected tweets", wherein only approved followers will be able to view tweets.
- o NEVER post your home address, local address, phone number, birth date or other personal information. You could be a target of predators.
- o Understand that anything posted online is available to anyone in the world – any content placed online becomes the property of the site(s) and is completely out of your control the moment it is placed online, EVEN if you limit access to your page.
- o Student-athletes could face discipline and even dismissal for violations of team social media policies.
- o Having social media interactions that exchange ANY sexually explicit material is strictly prohibited.

Social Media Guidelines:

1. Penalties for violating the social media policy may result in sitting out of practice, games or competition, suspension or removal from the team as deemed necessary by sponsor, coach and/or administration.

2. DO: Be positive, supportive and professional. You are representing more than just yourself on social media. You are representing Houston High Cheer, Houston High School and GMSD.
3. DO: Share excitement about HOUSTON CHEER. Celebrate your victories and accomplishments of your team and other Houston teams!
4. DO NOT post anything that demonstrates inappropriate or illegal activities
5. DO NOT post anything you wouldn't want your parents, coach or sponsor to hear (or see). If you have to ask – is this appropriate to post online – you probably shouldn't post it.
6. DO NOT post offensive or inappropriate language, pictures, videos or comments. Don't post anything that could be deemed sensitive or confidential.
7. NEVER disrespect or "put down" another person/organization/team on social media – Cyberbullying is NOT TOLERATED. This includes, judges, coaches, the school, opponents, other teams, etc.
8. Anything posted of a girl in a HOUSTON CHEER UNIFORM must be positive and in good character. The above statements must be considered.
9. DO NOT HAVE FAKE ACCOUNTS. All accounts must be listed in their name and must depict an accurate representation of the account holder. You are responsible for REPORTING any knowledge of a fake/secret social media account belonging to another team member.

ATTENDANCE POLICY:

- Cheer should take priority over ALL other activities.
- Practices, performances, games and competitions are MANDATORY.
- Doctor, dentist and other appointments should be scheduled AROUND cheer activities.
- Please notify sponsor immediately of emergencies, illness and/or injuries.
- Long term illness or injuries should be accompanied by a doctor's note.

BEHAVIOR POLICY:

HHS Cheer team members are role models who should represent their school, team, family and community in a positive manner at all times. Consequently, any inappropriate or unsatisfactory conduct/behavior committed by a cheerleader, in or outside of school, is subject to penalty. Penalties may include sitting out practices, games, competitions, suspension or removal from the team as deemed necessary by sponsor, coach and/or administration.

Subject to penalties:

- Missing practices, camp, games, performances, competitions, etc. (unless excused by coach or sponsor)
- Arriving late for practices, games, performances, competitions, etc.
- Exhibiting bad or negative attitude/behavior towards sponsor, coaches, peers and/or team members
- Failure to return payments or materials by due date
- Not having required uniform, practice clothes, shoes, poms or other items needed for games, practices, and or competitions

TEAM LOYALTY POLICY:

Any team member that leaves the team by choice or dismissal will not be a candidate for future team tryouts. Team members leaving the team at any time of the season puts the entire team at risk. Every team member is an important member of the team and is needed the entire season.

Whether a cheer team member has resigned or been dismissed, the team member isn't entitled to any refund. The cheer team member/family is still responsible for paying in full any remaining monthly fees for the season including but not limited to any non-refundable competition or contractual items that have been purchased on the team members behalf – such as but not limited to competition registrations, hotel, airfare, uniform pieces etc whether or not the cheerleader will need/use said items. A cheerleader's resignation or dismissal will not be allowed to negatively impact other team members/families financially.

SUBJECT TO TEAM SUSPENSION OR DISMISSAL

- Excessive absences from school, performances and/or practices
- Receiving detention
- Receiving ISS (in school suspension)
- Receiving OSS (out of school suspension)
- Displaying an uncooperative attitude and/or undesirable conduct at school towards administration, teachers, coach etc.
- Displaying inappropriate pictures, behavior, conduct and/or bullying on social media
- Not maintaining a passing grade and/or satisfactory conduct in every class at the end of each grading period
- Exhibiting any conduct or action detrimental to squad or school as deemed by school administration or sponsor/coach

I have read and understand and will adhere to all team policies.

PARENT SIGNATURE_____

DATE_____

CHEERLEADER SIGNATURE_____

DATE_____

Athlete/Parent/Guardian Sudden Cardiac Arrest Symptoms and Warning Signs Information Sheet and Acknowledgement of Receipt and Review Form

What is sudden cardiac arrest?

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens, blood stops flowing to the brain and other vital organs. SCA doesn't just happen to adults; it takes the lives of students, too. However, the causes of sudden cardiac arrest in students and adults can be different. A youth athlete's SCA will likely result from an inherited condition, while an adult's SCA may be caused by either inherited or lifestyle issues. SCA is NOT a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the heart to suddenly stop beating.

How common is sudden cardiac arrest in the United States?

SCA is the #1 cause of death for adults in this country. There are about 300,000 cardiac arrests outside hospitals each year. About 2,000 patients under 25 die of SCA each year. It is the #1 cause of death for student athletes.

Are there warning signs?

Although SCA happens unexpectedly, some people may have signs or symptoms, such as:

- fainting or seizures during exercise;
- unexplained shortness of breath;
- dizziness;
- extreme fatigue;
- chest pains; or
- racing heart.

These symptoms can be unclear in athletes, since people often confuse these warning signs with physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated.

What are the risks of practicing or playing after experiencing these symptoms?

There are risks associated with continuing to practice or play after experiencing these symptoms. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who experience SCA die from it.

Public Chapter 325 – the Sudden Cardiac Arrest Prevention Act

The act is intended to keep youth athletes safe while practicing or playing. The requirements of the act are:

- All youth athletes and their parents or guardians must read and sign this form. It must be returned to the school before participation in any athletic activity. A new form must be signed and returned each school year.

- The immediate removal of any youth athlete who passes out or faints while participating in an athletic activity, or who exhibits any of the following symptoms:
 - (i) Unexplained shortness of breath;
 - (ii) Chest pains;
 - (iii) Dizziness
 - (iv) Racing heart rate; or
 - (v) Extreme fatigue; and
- Establish as policy that a youth athlete who has been removed from play shall not return to the practice or competition during which the youth athlete experienced symptoms consistent with sudden cardiac arrest
- Before returning to practice or play in an athletic activity, the athlete must be evaluated by a Tennessee licensed medical doctor or an osteopathic physician. Clearance to full or graduated return to practice or play must be in writing.

I have reviewed and understand the symptoms and warning signs of SCA.

Signature of Student-Athlete

Print Student-Athlete's Name Date

Signature of Parent/Guardian

Print Parent/Guardian's Name Date



Office of Operations
6685 Poplar Avenue
Suite 202
Germantown, TN 38138
Phone: 901-752-7900
Fax: 757-6479

**ASSUMPTION OF RISK AND RELEASE FOR
ACTIVITIES HELD ON PROPERTY OF THE
GERMANTOWN MUNICIPAL SCHOOLS BOARD OF EDUCATION**

In consideration of my child/ward being permitted to participate in the Athletic/Activity Program conducted by the _____ at _____
(Name of school)

I, as parent and guardian of the participating child, do hereby agree to assume all the risks and responsibilities relative thereto.

I hereby represent to the Germantown Municipal School District that the child is capable of participating in this activity and understand that participants are strongly encouraged to consult a physician prior to any participation.

I hereby recognize the risks of illness and injury inherent in any activity based program, and the child's participating upon the express agreement and understanding that I do for myself, the child, my heirs, and personal representatives agree to defend, hold harmless, indemnify, release and forever discharge the Germantown Municipal School District, its respective officers, agents, representatives and employees from and against any and all rights, claims, demands, and actions or causes of action, including attorney's fees and court costs on account of damage to personal property, personal injury, or death which may result from the child's participation in this athletic/activity program.

By my signature below, I hereby confirm my understanding of this release statement holding the Germantown Municipal School District harmless, and acknowledge that they do not carry health and accident insurance to cover participants of this program and that participants are strongly encouraged to obtain full insurance coverage prior to participation in the Program.

_____/	_____
Signature of Parent / Guardian	Date
_____/	_____
Name of Child	Age

THIS FORM MAY BE DUPLICATED IF NECESSARY

■ PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? ☐ Yes ☐ No If yes, please identify specific allergy below.

☐ Medicines

☐ Pollens

☐ Food

☐ Stinging Insects

Explain “Yes” answers below. Circle questions you don’t know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

Explain “yes” answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

■ PREPARTICIPATION PHYSICAL EVALUATION

THE ATHLETE WITH SPECIAL NEEDS:

SUPPLEMENTAL HISTORY FORM

This document is only necessary when the individual has a documented special need.

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

1. Type of disability		
2. Date of disability		
3. Classification (if available)		
4. Cause of disability (birth, disease, accident/trauma, other)		
5. List the sports you are interested in playing		
	Yes	No
6. Do you regularly use a brace, assistive device, or prosthetic?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or any other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

Explain "yes" answers here

Please indicate if you have ever had any of the following.

	Yes	No
Atlantoaxial instability		
X-ray evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

■ PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION			
Height _____	Weight _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	
BP _____ / _____ (_____ / _____)	Pulse _____	Vision R 20/ _____ L 20/ _____	Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS	
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			
Eyes/ears/nose/throat • Pupils equal • Hearing			
Lymph nodes			
Heart ^a • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)			
Pulses • Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Genitourinary (males only) ^b			
Skin • HSV, lesions suggestive of MRSA, tinea corporis			
Neurologic ^c			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional • Duck-walk, single leg hop			

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

^bConsider GU exam if in private setting. Having third party present is recommended.

^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- ☐ Cleared for all sports without restriction
- ☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____
- ☐ Not cleared
- ☐ Pending further evaluation
- ☐ For any sports
- ☐ For certain sports _____
- Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

■ PREPARTICIPATION PHYSICAL EVALUATION

CLEARANCE FORM

This form is for summary use in lieu of the physical exam form and health history form and may be used when HIPAA concerns are present.

Name _____ Sex ☐ M ☐ F Age _____ Date of birth _____

☐ Cleared for all sports without restriction

☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

☐ Not cleared

☐ Pending further evaluation

☐ For any sports

☐ For certain sports _____

Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

EMERGENCY INFORMATION

Allergies _____

Other information _____

CONSENT FOR ATHLETIC PARTICIPATION & MEDICAL CARE

*Entire Page Completed By Patient

Athlete Information

Last Name _____ First Name _____ MI _____

Sex: ☐ Male ☐ Female Grade _____ Age _____ DOB ____/____/____

Allergies _____

Medications _____

Insurance _____ Policy Number _____

Group Number _____ Insurance Phone Number _____

Emergency Contact Information

Home Address _____ (City) _____ (Zip) _____

Home Phone _____ Mother's Cell _____ Father's Cell _____

Mother's Name _____ Work Phone _____

Father's Name _____ Work Phone _____

Another Person to Contact _____

Phone Number _____ Relationship _____

Legal/Parent Consent

I/We hereby give consent for (athlete's name) _____ to represent (name of school) _____ in athletics realizing that such activity involves potential for injury. I/We acknowledge that even with the best coaching, the most advanced equipment, and strict observation of the rules, injuries are still possible. ***On rare occasions these injuries are severe and result in disability, paralysis, and even death. I/We further grant permission to the school and TSSAA, its physicians, athletic trainers, and/or EMT to render aid, treatment, medical, or surgical care deemed reasonably necessary to the health and well being of the student athlete named above during or resulting from participation in athletics.*** By the execution of this consent, the student athlete named above and his/her parent/guardian(s) do hereby consent to screening, examination, and testing of the student athlete during the course of the pre-participation examination by those performing the evaluation, and to the taking of medical history information and the recording of that history and the findings and comments pertaining to the student athlete on the forms attached hereto by those practitioners performing the examination. As parent or legal Guardian, ***I/We remain fully responsible for any legal responsibility which may result from any personal actions taken by the above named student athlete.***

Signature of Athlete

Signature of Parent/Guardian

Date

CONCUSSION

INFORMATION AND SIGNATURE FORM FOR STUDENT-ATHLETES & PARENTS/LEGAL GUARDIANS (Adapted from CDC “Heads Up Concussion in Youth Sports”)

Public Chapter 148, effective January 1, 2014, requires that school and community organizations sponsoring youth athletic activities establish guidelines to inform and educate coaches, youth athletes and other adults involved in youth athletics about the nature, risk and symptoms of concussion/head injury.

Read and keep this page.
Sign and return the signature page.

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a “ding,” “getting your bell rung” or what seems to be a mild bump or blow to the head can be serious.

Did You Know?

- Most concussions occur *without* loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports **one or more** symptoms of concussion listed below after a bump, blow or jolt to the head or body, s/he should be kept out of play the day of the injury and until a health care provider* says s/he is symptom-free and it’s OK to return to play.

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETES
Appears dazed or stunned	Headache or “pressure” in head
Is confused about assignment or position	Nausea or vomiting
Forgets an instruction	Balance problems or dizziness
Is unsure of game, score or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness, even briefly	Feeling sluggish, hazy, foggy or groggy
Shows mood, behavior or personality changes	Concentration or memory problems
Can’t recall events <i>prior</i> to hit or fall	Confusion
Can’t recall events <i>after</i> hit or fall	Just not “feeling right” or “feeling down”

**Health care provider means a Tennessee licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training*

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention after a bump, blow or jolt to the head or body if s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless or agitated
- Has unusual behavior
- Loses consciousness (*even a brief loss of consciousness should be taken seriously*)

WHY SHOULD AN ATHLETE REPORT HIS OR HER SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brains. *They can even be fatal.*

Remember:

Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care provider* says s/he is symptom-free and it's OK to return to play.

Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration such as studying, working on the computer or playing video games may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

* Health care provider means a Tennessee licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training.

Student-athlete & Parent/Legal Guardian Concussion Statement

Must be **signed and returned** to school or community youth athletic activity prior to participation in practice or play.

Student-Athlete Name: _____

Parent/Legal Guardian Name(s): _____

After reading the information sheet, I am aware of the following information:

Student-Athlete initials		Parent/Legal Guardian initials
	A concussion is a brain injury which should be reported to my parents, my coach(es) or a medical professional if one is available.	
	A concussion cannot be "seen." Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.	
	I will tell my parents, my coach and/or a medical professional about my injuries and illnesses.	N/A
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	N/A
	I will/my child will need written permission from a <i>health care provider*</i> to return to play or practice after a concussion.	
	Most concussions take days or weeks to get better. A more serious concussion can last for months or longer.	
	After a bump, blow or jolt to the head or body an athlete should receive immediate medical attention if there are any danger signs such as loss of consciousness, repeated vomiting or a headache that gets worse.	
	After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before the concussion symptoms go away.	
	Sometimes repeat concussion can cause serious and long-lasting problems and even death.	
	I have read the concussion symptoms on the Concussion Information Sheet.	

** Health care provider* means a Tennessee licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training

Signature of Student-Athlete

Date

Signature of Parent/Legal guardian

Date