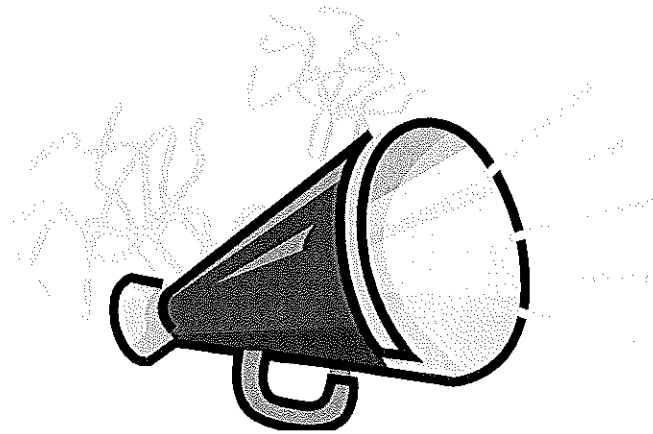


JAMES BOWIE

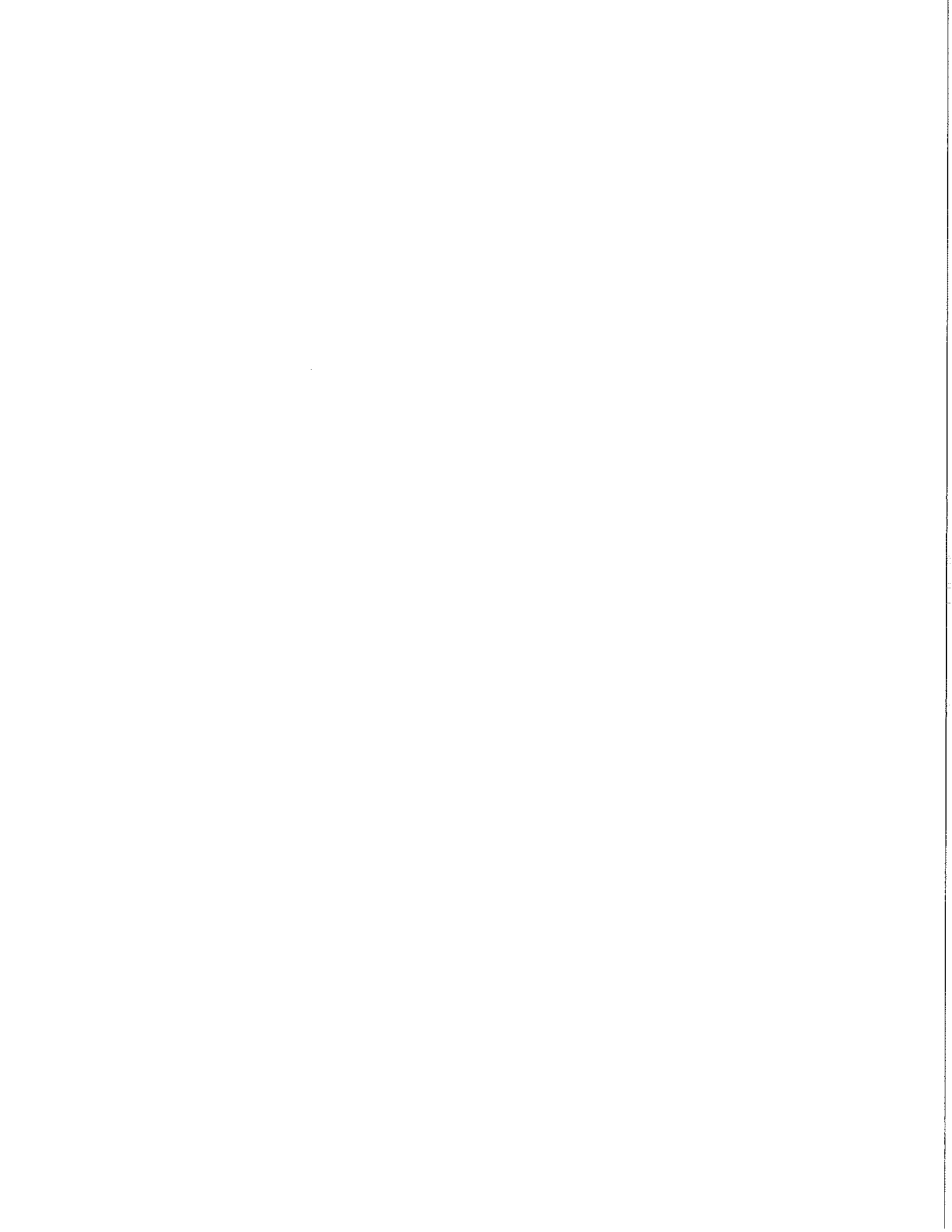
Middle School

**2014-2015
Cheerleading**

Try-Out Packet!!



*Please read everything carefully. If you have any questions contact Kelsey Levy at
kelsey.levy@fortbendisd.com
281.634.6627



TRY-OUT INFORMATION

Requirements: Cheerleaders must meet and maintain specific Texas Education Agency and Fort Bend Independent School District academic eligibility standards for each group. Candidates may not have received more than *two* failing nine weeks grades during the current school year, through the third nine weeks grade report. Students may not try out if they have a current "incomplete" in any course.

Student conduct in and out of the classroom must be commendable. An accumulation of two (2) or more "Unsatisfactory" or "Needs Improvements" during the current school year will cause a student to be ineligible for tryouts.

Physicals: Each student must have a physical on file *with the sponsor* before they will be permitted to attend the clinic; one is included in this packet. If a physical is currently on file with the athletic department, a copy must be obtained by the student.

The Try-Out Process: All eligible candidates will individually perform a cheer, jumps and tumbling skills before a qualified panel of judges. The candidates will perform a dance with one/two other candidates. The candidates will learn try-out material from the 8th grade cheerleaders and be supervised by the sponsor the week of the try-out clinic.

What to wear: All candidates will need to try-out in a solid white t-shirt and black shorts. All white shoes are suggested.

Clinic: There will be a 4-day clinic, including a mock try-out. April 28th-May 1st from 4:00-6:00 p.m. Parents are responsible for picking up students *on time*.

Try-Outs: May 2nd from 4:00-6:00 p.m. Try-outs are closed to friends and family.

Our first meeting as a new squad will be on **Tuesday, May 6th, at 4:15 p.m.** in Miss Levy's room, 806. Parents and new cheerleaders must plan to attend. The sizing for uniforms and camp clothes will take place at the meeting! ☺

Also, at the meeting a minimum payment of \$250, the 1st installment, is required. (***)Returning cheerleaders will be responsible for a minimum of \$200 at this time. (***)

**2014-2015 Cheerleading Tryouts
Judging Form**

Please Rank from 1-5, 5 being the highest.

Candidate's Number	Stage Presence/ Poise	Spirit & Enthusiasm	Motion Technique	Voice Projection	Jumps and Tumbling	Dance	Knowledge of Stunts	Total

Judge's Initials

**2014-2015 Cheerleading Tryouts
Judging Form**

Please Rank from 1-5, 5 being the highest.

Candidate's Number	Stage Presence/ Poise	Spirit & Enthusiasm	Motion Technique	Voice Projection	Jumps and Tumbling	Dance	Knowledge of Stunts	Total

Judge's Initials

cheerleading candidate checklist

All paperwork is due by April 24th. Candidates will not be permitted to participate unless all required documents are signed and returned by April 24th, **NO** exceptions. Packets may be submitted prior to the deadline and can be turned in to the front office of JBMS or to Miss Levy in room 806.

Please staple the following items in order behind this sheet.

- Application
- Financial Responsibilities
- Physical
- FBISD Emergency Information Form
- FBISD Athletic Policies
- UIL Illegal Steroid Usage Form
- Copy of 2nd 9 weeks Report Card

Please verify and sign below stating that you received, read, understand and agree to **all** parts of the documents included in the packet.

Parent/Guardian Printed Name

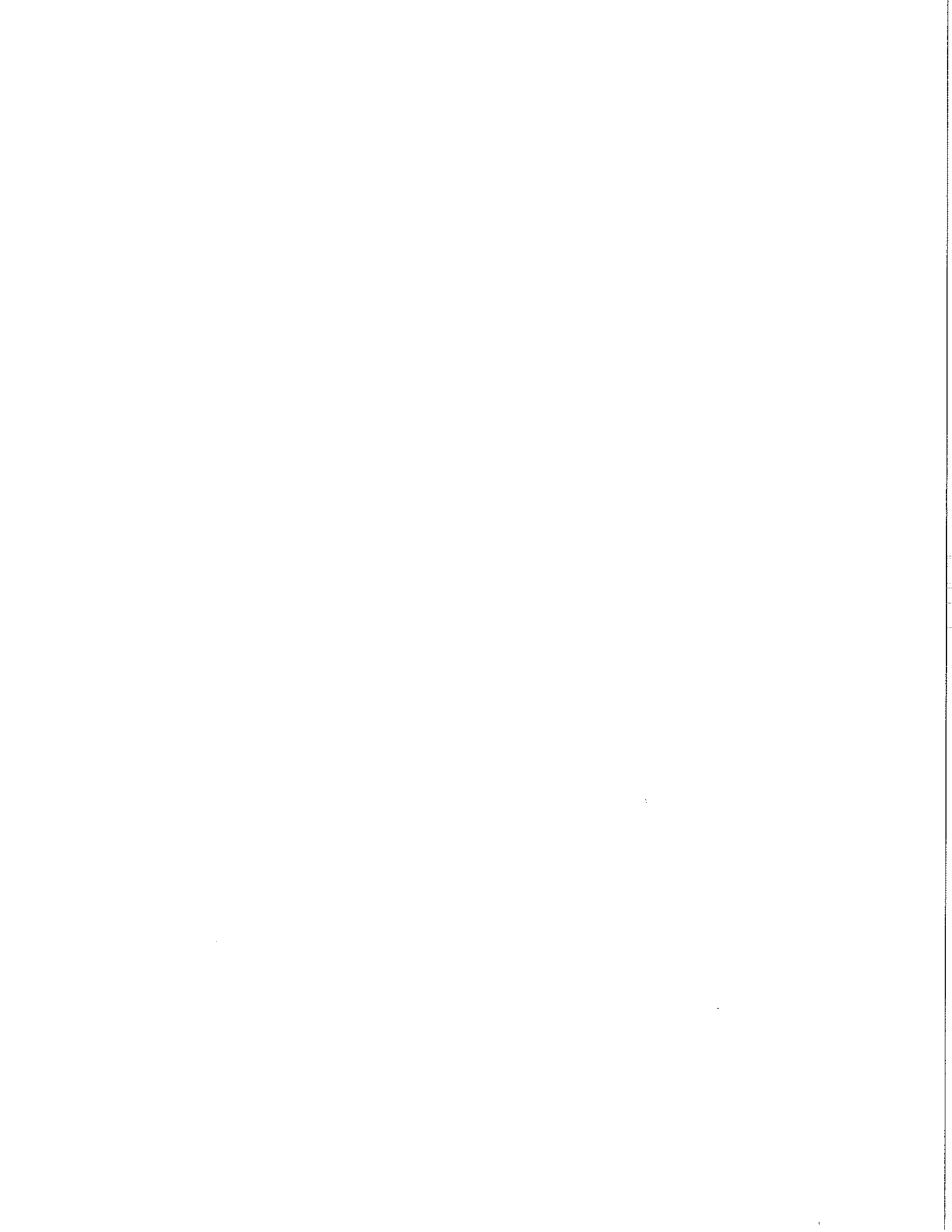
Parent/Guardian Signature

Date

Candidate's Printed Name

Candidate's Signature

Date



Application for cheerleading TRYOUTS

My child, _____ has my permission to be a cheerleader for the 2014-2015 school year. I understand that he/she must abide by the rules and regulations set forth by the advisor and principal, and must also be present for all practices and games. I have read the rules and regulations and understand that the violation of any rules may lead to temporary or permanent suspension from the squad. I understand that all forms must be completed by **Thursday April 24th**, or my child will *not* be permitted to tryout. I understand that my child must attend all practices (unless excused by the advisor) and tryouts, or my child will not be considered for a cheerleading position.

I understand that my child will be evaluated by qualified judges, and agree to abide by the decision of the judges.

I understand all costs involved as stated in the financial responsibilities.

I understand by the very nature of the activity, cheerleading and gymnastics carry a risk of physical injury. No matter how careful the participant and coach are, the risk cannot always be eliminated. The risk of injury includes minor injuries such as muscle pulls, dislocation, and broken bones. The risk also includes catastrophic injuries such as permanent paralysis or even death from landing or falls on the back, neck, or head. I understand these risks and will not hold FBISD or any of its personnel responsible in the case of an accident or injury at any time.

Parent/Guardian

Date

Parent/Guardian

Date

I am interested in being a cheerleader for the 2014-2015 school year. I understand the risks stated above and have read the rules and regulations. If selected, I promise to abide by the rules set forth by the advisor and principal. I promise to cooperate and follow instructions of the cheerleading coach.

Student Signature

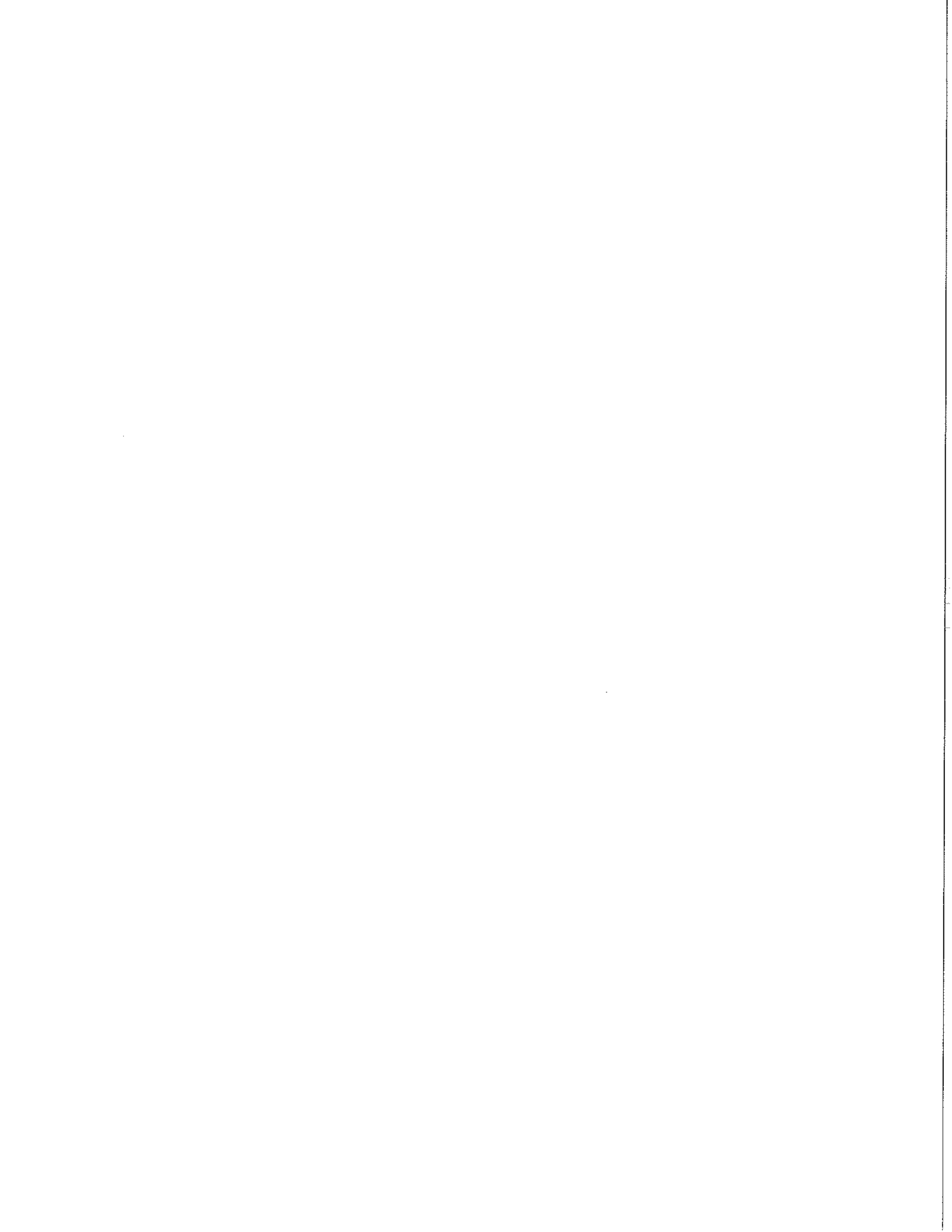
Date

Student Information:

Home Address: _____

Phone Number: _____

Grade next year: _____



2014-2015 Cheerleading Squad Financial Responsibility

There is a **\$750** base fee for *new* squad members and **\$500** for *returning* squad members. This fee may be paid at one time or in installments and includes cheer camp, camp and game day attire, APEX cheer instruction, and competition costs. *Additional costs may occur for competition. At the time of the uniform and camp fitting, additional items will be presented to purchase. These items are not required and are not included in the base price.

The financial installment plan is as follows for **new** squad members;

May 6 th (first squad meeting)	Installment 1- \$250
May 13 th	Installment 2- \$250
May 20 th **Must be paid in full at this time!	Installment 3- \$250

The financial installment plan is as follows for **returning** squad members;

May 6 th (first squad meeting)	Installment 1- \$200
May 13 th	Installment 2- \$150
May 20 th **Must be paid in full at this time!	Installment 3- \$150

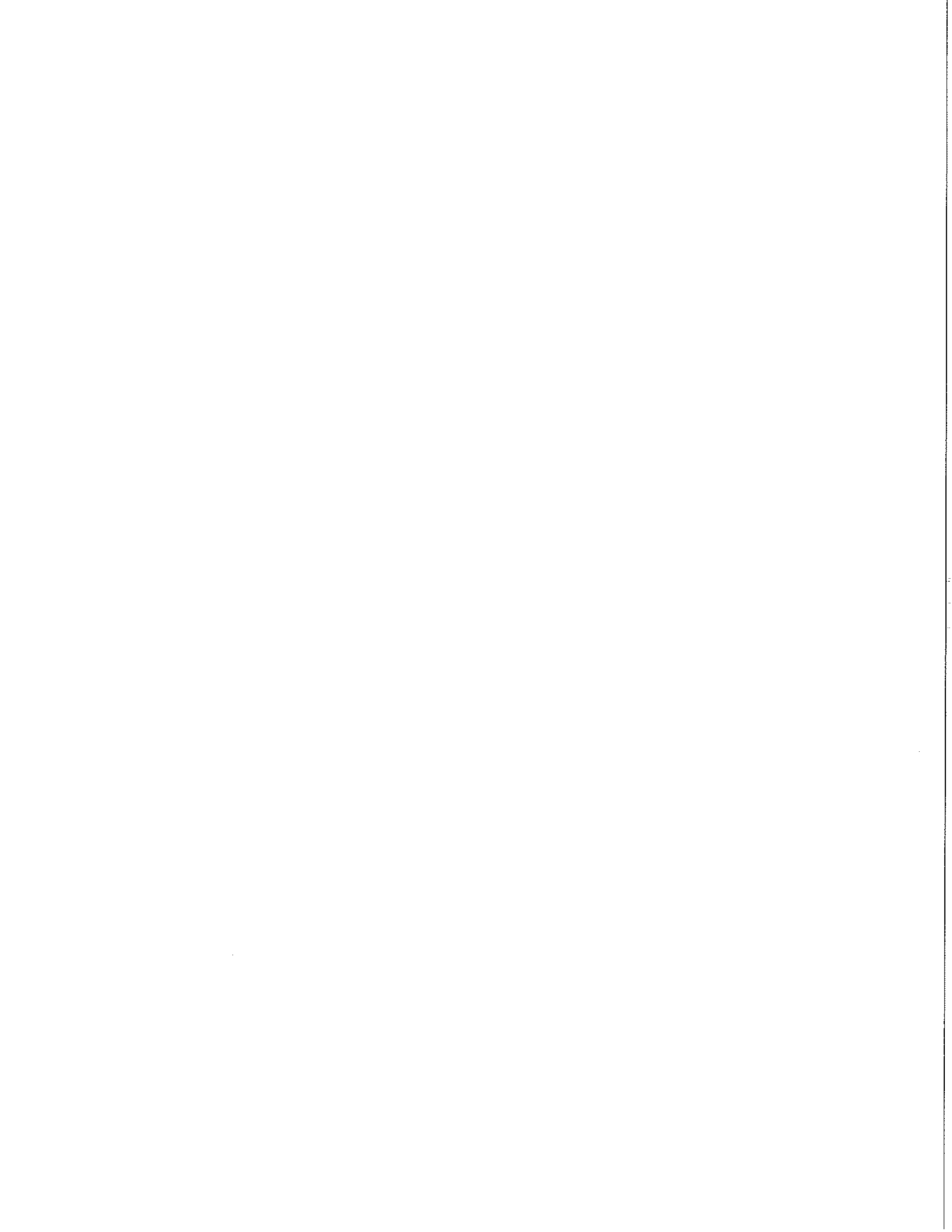
****Payments will only be accepted by cash or money order.**

By signing below I, _____ parent of _____
 Agree to the financial responsibility of the 2014-2015 cheerleading squad. I
 understand that failure to submit payment may result in a cheerleader's removal
 from the squad.

Signature: _____

Date: _____

****Cheerleaders will participate in two fundraisers per year to assist with costs of competition and other events.****



PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

REVISED 1-6-09

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

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or sports 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 passed out during or after exercise?	<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 sport 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 had chest pain 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"/>
Do you get tired more quickly than your friends do during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you broken or fractured any bones or dislocated any joints?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had racing of your heart or skipped heartbeats?	<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 had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, check appropriate box and explain below.		
Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip
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"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Thigh
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"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee
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"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Shin/Calf
Has a physician ever denied or restricted your participation in sports for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle
4. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Foot	
Have you ever been knocked out, become unconscious, or lost your memory?	<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"/>
If yes, how many _____ When was the last concussion? _____			Do you lose weight regularly to meet weight requirements for your sport?	<input type="checkbox"/>	<input type="checkbox"/>
How severe was each one? (Explain below)			17. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	<i>Females Only</i>		
Have you ever had numbness or tingling in your arms, hands, legs, or feet?	<input type="checkbox"/>	<input type="checkbox"/>	19. When was your first menstrual period? _____		
Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	When was your most recent menstrual period? _____		
5. Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>	How much time do you usually have from the start of one period to the start of another? _____		
6. Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>	How many periods have you had in the last year? _____		
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"/>	What was the longest time between periods in the last year? _____		
8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>	An individual answering in the affirmative to any question relating to a possible cardiovascular health issue (question three above), as identified on the form, should be restricted from further participation until the individual is examined and cleared by a physician, physician assistant, chiropractor, or nurse practitioner.		
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 the athlete, 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 athletic competition, 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: _____

THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE 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 athletic participation and again prior to first and third years of high school athletic 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: _____ Place Office Stamp Here: _____

Signature: _____

Must be completed before a student participates in any practice, before, during or after school, (both in-season and out-of-season) or games/matches.

Fort Bend I.S.D.
EMERGENCY INFORMATION FORM
(This form must accompany the Athlete on team trips.)



Athlete's Name: _____ Campus: _____

Age: _____ Date of Birth: ____/____/____ Grade: ____ Sport: _____

Home Address: _____ Student ID #: _____

_____ Zip Code: _____

Home Phone #: (____) - ____ - ____ Subdivision: _____

Allergies: YES / NO If YES, What Type: _____

Medications YES / NO If YES, What Type / Dosage: _____

Physician: _____ Office Phone#: (____) - ____ - ____

Medical Health Insurance Coverage: YES / NO If YES, What Type: HMO / PPO / OTHER

Insurance Provider: _____

Parents(s)/Guardian(s): _____

Father's Work #: (____) - ____ - ____ Cell Phone #: (____) - ____ - ____

Place of Employment: _____

Email Address: _____

Mother's Work #: (____) - ____ - ____ Cell Phone #: (____) - ____ - ____

Place of Employment: _____

Email Address: _____

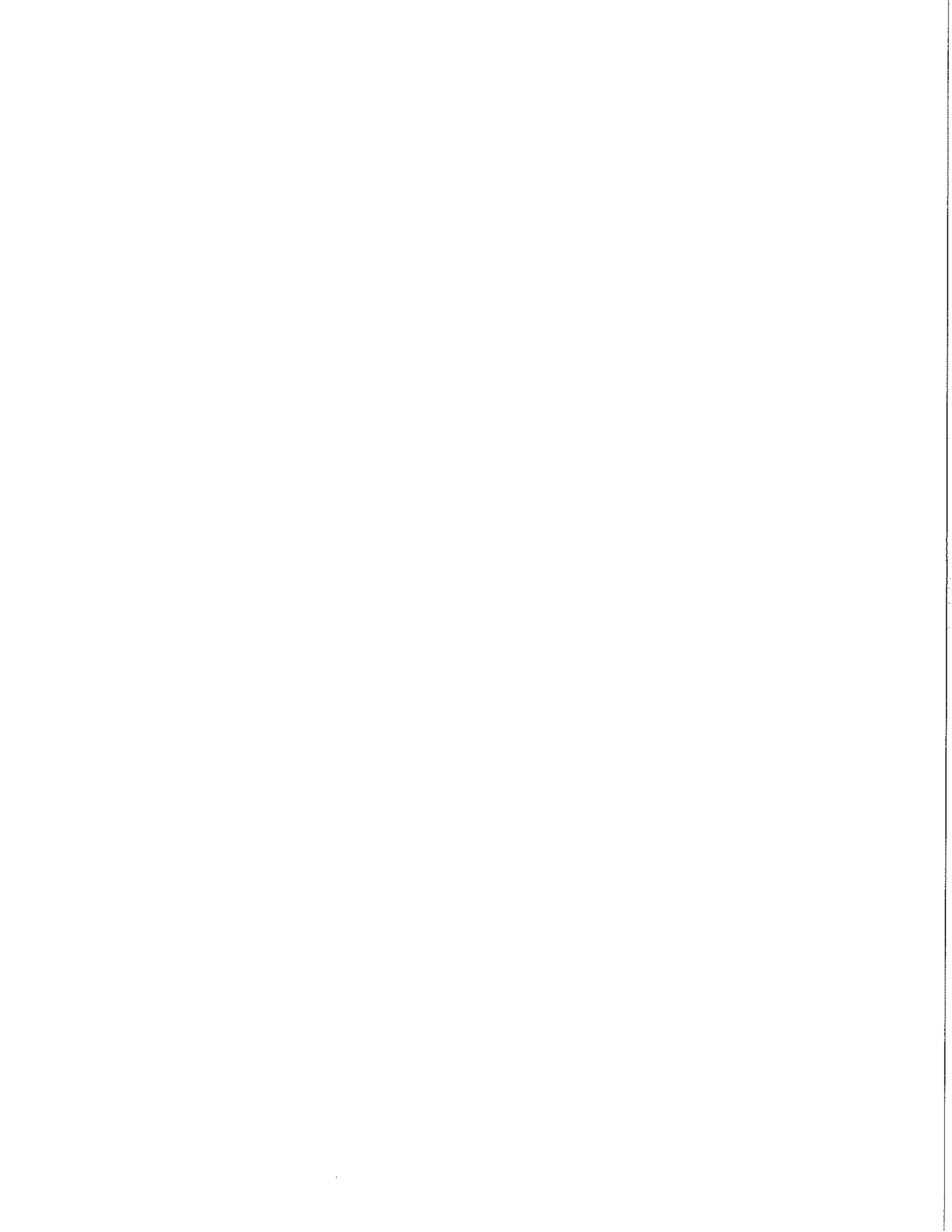
PARENT / GUARDIAN PERMIT WAIVER:

If, in the judgement of any representative of the schools, 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 said student by any physician, athletic 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 whomever on account of such care and treatment of said student.

Signature of Parent / Guardian

Date

Please return this form to the Athletic Trainer or Head Coach.



FORT BEND ISD ATHLETIC POLICIES FOR THE STUDENT ATHLETE

Participation in athletics and/or UIL contests is not a right but a **PRIVILEGE**. All participants in the athletic program must understand the rules and policies in the FBISD extracurricular handbook and the athletic code. The coaches of the sport or activities and the Athletic Director shall have the right to remove this privilege.

ATHLETIC GROOMING CODE

Participation in competitive athletics is completely voluntary. To participate in athletics in Fort Bend ISD, there are certain grooming standards which must be maintained. Specific grooming standards are necessary for the following reasons: **SAFETY** - It is almost impossible to get a safe fit in football helmets if the hair is exceptionally long. Wearing jewelry is not allowed, as it may be dangerous to the participants, their teammate and opponents. In many sports this is a violation punishable by disqualification. **HEALTH and HYGIENE** - Facial cuts are more susceptible to infection, and first-aid is more difficult to administer when facial hair is present. **UNIFORMITY** - Athletes will travel to other communities and schools as representatives of Fort Bend ISD. Therefore, they will be expected to be neatly groomed. Equipment worn by the athlete should be uniform and identical to his team members. Shoes must be the same color if different. **SELF-DISCIPLINE** - Learning self-discipline is one of the rewards of being an athlete. Acquiring self-discipline often requires making sacrifices with regards to fads. Visible piercings are prohibited anytime an athlete is in a FBISD facility or representing their school and team. This applies at all times during the school year. **NOTE:** Violations of the above standards of grooming may result in suspension and possible expulsion from the team.

CONDUCT

DURING CONTESTS - Athletes will learn to win and lose with grace. They will not display any act or behavior which is not conducive to good sportsmanship. They will respect the officials and refrain from the use of profanity and illegal tactics. Infractions may result in the possible removal from the contest or team. **SUSPENSION FROM SCHOOL** - If an athlete is suspended from school for any reason, they will be ineligible during the period of suspension. Future suspensions in the same school year may result in the total expulsion from athletics for the remainder of the school year. This also includes on campus suspensions. **DISRESPECT TO TEACHER OR COACH** - Disrespect by an athlete directed to his teacher, coach, or school administration will be handled on an individual basis. Punishment may call for expulsion from all athletic activities for a calendar year from the date of the incident. His/her return would be determined by their conduct during the period of expulsion. **CLASSROOM BEHAVIOR** - Athletes who receive poor conduct reports and are habitual problems in the classroom may be suspended from a team.

ADDITIONAL SUBJECTS OF IMPORTANCE

SCHOOL EQUIPMENT - All equipment checked out to athletes becomes the financial responsibility of the athlete. Equipment must not be abused, used or worn for personal use, and must be returned clean and in good condition. **QUITTING/REMOVAL FROM TEAM** - Athletes quitting or removed from a team will forfeit any awards or recognition for the sport. They will not be allowed to participate in another sport until the season of the sport quit or removed from is completed. Athletes quitting off-season program of one sport may not enter same type of program for another sport. **PRACTICE REGULATION** - A coach must be consulted ahead of time if any athlete must miss a practice or game. Missing a game or practice without permission may result in suspension from the team. Athletes must obey all rules set up by the coach.

TRAVEL

All athletes represent the community, school, and coaches. Therefore, it is expected that all will dress in an acceptable manner on trips and conduct themselves in a manner in keeping with the athletic codes. Violations may result in suspension and possible expulsion from the team or program. Athletes must be on time for all trips or be left at school. All athletes making the trip on the bus will return on the bus unless in an emergency situation or when parents are present and there is good reason for returning with parents. The proper form must be filled out by the student and signed by his or her parents prior to the trip if they are to return with their parents. Athletes are never to return with anyone other than on the bus or their own parents.

Dear Parent/Guardian:

Your child has indicated an interest in the Fort Bend ISD athletic program. We feel that participation in sports is important to the growth of our students. Such participation develops physical fitness, team cooperation, mental concentration, competitive spirit, sportsmanship and leadership. These qualities will serve your child throughout his/her life.

Our coaching staff is looking forward to working with your child this school year. All athletes will be trained to compete to the best of their abilities and to have a positive team experience. As with any competition, there is the reality of possible injury. Each coach is aware of the dangers and will make every effort to prevent injuries. With proper safety practices, injuries can be kept to a minimum, and most will be minor. However, major injuries can occur. We demand nothing but the best in instruction and care for our athletes. When the sport dictates it, we are striving to see that each participant is protectively equipped. The coaching staff will actively teach safety as well as impart the value of physical fitness as a means of safety protection. If there is information about your child's health and well being their coach should be aware of, please contact the coach prior to participation. Please indicate with your signatures below that you and your child understand the possible risk of injury (minor or major) present in athletic participation, and return to your child's coach. We are looking forward to an enjoyable and safe year for all our students in all programs. I take this opportunity to wish your athlete success.

Sincerely,

Philip O'Neal

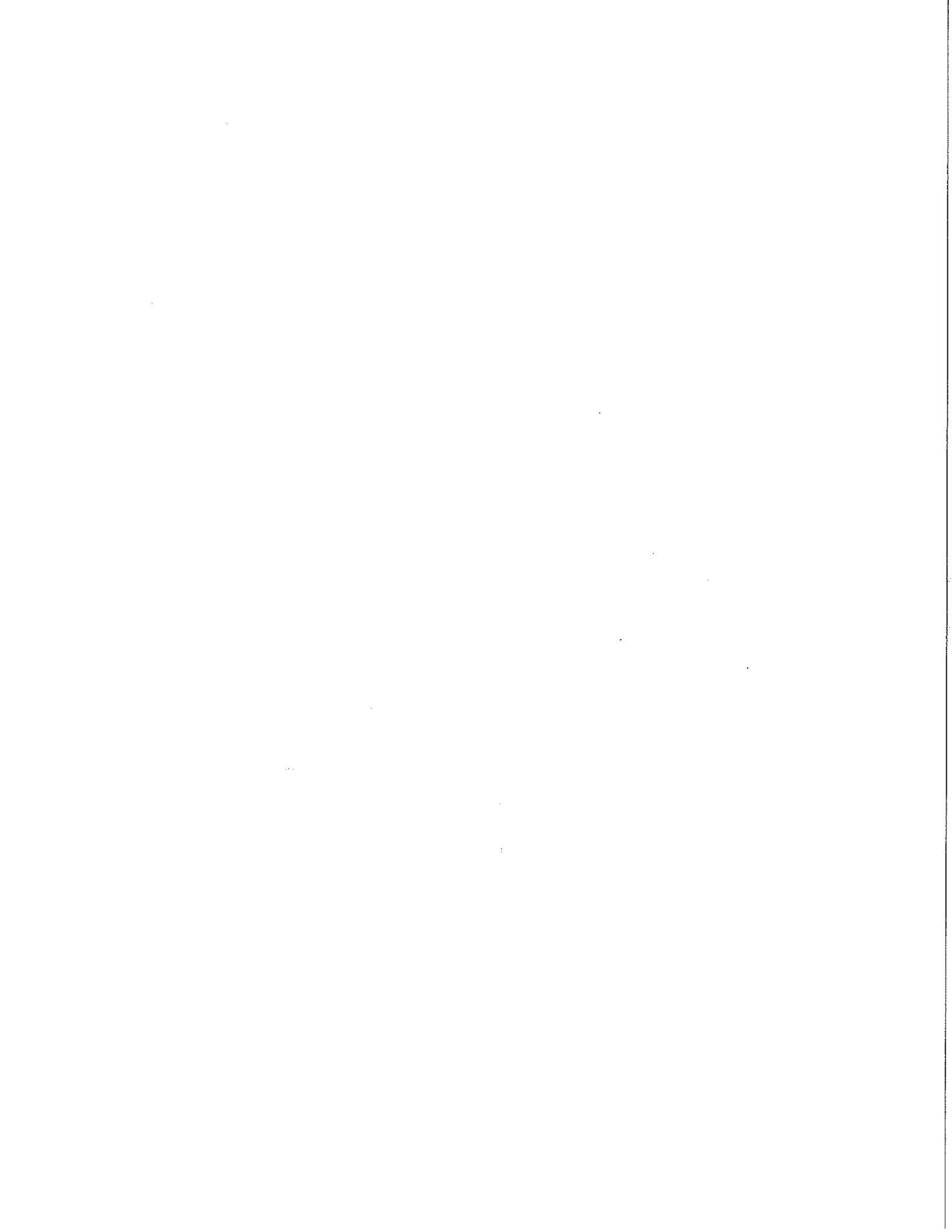
Philip O'Neal

FBISD - Director of Athletics

I have read and understand the FBISD student athlete policies, rules and letter from the Athletic Director and agree that my son/daughter and I will abide by all the Fort Bend ISD policies.

Athlete's Name (PLEASE PRINT) _____

Parent/Guardian Signature _____ Date _____





University Interscholastic League



Parent and Student Agreement/Acknowledgement Form Anabolic Steroid Use and Random Steroid Testing

- Texas state law prohibits possessing, dispensing, delivering or administering a steroid in a manner not allowed by state law.
- Texas state law also provides that body building, muscle enhancement or the increase in muscle bulk or strength through the use of a steroid by a person who is in good health is not a valid medical purpose.
- Texas state law requires that only a licensed practitioner with prescriptive authority may prescribe a steroid for a person.
- Any violation of state law concerning steroids is a criminal offense punishable by confinement in jail or imprisonment in the Texas Department of Criminal Justice.

STUDENT ACKNOWLEDGEMENT AND AGREEMENT

As a prerequisite to participation in UIL athletic activities, I agree that I will not use anabolic steroids as defined in the UIL Anabolic Steroid Testing Program Protocol. I have read this form and understand that I may be asked to submit to testing for the presence of anabolic steroids in my body, and I do hereby agree to submit to such testing and analysis by a certified laboratory. I further understand and agree that the results of the steroid testing may be provided to certain individuals in my high school as specified in the UIL Anabolic Steroid Testing Program Protocol which is available on the UIL website at www.uiltexas.org. I understand and agree that the results of steroid testing will be held confidential to the extent required by law. I understand that failure to provide accurate and truthful information could subject me to penalties as determined by UIL.

Student Name (Print): _____ Grade (9-12) _____

Student Signature: _____ Date: _____

PARENT/GUARDIAN CERTIFICATION AND ACKNOWLEDGEMENT

As a prerequisite to participation by my student in UIL athletic activities, I certify and acknowledge that I have read this form and understand that my student must refrain from anabolic steroid use and may be asked to submit to testing for the presence of anabolic steroids in his/her body. I do hereby agree to submit my child to such testing and analysis by a certified laboratory. I further understand and agree that the results of the steroid testing may be provided to certain individuals in my student's high school as specified in the UIL Anabolic Steroid Testing Program Protocol which is available on the UIL website at www.uiltexas.org. I understand and agree that the results of steroid testing will be held confidential to the extent required by law. I understand that failure to provide accurate and truthful information could subject my student to penalties as determined by UIL.

Name (Print): _____

Signature: _____ Date: _____

Relationship to student: _____

