BISD Middle School Gymnastics Tryouts

BISD Gymnastics Information Sheet

For upcoming 7th and 8th Graders

PLEASE PRINT LEGIBLY

Student Name: __________________________

Middle School: ___________ Upcoming Grade: ___

Parent Name: __________________________________________

Address: ____________________________________________

Parent Phone Number: __________________________________

Parent Email: __________________________________________

Future Gymnast, please complete the following:

What is your prior experience with gymnastics? What is your current level if known? ____________________________________________

____________________________________________________________________

Why do you want to be a part of the BISD gymnastics program?

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

CHECK LIST PLEASE MAKE SURE YOU COMPLETE ALL OF THE BELOW ITEMS

_____ Information Sheet  _____ Recommendation forms (2)  _____ Grade Report from Skyward (For all six weeks)

_____ Current Physical (13-14)  _____ Medical History
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 ____________________________

**In case of emergency, contact:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Phone (H)</th>
<th>Phone (W)</th>
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</thead>
</table>

**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.

<table>
<thead>
<tr>
<th>Question Number</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Yes</th>
<th>No</th>
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<td>18.</td>
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**Females Only**

- 19. When was your first menstrual period? ________________
- 20. How many periods have you had in the last year? ________________
- 21. Do you feel stressed out? ________________
- 22. Do you lose weight regularly to meet weight requirements for your sport? ________________
- 23. 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)? ________________
- 24. Have you ever had a head injury or concussion? ________________
- 25. Have you ever had a sprain, strain, or swelling after injury? ________________
- 26. Have you broken or fractured any bones or dislocated any joints? ________________
- 27. Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? ________________
- 28. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease? ________________

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.

**EXPLAIN YES/ANSWERS IN THE BOX BELOW** (attach another sheet if necessary):

**For School Use Only:**

This Medical History Form was reviewed by:  ___________________________ Date ___________________________ Signature ___________________________

**THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.**
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.

<table>
<thead>
<tr>
<th>MEDICAL</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
<th>INITIALS*</th>
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<tbody>
<tr>
<td>Appearance</td>
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<tr>
<td>Eyes/Ears/Nose/Throat</td>
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<tr>
<td>Lymph Nodes</td>
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<tr>
<td>Heart-Auscultation of the heart in the supine position.</td>
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<tr>
<td>Heart-Auscultation of the heart in the standing position.</td>
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<tr>
<td>Heart-Lower extremity pulses</td>
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<tr>
<td>Pulses</td>
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<td>Lungs</td>
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<td>Abdomen</td>
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<tr>
<td>Genitalia (males only)</td>
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<td>Skin</td>
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<tr>
<td>Marfan’s stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)</td>
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</tbody>
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<thead>
<tr>
<th>MUSCULOSKELETAL</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
<th>INITIALS*</th>
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<tbody>
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<td>Neck</td>
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<td>Back</td>
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<td>Shoulder/Arm</td>
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<td>Elbow/Forearm</td>
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<td>Wrist/Hand</td>
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<td>Hip/Thigh</td>
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<td>Knee</td>
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<td>Leg/Ankle</td>
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<td>Foot</td>
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*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 games/matches.
Teacher Recommendation Form
BISD School Gymnastics

Please complete this form as soon as you can so that we will be able to get an idea of how many students are interested prior to the tryout date. This form will help us to determine the student’s overall score during tryouts so please answer these honestly, to the best of your knowledge.

Please remember that this is to rate how YOU feel this student does in YOUR class. They will not be shared with the student and will remain confidential.

If you could, please complete this form and turn it into Krista Jilek (Byno) @ Richland Middle School no later than March 31st, 2012. As a reminder we ask that you PLEASE DO NOT give this form back to the student.

PLEASE PRINT CLEARLY and DO NOT abbreviate School

Student: _______________________________ School: _______________________________

Current Grade: _____ Teacher: ________________________________________________

Appropriately rate the student on each of the following:

[Check the box that best describes how you feel]

Arrives to class in a timely manner: [ ] Above Average [ ] Average [ ] Below Average
Completes assignments: [ ] Above Average [ ] Average [ ] Below Average
Shows respect for others: [ ] Above Average [ ] Average [ ] Below Average
Accepts constructive criticism: [ ] Above Average [ ] Average [ ] Below Average
Is a positive role model for others: [ ] Above Average [ ] Average [ ] Below Average
Has a positive sense of self: [ ] Above Average [ ] Average [ ] Below Average
Assumes responsibility: [ ] Above Average [ ] Average [ ] Below Average
Has good discipline: [ ] Above Average [ ] Average [ ] Below Average
Is motivated to achieve: [ ] Above Average [ ] Average [ ] Below Average
Shows respect to authorities: [ ] Above Average [ ] Average [ ] Below Average
Passes six weeks on a regular basis: [ ] Above Average [ ] Average [ ] Below Average

Please check one:
I [ ] Highly recommend [ ] Recommend [ ] Recommend with reservation [ ] Do not recommend

Additional Comments:

Signature: __________________________________________ Date: ________________
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Additional Comments:

Signature: __________________________________________ Date: __________________