

# **\*REQUIRED TRYOUT FORMS AND INSTRUCTIONS\***

2024-2025

- Application and Candidate Information Form
- KISD Cheer Candidate Information
- Activity Permission Form
- Travel/ Medical Release Form: KISD policy requirement
- Transportation Consent and Release
- Student/ Parent/ Guardian Contract
- TWO** Copies of Physical: *ALL candidates MUST have a physical*  
-Due **Thursday, February 22** with packet.
- Medical History
- Keller ISD Extra Curricular Code of Conduct Signature Page
- 1<sup>st</sup> Semester Report Card - **ALL CANDIDATES MUST TURN ONE IN.**
- Emergency Information Form: Please fill out each blank carefully and legibly. This form will be kept on hand by the coach(es) in case of an emergency.

**\*All paperwork MUST be printed online at:**

<http://www.kellerisd.net/cheer>

(select "2024 Tryout Information" under Middle School Cheerleading Information)

**Application/Required Paperwork DUE 02/22/24**

**@ YOUR Middle School office no later than 4:00**

Failure to turn in complete paperwork, by the deadline, may result in disqualification from tryouts, since unable to participate without release forms.

**Required Tryout Week**

**MONDAY 3/18 – WEDNESDAY 3/20**

*\*Check with your school for times*

**Tryout Clinic is CLOSED to the public**

**(You MUST attend at your school)**

**Tryout Results Posted**

**Friday, March 22 – at 4:00 pm**

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

Sincerely,

Christina Acosta – KMS 8<sup>th</sup> Grade Coach  
Madison Whitmarsh - KMS 7<sup>th</sup> Grade Coach  
Jessica Huffman – ISMS 8<sup>th</sup> Grade Coach  
Kimberlee Noteboom- ISMS 7<sup>th</sup> Grade Coach  
Christy Holladay – FHMS 8<sup>th</sup> Grade Coach  
Rebecca Vasquez- FHMS 7<sup>th</sup> Grade Coach  
Cheryl Newton– TMS 8<sup>th</sup> Grade Coach  
Kaitlyn Rainwater - TMS 7<sup>th</sup> Grade Coach  
Rachael Allen – TSMS 8<sup>th</sup> Grade Coach  
Sara Scheffler- TSMS 7<sup>th</sup> Grade Coach  
Fallon Jordan– HMS 7<sup>th</sup> Grade Coach  
Brandi Frazier – HMS 8<sup>th</sup> Grade Coach  
Sierra Kidd - VRMS 8<sup>th</sup> Grade Coach  
Kaytlin Engels- VRMS 7<sup>th</sup> Grade Coach



# \*APPLICATION & CANDIDATE INFORMATION FORM\*

## KISD MS CHEERLEADER

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

For 2024-2025 School Year: 7<sup>th</sup> Grade or 8<sup>th</sup> Grade    CURRENT School: \_\_\_\_\_

T-Shirt Size: (Circle) YM   YL   AS   AM   AL   AXL

Physical Home Address: \_\_\_\_\_ PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell #: \_\_\_\_\_

Birthday: \_\_\_\_\_

Cheerleader's E-mail address: \_\_\_\_\_

Mom's Name \_\_\_\_\_ Cell #: \_\_\_\_\_

Mom's E-mail address: \_\_\_\_\_

Dad's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Dad's E-mail address: \_\_\_\_\_

Do you plan to try out for an officer position? (Circle) Yes   No   What position?

\_\_\_\_\_

\*Why do you want to be a Middle School cheerleader?

\*What are your strengths and weaknesses, as a cheerleader?

\*Explain how you will be committed to this program for the entire year. Explain, in detail.

# KISD CHEER CANDIDATE INFORMATION 2024-2025

Name: \_\_\_\_\_

Grade Next Year (2024-2025): \_\_\_\_\_ Current School: \_\_\_\_\_

CURRENT Standing Tumbling Skills you can successfully land:

---

---

---

---

CURRENT Running Tumbling Skills you can successfully land:

---

---

---

---

Stunting Positions you can currently do (Flyer, Main Base, Side Base, and/or Backspot):

---

---

---

---

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

---

---

---

---

Prior Cheer Experience:

---

---

---

---

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

---

---

---

---

---

---

---

---

---

---

# \*ACTIVITY PERMISSION FORM\*

\_\_\_\_\_ has my permission to tryout for KISD Cheerleader, Manager, or Mascot for the 2024-2025 school year. I understand that elected squad members are required to attend all sporting events and other activities scheduled by the coach. Due to the amount of time that cheerleading requires all **jobs**, and/or participation in other nonacademic activities or sports that may interfere with cheerleading **are not advisable**. At all times, KISD cheerleading responsibilities are to take priority over other such activities. **Approval is required by the cheerleader coach before tryouts and prior arrangements must be agreed upon before a cheerleader may be committed to another sport or activity.** In accordance with the state legislation, a passing average must be maintained by my son/daughter in all subjects at all times. I understand that elected squad members are required to participate in cheerleading camp for up to one week during the summer break (Coach(s) will announce dates and places) and to attend mandatory summer and holiday practices and activities. I understand that there will be a cost for my child's participation as a cheerleader for camp, uniforms, events, and supplies. **I understand that I will be held responsible for these costs and agree to pay expenses. I acknowledge that failure to pay may be handed over to a collection agency.** I grant release of legal responsibility of my son/daughter to Keller Independent School District and the coaches or teachers while participating in cheerleading activities. I understand the tryout requirements and the consequences of violations. I agree to abide by these expectations. I also understand that the cheerleading selection decision is final. I will show good sportsmanship by accepting that decision.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

# \*TRAVEL/MEDICAL FORM\*

I, \_\_\_\_\_, pledge to uphold all student policies and the high standards of the Keller Independent School District. I understand that I am governed by the same rules on any sponsored field trip or activity as I am at school. I understand that possession of, having used or being under the influence of drugs and/or alcohol is prohibited and that the school's authority to enforce policy includes the right to inspect luggage, lodging accommodations, transportation vehicles, etc. I understand that any infraction will be dealt with according to school policy and may result in my being sent home immediately at my parent's expense from a trip or activity.

\_\_\_\_\_

Student's Name	Age	Date of Birth
----------------	-----	---------------

\_\_\_\_\_

Coach	Organization
-------	--------------

I, \_\_\_\_\_ being the legal parent/guardian of \_\_\_\_\_, a student at \_\_\_\_\_ Middle School give my full permission for my child to attend any KISD Cheerleading related event or activity. Furthermore, I do hereby release from any and all claims, demands, actions, or causes of action, due to death, injury or illness, the K.I.S.D., and their administrative/ faculty personnel. I further consent to the treatment of \_\_\_\_\_, my son/daughter/ward by the medical facilities of a Public Health Service or civilian physician/ medical facility as required, in the event of any illness/accident arising. The consent includes any medical, anesthesia or surgical treatment or hospital services rendered under the general and special instructions of the attending physician or other physicians assigned to his or her care.

**MEDICAL INFORMATION**

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

He/she requires medication for the treatment of \_\_\_\_\_

The following listed are significant medical conditions which my son/daughter is known to have \_\_\_\_\_  
 \_\_\_\_\_. Our family doctor is \_\_\_\_\_  
 \_\_\_\_\_. In case of emergency, he/she can be reached at \_\_\_\_\_  
 \_\_\_\_\_. We are covered by hospitalization. The name of our insurance company is \_\_\_\_\_  
 \_\_\_\_\_.

\_\_\_\_\_

Parent/Guardian Signature	Date
---------------------------	------

# TRANSPORTATION CONSENT AND RELEASE



Student Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_ Campus: \_\_\_\_\_

I give permission for my child, identified above, in lieu of utilizing transportation provided by the Keller Independent School District (the "District), to obtain his/her own transportation to off-campus events and activities, including but not limited to extra-curricular competitions in other towns, whether by driving his/her personal vehicle, driving a vehicle owned by me and/or my spouse, driving a private vehicle provided by a third party, or by riding in a private vehicle driven by a third party (together referred to as "Personal Transportation").

In consideration for the convenience and privilege of utilizing Personal Transportation, the receipt and sufficiency of which is hereby acknowledged, I, by my signature affixed below, individually and by next friend of the above named child, acting for myself, my minor child, my agents, heirs, beneficiaries, trustees, executors, successors, assigns, administrators, attorneys and legal representatives, do hereby **RELEASE, ACQUIT AND FOREVER DISCHARGE** the District, all of its employees, agents, trustees, volunteers, attorneys, and legal representatives, in their representative, official, and individual capacities, of and from any and all charges, complaints, grievances, claims, demands, causes of action, damages, loss, or expense, of whatsoever kind or character, in tort (**INCLUDING NEGLIGENCE OR NEGLIGENT OMISSION**), or in contract, that are created by or arise under state and federal statutes, constitutions, or the common law, whether known or unknown, which may in any manner arise from or relate to the Personal Transportation. I hereby waive my rights to institute any action, claim or suit against and/or recover compensation, benefits, or damages from the District and/or the above-described persons and entities, and covenant and agree not to sue any such persons or entities regarding such claims in any court or tribune and not file or aid in the institution or prosecution of any action, lawsuit, or cause of action (whether or not by direct action, counterclaim, cross-claim, or interpleader) regarding any claim released herein.

Parent's Signature

\_\_\_\_\_

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Date

# \*STUDENT-PARENT/GUARDIAN CONTRACT\*

As a Keller ISD Cheerleader/Mascot/Manager;

I promise to represent the school in the best way possible.

I promise to give my best effort at all times and maintain a positive attitude in all situations.

I promise to respect other squad members, coaches and KISD employees.

I promise to be dependable, self-motivated, responsible and dedicated.

I promise to uphold all school rules and policies.

I promise that I will uphold the rules and policies of the KISD Cheerleading Constitution.

I promise that I will uphold my coach's policies and procedures.

I promise that I will uphold all procedures, policies, and guidelines that are stated in the mandatory meeting, this tryout packet, the constitution and the Extra Curricular Code of Conduct.

I have a copy of the current KISD Cheerleading Constitution and Extra Curricular Code of Conduct.

---

Cheerleader/Mascot/Manager Signature

---

Parent Signature



**PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY**

2020

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

Student's Name: (print) \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Grade \_\_\_\_\_ School \_\_\_\_\_  
 Personal Physician \_\_\_\_\_ Phone \_\_\_\_\_  
*In case of emergency, contact:*  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

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

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or physical?	<input type="checkbox"/>	<input type="checkbox"/>	13. Have you ever gotten unexpectedly short of breath with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been hospitalized overnight in the past year? Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have asthma?	<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"/>	Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>
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 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 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 activities 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 times? _____			17. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
When was your last concussion? _____			18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
How severe was each one? (Explain below)			<i>Females Only</i>		
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	19. When was your first menstrual period? _____		
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	When was your most recent menstrual period? _____		
Have you ever had numbness or tingling in your arms, hands, legs or feet?	<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 a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	How many periods have you had in the last year? _____		
5. Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>	What was the longest time between periods in the last year? _____		
6. Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>	<i>Males Only</i>		
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"/>	20. Do you have two testicles? _____		
8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>	21. Do you have any testicular swelling or masses? _____		
9. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> An electrocardiogram (ECG) is not required. I have read and understand the information about cardiac screening on the UIL Sudden Cardiac Arrest Awareness Form. By checking this box, I choose to obtain an ECG for my student for additional cardiac screening. I understand it is the responsibility of my family to schedule and pay for such ECG.		
10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>	EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):		
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*
<b>MEDICAL</b>			
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)			
<b>MUSCULOSKELETAL</b>			
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.

## Extra-Curricular Code of Conduct

### Statement of Expectations:

The Keller Independent School District believes that being involved in extra-curricular activities is an honor. Participation in one or more of these activities should be considered a privilege, not a right.

The following are expectations of our students:

- ✓ Obtain a quality education as the primary reason for attending school
- ✓ Compete at the highest level while promoting good sportsmanship and courteous behavior
- ✓ Exhibit positive leadership
- ✓ Develop and maintain high morals and ethical values
- ✓ Exhibit conduct becoming of a young lady or gentleman
- ✓ Exhibit respect to coaches, faculty, officials, opponents and fellow students
- ✓ Develop and show school pride

### Standards for District Extra-Curricular Activities

Keller ISD students are expected to adhere to the *District Student Code of Conduct* as it applies to school-related and/or school sponsored activities. Prior to participation in a Keller ISD Extra-Curricular activity, student and parents must also agree to abide by all guidelines outlined in the *Extra Curricular Code of Conduct*. Students involved in extra-curricular activities are expected to maintain high standards of ethical conduct. Extra-curricular participation is a privilege and not a right. Any misconduct that reflects negatively on the Keller Independent School District will fall under these Codes of Conduct. These guidelines are developed to deal with misconduct that occurs within the school's jurisdiction as well as outside of the school's jurisdiction, regardless of time or location. Disciplinary action or suspension will be mandated to students who are involved in any disciplinary infraction on or off campus including, but not limited to possession or use of drugs, improper use of prescription medicines, alcohol or tobacco, violent behavior, any inappropriate behavior including presence at functions where illegal substances are being consumed and other offenses that result in the violation of the district Student Code of Conduct, which in turn results in a ISS (other than ~~tardies~~ or dress code), DAEP, Off Campus Suspension or expulsion. In the event that a student is responsible for multiple violations prior to the initial investigation it may be determined that a higher level consequence be deemed appropriate.

### ✓ Administrative Procedures for the Keller ISD Code of Conduct

✓ The following administrative procedures have been adopted by the Keller Independent School District to deal with violations of the *Extra-Curricular Code of Conduct*.

**\*\*All violations will adhere to the following policies:**

1. Confirmation that a violation has occurred via one of the following:
  - A. Report from a law enforcement agency
  - B. Personal disclosure by the participating student or parent/guardian
  - C. Observed behavior by a school employee
  - D. An investigation may be initiated if credible and specific information is received by a KISD representative.
2. Notification by administrative designee to parents or legal guardian within 72 hours
3. Notification by activity sponsor to campus principal or assigned administrative designee within 72 hours.
4. Meeting with parent, student, (*discipline panel*) sponsor/coach and administrative designee
5. Determination of type of discipline to be administered. Copies of meeting summary sent to the activity sponsor, campus principal and district level director
6. **Appeals:** Contacting the appropriate campus Principal will initiate the appeal process.

### Cumulative Offenses (specific to grades 7-8 and 9-12)

Disciplinary offenses committed in grades 7 and 8 are cumulative for a student's middle school career, but will not carry on to high school. Any subsequent offenses that occur in high school will be cumulative during the student's high school career.

\*\*It is an exception to this rule if the district receives credible evidence indicating that a middle school student committed an act involving the elements of a Class A misdemeanor or a felony. In this case, the offenses will carry from grade 7 through the completion of grade 12.



### **Cumulative offenses prior to initial investigation**

In the event that a student is responsible for multiple violations prior to the initial investigation it may be determined that a higher level consequence be appropriate.

### **Categories for Code of Conduct Offenses**

**Level 1** - When a student commits misconduct involving the elements of a Class B or C misdemeanor (class C traffic violations are not applicable) or misconduct that does not involve a law enforcement agency.

If a student is arrested for or commits the elements of a crime of violence, the administrative designee and coach/sponsor may suspend the student from the extra-curricular activity while the case is being decided.

#### **1<sup>st</sup> Offense (Level 1)**

- ✓ Meeting with student, parent and discipline panel
  - ✓ Student will be assigned by school official *one or two* of the following:
    - Twenty hours of community service (30 days to complete)
    - Twenty miles of running (14 days to complete) (Alternative consequences for students with physical limitations)
    - 2 – 4 week suspension from activities including practice
    - all students will also participate in a 10 hour team service project
- \* In cases involving substance abuse, students may be asked to attend substance abuse intervention. Failure to attend assigned intervention will constitute an additional level one offense and suspension until all requirements are met.

#### **2<sup>nd</sup> Offense (Level 1)**

- ✓ Meeting with student, parent and discipline panel
  - ✓ Suspension from activities for 30 – 60 days (if out of season the consequence will begin at the beginning of the next competition season)
  - ✓ Student will be assigned **one or both** of the following:
    - Twenty hours of community service (30 days to complete)
    - Twenty miles of running (14 days to complete) (Alternative consequences for students with physical limitations)
    - all students will also participate in a 10 hour team service project
- \* In cases involving substance abuse, students may be asked to attend substance abuse intervention. Students involved in their second substance abuse offense **must** attend substance abuse intervention. Failure to attend shall result in continued suspension.

#### **3<sup>rd</sup> Offense (Level 1)**

- ✓ Meeting with student, parent and discipline panel
  - ✓ Penalty shall include suspension from activities for one calendar year
- \*In cases involving substance abuse, students may be asked to attend substance abuse intervention. Students involved in their second substance abuse offense **must** attend substance abuse intervention. Failure to attend shall result in continued suspension.

**Level 2** –If a student commits misconduct that contains the elements of a felony or a Class A misdemeanor

#### **1<sup>st</sup> Offense (Level 2)**

If a student commits misconduct that contains the elements of a felony crime or a Class A misdemeanor:

- ✓ Student will be suspended from all activities until the case is completed.
  - ✓ Students found NOT GUILTY will return to the activity with no further penalty.
  - ✓ Students found GUILTY will be removed from all activities for a period of at least one calendar year.
- \* In cases involving substance abuse, students may be asked to attend substance abuse intervention. Students involved in their second substance abuse offense **must** attend substance abuse intervention. Failure to attend will result in continued suspension.

#### **2<sup>nd</sup> Offense (Level 2)**

If a student commits misconduct that contains the elements of a felony crime or a class A misdemeanor:

- ✓ Student will be suspended from all activities until the case is completed.
- ✓ Students found NOT GUILTY will return to the activity with no further penalty.
- ✓ Students found GUILTY will be permanently removed from the program.

## Keller ISD Extra-Curricular Code of Conduct Signature Page

This page must be signed by both the student and parent/legal guardian of the student and returned to the coach or activity sponsor before the student can participate in the activity.

**Signing this sheet signifies that the student and parent/legal guardian of the student has read and understands the procedures and punishments set aside for a violation of the Extra-Curricular Code of Conduct.**

Student's Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Father/legal guardian (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Father/legal guardian: \_\_\_\_\_

Mother/legal guardian (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Mother/legal guardian: \_\_\_\_\_

This signature page must be signed and turned in to the offices of the Coaches, Sponsor, or Director prior to any practice or competition.

**\*EMERGENCY INFORMATION FORM\***

Name: \_\_\_\_\_ School ID#: \_\_\_\_\_ Current Age: \_\_\_\_\_

Birthday: \_\_\_\_\_ M/F: \_\_\_\_\_ Grade (2024-2025): \_\_\_\_\_

School (2023-2024): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

**ALLERGIES:** \_\_\_\_\_

Is student taking medication routinely? (YES/NO)

If yes, what type and how often? \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Family Hospitalization Insurance Co. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Policy No. \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

Name of Parents/ Guardian: \_\_\_\_\_

Father's Place of Employment: \_\_\_\_\_

Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Place of Employment: \_\_\_\_\_

Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**PARENT/GUARDIAN PERMIT WAIVER**

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

Signature of Parent/ Guardian \_\_\_\_\_ Date \_\_\_\_\_