



CHEERLEADER, YELL LEADER AND MASCOT TRYOUTS

**Mandatory Tryout Parent Meeting
Monday February 23rd - Tryout meeting
in the TCHS cafeteria at 6:30 PM.**

****All paperwork is due on or before February 23rd.**

**Mandatory Tryout Evaluations
March 9th & 10th (4:30-6:30 PM)**

**Mandatory Tryout Evaluation
Wednesday March 11th**

****Paperwork is on the website: All forms are digital with the exception of the Physical and the Extracurricular Code of Conduct! The Physical should be completed by a doctor. You can find all forms using the QR code below and clicking on the Tryouts tab.**



Tryout Packet Table of contents

Parental Letter (gives all dates and commitments for parent meeting, paperwork due, clinics and tryouts).....	0
Cost Estimate Sheet (Please note that some prices are subject to change a little and that fundraisers and payment plans will be offered!).....	1
Tentative calendars (March-August).....	2-7
Cheerleader information sheet (online submission by 2/23).....	8
TCHS Parental Permission Form (online submission by 2/23).....	8
Cheerleader Tryout Application (online submission by 2/23).....	8
Extracurricular Code of Conduct (print and turn in by 2/23).....	8
Early Graduation Contract (ONLY complete this if you are a senior planning to graduate early! online submission by 2/23)...	8
Extracurricular Code of Conduct (print and turn in by 2/23).....	9
Physical form MUST be filled out by a doctor (to be turned in no later than the start of the first clinic day 3/9).	10-11

***All forms in the packet are online submissions except for the Physical form and the Extracurricular Code of Conduct. You must turn in a copy of your physical if you are new to the program and it must have been completed by a doctor within the last calendar year on the date of tryouts. Those outside the cheer program that have had a physical within the last calendar year, may submit a copy of that one for tryouts, but if making the team, will be asked to get a new one by the required deadline. The Extracurricular Code of Conduct should be printed and completed.**

Parental Letter

Dear parents/guardians,

We really appreciate that you and your child are interested in the TCHS cheerleading program! The tryout date this year will be **Wednesday, March 11th** in the Varsity gym with the tryout evaluations running **March 9th and 10th** in the Varsity/Middle gym at TCHS. Please read all information in the packet carefully and make sure that **ALL** the correct paperwork is turned in on or before **February 23rd**.

Parent Meeting:

It is very important for each parent and child to understand that there is a great deal of commitment once chosen as a TCHS cheerleader. You and your child need to plan to commit to the full cheer year. The mandatory parent meeting will be in the TCHS cafeteria (enter at the teacher parking lot of the high school) on **Monday, February 23rd at 6:30 PM**. All participants **MUST** have a parent/guardian at the meeting and sign off on it in the paperwork to be eligible to try out. Participants are also highly encouraged to attend the meeting. Please contact Coach Jones if there is a situation beyond your control that keeps you from attending the meeting.

Paperwork:

Most of these forms will be digital and need to be completed online. **Due: On/Before 2/23/26**

1. Cheer information sheet (digital)
2. Cheer Tryout permission form (digital)
3. Cheerleader tryout application(digital)
4. Extracurricular Code of Conduct(print, complete and turn in, in person)
5. Physical form(bring in person if new to the program or scan and email)
6. Early graduation form(digital- if applicable- only for seniors that wish to graduate early).

Current team members may use their physicals on file but must have a new one by the coach's deadline. The physical **MUST** be filled out by a doctor on the provided form only. MS athletes/other TCHS athletes that already have a physical within the past year can get a copy of their physical and turn that in.

Tryout Evaluations:

All participants **MUST** attend all days, including the evaluation days on March 9th & 10th as well as tryouts on March 11th. If your child has a conflict with another school function, please talk to the coach about options.

When: March 9th & 10th from 4:30 - 6:30 in the middle gym & March 11th starting at 3pm with varsity candidates followed by JV and freshman candidates.

Wear: White T-shirt/tank top with black shorts and all white tennis shoes on the day of the tryout and during the clinic days. ****None of the attire should have anything related to cheerleading printed on it.****

Parent's, please remember that no one is allowed at the clinic or the tryout except for the participants, coaches, administrators, and anyone else approved helping with the clinic or tryout. **Tryout results will be posted on the school website by Friday evening March 13th.**

All questions and concerns should be directed to the coaches at the parent meeting on February 23rd. Any questions that may come up after this date may be directed to Coach Jones at 469-948-2550 or by email at jonesha@lisd.net.

Thanks again for your interest!

Heather Jones-TCHS Varsity Cheer Coach
Madison McClain- TCHS JV Cheer Coach
TeAta Truss (Coach T)- TCHS Freshmen Coach

Cost Estimate Sheet

***Note: Some prices are based on last year's prices and are subject to change a little. THERE WILL BE FUNDRAISERS AND PAYMENT PLANS OFFERED!!!**

Returning Varsity and Junior Varsity members

\$225-\$465 Basic Uniform (provided all their other items are in good condition)- 2 pr. Shoes-\$95, megaphone (Sr. only)-\$39, megaphone decals (Sr. only)- \$45 camp hair ribbon/pink out bow- \$10, pep-rally/booster club shirts/accessories/Hoco costume/camp gift/pink out socks- \$120, New uniform to keep (Sr only)- \$156
\$143 Camp/practice outfits (4 shorts/5 shirts)
\$490 NCA Camp (4-day overnight camp, includes meals and housing)

TOTAL= \$858-\$1098

New Cheerleaders

\$590 Basic Uniform- crop top- \$26, black leggings- \$28, 1 pr. of briefs- \$16, 1 pr. of metallic poms- \$48, 2 pr. of shoes- \$95, monogrammed warm up suit- \$160 monogrammed backpack- \$48, uniform hair bow- \$16, black sports bra- \$23, pep-rally/booster club shirts/accessories/Hoco costume/camp gift/pink out socks- \$120, camp hair ribbon/pink out bow- \$10
\$143 Camp/practice outfits (4 shorts/5 shirts)
\$490 NCA Camp (4-day overnight camp, includes meals and housing)

TOTAL= \$1223

Mascots (will vary for male/female)

***See Coach for price options** (Camp clothes- \$143-\$183, Camp- \$490, pep shirts etc- \$120, 1 pr. Of shoes 48= **\$801-\$841**)

Yell Leaders

\$260-\$617 Basic Uniform- 2 pr. shoes- \$95, monogrammed warm up- \$160, monogrammed backpack- \$48, megaphone- \$39, megaphone decals (Sr. only)- \$45, pep-rally/booster club shirts/accessories/Hoco costume/camp gift/pink out accessories- \$120, uniform top to keep (Srs. Only)- \$110.
*Returning Yell Leaders will have lower costs if items are kept in good shape from year to year.
\$183 Camp/practice outfits (4 shorts/5 shirts)
\$490 Camp

TOTAL= \$933-\$1290

***Everyone add \$15 for shipping and 8.25% for tax to their order!**

Other cost through the year:

-Letter jackets are optional and WILL NOT be purchased through the cheer order. Varsity cheerleaders and those that compete at UIL can be fitted through athletics and will pay for them on your own.

***Several fundraisers will be set up to help cover costs. If there are any problems getting Money by the deadlines, please see Coach Jones prior to tryouts to discuss options. Booster club dues are approximately \$233-\$278 (depending on what team you are on) and will cover MOST little expenses throughout the year so that you don't have to pay out of pocket at that time. Payment plans will be set up for the booster club dues, but all must be paid by the August deadline. The UIL/competition teams will have additional costs, but fundraisers will also be offered to help cover these costs if needed. We are also looking at options for the Booster Club to cover competition fees.**



MAR 2026

Tentative All Squad Calendar

SUN	MON	TUE	WED	THU	FRI	SAT
01	02 Tryout Prep Clinic 4:30-6.	03 Graci's B-Day!	04	05	06 All Tryout Material posted on website.	07 Madi's B-Day!
08	09 Tryout Evaluations 4:30-6:30 Jayroe's B-Day!	10 Tryout Evaluations 4:30-6:30	11 Tryout Evaluations starting with Varsity @3 PM. Kaitlynn's B-Day!	12 Exams	13 Exams Early Release Tryout Results posted to website!	14
15	16 Spring Break! Cayci's B-Day!	17 Spring Break!	18 Spring Break!	19 Spring Break!	20 Spring Break!	21
22	23 Uniform fittings: Varsity- in class, JV-3:30-4:30, F- 4:30-5:30. After tryout parent meeting @6:30 in TCHS Cafeteria. 1 st pymt. of \$350 is due! Mikaela's B-Day!	24 Softball vs. Lone Star @6:45, be there @ 6:30. Wear BC shirt and black leggings. (Group 1) Alyssa's B-Day!	25 Uniform fittings: Varsity- in class, JV-3:30-4:30, F- 4:30-5:30.	26	27 Softball vs. Turner @6:45. Arrive at 6:30. Wear BC shirt and black leggings. (Group 2)	28
29	30	31				



APR 2026

Tentative All Squad Calendar

SUN MON TUE WED THU FRI SAT

01 02 03 04

Baseball @7:30, be there at 7:15. Wear BC shirt and black leggings. Group 1
No School!

05 06 07 08 09 10 11

Bad weather day if needed. If we have school practice 4:30-6.
Softball @6, be there @5:45
Group 1 Baseball @7:30, be there @ 7:15
Group 2 Both wear BC shirt and black leggings

12 13 14 15 16 17 18

Practice 4:30-6. Booster Club mtg. @6:30 in TCHS cafeteria.
Softball @6:45, be there at 6:30
Group 2
Baseball @7:30, be there at 7:15. Both wear BC shirt and black leggings. Group 1

19 20 21 22 23 24 25

Practice 4:30-6. 2nd pymt due of at least \$350.
Baseball @7:30, be there @ 7:15. Wear BC shirt and black leggings.

26 27 28 29 30

Practice 4:30-6.



MAY 2026

Tentative All Squad Calendar

SUN MON TUE WED THU FRI SAT

01

02

03

04

Practice
4:30-6
BC mtg. @6:30
in cafeteria.

05

06

Practice
4:30-6

07

08

09

10

11

Practice
4:30-6

12

13

Practice
4:30-6

14

15

16

17

18

Final/3rd cheer
payment due!
At least \$350 or
final balance

19

20

21

Exams

22

Exams
Half day
Last day of
school!

23

24

25

26

27

Summer Open
Gym 10AM-12.

28

29

30

31



JUNE 2026

Tentative All Squad Calendar

SUN	MON	TUE	WED	THU	FRI	SAT
	01	02	03 Open Gym 10AM-12PM	04	05 Final Pymt. due if not paid on 5/18.	06
07 NCA Cheer camp @Courtyard Allen. Times TBA	08 NCA Cheer camp @Courtyard Allen. Times TBA	09 NCA Cheer camp @Courtyard Allen. Times TBA	10 NCA Cheer camp @Courtyard Allen. Times TBA	11	12	13
14	15	16	17 Open Gym 10AM-12PM	18	19	20
21	22	23	24 Open Gym 10AM-12PM	25	26	27
28	29	30				



JULY 2026

Tentative All Squad Calendars

SUN MON TUE WED THU FRI SAT

01 **02** **03** **04**
Open Gym
10AM-12PM

05 **06** **07** **08** **09** **10** **11**
Click here to
replace text.
Open Gym
10AM-12PM

12 **13** **14** **15** **16** **17** **18**
Open Gym
10AM-12PM

19 **20** **21** **22** **23** **24** **25**
Open Gym
10AM-12PM

26 **27** **28** **29** **30** **31**
Open Gym
10AM-12PM



AUG 2026

Tentative All Squad Calendar

SUN MON TUE WED THU FRI SAT

01

02 03 04 05 06 07 08

Practice
4:30-6:30

Practice
4:30-6:30

Practice/MS
Camp
4:30-7:30

Practice/MS
Camp
4:30-7:30

Practice
4:30-6:30

09 10 11 12 13 14 15

Practice
4:30-6:30

Practice
4:30-6:30

First Day of
School.

16 17 18 19 20 21 22

Practice
until 5

Practice
until 5

23 24 25 26 27 28 29

Practice
until 5

Practice
until 5

30 31

Practice
until 5

Links to Tryout Forms to Complete: Forms are due by 2/23 at the parent meeting

1. Cheerleader Information Sheet:

<https://forms.gle/RQXPbLGkfEeUqeRt8>

2. TCHS Parental Permission Form:

<https://forms.gle/M5HVhQNML7LK78156>

3. Cheerleader Tryout Application:

<https://forms.gle/6Q7zruamvCveGZMC9>

4. Extracurricular Code of Conduct:

Found in the tryout packet and on the website (print, complete and return on 2/23)

5. Physical Form:

Found in the tryout packet and on the website (print, have completed by a Dr. and return on 2/23. Current cheerleaders can use your physical from this school year but will need to get a new one by the given deadline. New cheerleaders to the program that played another sport can use the one of file, but you MUST bring in a copy of that physical.)

6. Early Graduation Form (Only fill this out if you are a Senior that plans to graduate early):

<https://forms.gle/wK6SPhp6ufazDRgF8>



LISD EXTRACURRICULAR CODE OF CONDUCT

(NON-SCHOOL SPONSORED TIME)

Participation in extracurricular activities is considered a privilege and higher standards are expected from all participants as it pertains to grades, behavior in and out of school, attendance, work ethic, and commitment. Any behavior that is deemed unbecoming of an athlete or participant will be subject to punishment by the coach or sponsor of the activity. I will be held accountable for all of my actions.

It should be noted that the LISD student code of conduct and local school policies regarding appropriate behavior shall always be applied first and foremost when violations occur at a school, contest/event, traveling to and from a contest/event, or when the students represent themselves as a part of a school team, organization, or school group. The district standards are set as a minimum expectation, but campuses may choose to establish more stringent guidelines deemed, as necessary. Campus guidelines will prevail.

I. Use and/or possession of Alcohol will not be tolerated.

- 1st Offense: removed from competition for ONE contest for extracurricular activities with one event and/or performance per week or TWO contests for activities with multiple events per week. School staff counseling required.
- 2nd Offense: removed from competition for the next 45 school days. School staff counseling required. Reinstatement will require approval by the coach/sponsor.*
- 3rd Offense: Student will no longer be permitted to participate in any extracurricular activities for one school calendar year. Reinstatement will require approval by the coach/sponsor.*

III. Use and/or possession of Tobacco, vapes or e-cigarettes will not be tolerated.

- 1st Offense: removed from competition for ONE contest for extracurricular activities and/or performance with one event per week or TWO contests for activities with multiple events weekly. School staff counseling required.
- 2nd Offense: removed from competition for the next 45 days. School staff counseling required. Reinstatement will require approval by the coach/sponsor.
- 3rd Offense: Students will no longer be permitted to participate in any extracurricular activities for one school calendar year. Reinstatement will require approval by the coach/sponsor.

V. Charged with a felony.

Consult with STUDENT SERVICES prior to utilizing this category.

- Suspended from the non-curricular program until the case is adjudicated.
- **Adjudication and/or Conviction of a felony Removed from the program indefinitely.**

II. Use and/or possession of Drugs will not be tolerated.

- 1st Offense: removed from competition for TWO contests for extracurricular activities with one event and/or performances per week or FOUR contests for activities with multiple events per week. School staff counseling required
- 2nd Offense: removed from competition for the next 45 school days. School staff counseling required. Reinstatement will require approval by the coach/sponsor.*
- 3rd Offense: Student will no longer be permitted to participate in any extracurricular activities for one school calendar year. Reinstatement will require approval by the coach/sponsor.

IV. Hazing (as defined by board Policy FNCC Legal)

- 1st Offense: removed from competition for TWO contests for extracurricular activities and/or performance with one event per week and FOUR contests for activities with multiple weekly events. School staff counseling required.
- 2nd Offense: removed from competition for the next 45 days. School staff counseling required. Reinstatement will require approval by the coach/sponsor.*
- 3rd Offense: Students will no longer be permitted to participate in any extracurricular activities for one school calendar year. Reinstatement will require approval by the coach/sponsor.

***Once a participant has been removed from the program, the coach/sponsor and administrator shall review the case as to whether to allow the participant back into the program, after the 45 days or more, for a probationary period. Penalty can carry over from year to year until time is served.**

I am selected to represent _____ School in an extracurricular program. I will contribute my best effort to the success of the program. I therefore agree to the expectations and consequences as they pertain to my behavior during non-school sponsored time, while a member of an extracurricular group.

I have received a copy of the Extracurricular Code of Conduct (Non-School Sponsored Time) and understand that I will be held accountable for my behavior and will be subject to the disciplinary consequences outlined in the Code.

Name of Student (Print)

Signature of Parent or Guardian

Signature of Student

Date

School

Grade

PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

This **MEDICAL HISTORY FORM** must be completed **annually** by parent (or guardian) and student in order for the student to participate in activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an event.

Student's Name: (print) _____ Sex _____ Age _____ Date of Birth _____
 Address _____ Phone _____
 Grade _____ School _____
 Personal Physician _____ Phone _____

In case of emergency, contact:

Name _____ Relationship _____ Phone (H) _____ (W) _____

Explain "Yes" answers in the box below**. Circle questions you don't know the answers to.

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or physical?	<input type="checkbox"/>	<input type="checkbox"/>	13. Have you ever gotten unexpectedly short of breath with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been hospitalized overnight in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had prior testing for the heart ordered by a physician?	<input type="checkbox"/>	<input type="checkbox"/>	14. Do you use any special protective or corrective equipment or devices that aren't usually used for your activity or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	15. Have you ever had a sprain, strain, or swelling after injury?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you broken or fractured any bones or dislocated any joints?	<input type="checkbox"/>	<input type="checkbox"/>
Do you get tired more quickly than your friends do during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, check appropriate box and explain below:		
Have you had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip
Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Thigh
Has any family member or relative died of heart problems or of sudden unexpected death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee
Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelopathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Shin/Calf
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle
Has a physician ever denied or restricted your participation in activities for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Foot	
4. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	16. Do you want to weigh more or less than you do now?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>	17. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how many times? _____			18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
When was your last concussion? _____			<i>Females Only</i>		
How severe was each one? (Explain below)			19. When was your first menstrual period? _____		
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	When was your most recent menstrual period? _____		
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	How much time do you usually have from the start of one period to the start of another? _____		
Have you ever had numbness or tingling in your arms, hands, legs or feet?	<input type="checkbox"/>	<input type="checkbox"/>	How many periods have you had in the last year? _____		
Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	What was the longest time between periods in the last year? _____		
5. Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>	<i>Males Only</i>		
6. Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>	20. Do you have two testicles? _____		
7. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>	21. Do you have any testicular swelling or masses? _____		
8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>	An electrocardiogram (ECG) is not required. By checking this box, I choose to obtain an ECG for my student for additional cardiac screening. I have read and understand the information about cardiac screening. I understand it is the responsibility of my family to schedule and pay for such ECG.		
9. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):		
10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>			
11. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>			
12. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>			

It is understood that even though protective equipment is worn by athletes, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the school assumes any responsibility in case an accident occurs.

If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student.

If, between this date and the beginning of participation, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful responses could subject the student in question to penalties determined by the UIL

Student Signature: _____ Parent/Guardian Signature: _____ Date: _____

Any Yes answer to questions 1, 2, 3, 4, 5, or 6 requires further medical evaluation which may include a physical examination. Written clearance from a physician, physician assistant, chiropractor, or nurse practitioner is required before any participation in UIL practices, games or matches. **THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE, PERFORMANCE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.**

For School Use Only:

This Medical History Form was reviewed by: Printed Name _____ Date _____ Signature _____

PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION

Student's Name _____ Sex _____ Age _____ Date of Birth _____

Height _____ Weight _____ % Body fat (optional) _____ Pulse _____ BP ____/____ (____/____, ____/____)
brachial blood pressure while sitting

Vision: R 20/____ L 20/____ Corrected: Y 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.