

ALLEN ISD ATHLETIC PARTICIPATION RELEASE

No student will be permitted to participate in any practice, off-season program, or contest prior to this document and a current physical examination being on file with the athletic department at the student's school.

Last Name: _____ First Name: _____ Sex: M F Date of Birth: ____/____/____

School: AHS LFC CMS FMS EMS Grade (Entering): 7th 8th 9th 10th 11th 12th School Year: ____ - ____

Please check all sports/activities in which student is planning to participate:

Football Volleyball Basketball Soccer Baseball Softball Cross Country
 Track Golf Tennis Wrestling Swimming Other _____

Home Address: _____ City: _____ Zip: _____

Home Telephone: _____ Student S.S.: _____

Mother/Guardian: _____ Work Phone: _____ Cell Phone: _____

Father/Guardian: _____ Work Phone: _____ Cell Phone: _____

Primary Care Physician: _____ Phone: _____

Insurance Provider: _____ Policy and/or Group # _____

Insurance Provider Phone: _____ Provider Address: _____ State: _____ Zip: _____

Parent/Guardian Permit, UIL Rules & Insurance Notice

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 AISD assumes any responsibility in case an accident occurs.

I hereby give my consent for the above student to compete in University Interscholastic League approved sport, and travel with the coach or other representative of the school on any trips.

If, in the judgment of any representative of AISD, 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.

School coaches may not: Transport, register, or instruct students in grades 7-12 from their attendance zone in non-school baseball, basketball, football, soccer, softball, or volleyball camps (exception: school coaches may hold one 6 day camp in their school district for incoming 7th, 8th, and 9th grade students). *Give any instruction or schedule any practice for an individual or a team during the off-season except during the one in school day athletic period in baseball, basketball, football, soccer, softball, or volleyball.

*Schools and school booster clubs may not provide funds, fees, or transportation for non-school activities.

I have read the following University Interscholastic League rules and agree that my son/daughter will abide by all of the University Interscholastic League rules.

University Interscholastic Rules: *According to UIL standards, students are eligible to represent their school interscholastic activity if they: * are not 19 years of age or older on or before September 1 of the current scholastic year. (See 504 handicapped exception) * have not graduated from high school. * are enrolled by the sixth class day of the current school year or have been in attendance for fifteen calendar days immediately preceding a varsity contest. *are a full-time day student in a participant high school. * initially enrolled in the ninth grade not more than four calendar years ago. * are meeting academic standards required by state law. * live with their parents inside the school district attendance zone their first year of attendance. (Parent residence applies to varsity athletic eligibility only.) When the parents do not reside inside the district attendance zone the student could be eligible if: the student has been in continuous attendance for at least one calendar year and has not enrolled at another school; no inducement has been given to the student to attend the school (for example: students or their parents must pay their room and board when they do not live with a relative; student driving back into the district should pay their own transportation costs); and it is not a violation of local or TEA policies for the student to continue attending the school. Students placed by the Texas Youth Commission are covered under Custodial Residence (see Section 442 of the Constitution and Contest Rules). * have observed all provisions of the Awards Rule. * have not represented a college in a contest. * have not been recruited. (Does not apply to college recruiting as permitted by rule). * have not violated any provision of the summer camp rule. Incoming 10-12 grade students shall not attend a baseball, basketball, football, soccer, softball, or volleyball camp in which a seventh through twelfth grade coach from their school district attendance zone, works with, instructs, transports or registers that student in the camp. Student who will be in grades 7, 8, and 9 may attend one baseball, one basketball, one football, one soccer, one softball, and one volleyball camp in which a coach from their school district attendance zone is employed, for no more than six consecutive days each summer in each type of sports camp. Baseball, Basketball, Football, Soccer, Softball, and Volleyball camps where school personnel work with their own students may be held in May, after the last day of school, June, July and August prior to the second Monday in August. If such camps are sponsored by the school district personnel, they must be held within the boundaries of the school district and the superintendent or his designee shall approve the schedule of fees. * have observed all provisions of the Athletic Amateur Rule. Students may not accept money or other valuable consideration (items which are wearable, salable, or usable) for participating in any athletic sport during any part of the year. Athletes shall not allow their names to be used for the promotion of any product, plan or service. Students who inadvertently violate the amateur rule by accepting valuable consideration may regain athletic eligibility by returning the valuable consideration. If the individuals return the valuable consideration within 30 days after they are informed of the rule violation, they may regain their athletic eligibility when they return it. If they fail to return it within 30 days, they remain ineligible for one year from when they accepted it. During the period of time from when students receive valuable consideration until they return it, they are ineligible for all varsity athletic competition. Minimum penalty for participation in a contest while ineligible is forfeiture of the contest. * did not change schools for athletic purposes.*

Certified and Licensed Athletic Trainers designated by the Allen Independent School District are hereby given my consent to administer non-prescription medication to said student, under direct and/or indirect supervision of a Licensed Physician. Further consent is hereby given to administer prescription medication to said student when prescribed by the team physician and/or his/her personal physician. The Athletic Trainer shall not condone or administer any medication that may be detrimental to a student's health or improve an athlete's performance. Check Box if needed: [Advil, [Tylenol, [Pepto-Bismol, [Sudafed Decongestant, [Throat Lozenge

ALLEN I.S.D. provides student accident insurance coverage free of charge for all of our students who are involved in U.I.L. activities. This coverage is secondary to any coverage that you may have. You must file on your primary policy first and then the school policy second. Once your primary insurance has paid, then the remaining expenses, up to the maximum benefits allowed, will be paid by the secondary policy. If you do not have primary insurance coverage, the school insurance will only pay the maximum benefits allowed. **There is no guarantee that all medical expenses will be covered.** You are responsible for any remaining expenses left uncovered or unpaid.

Your signature below gives authorization that is necessary for the school district, its athletic trainers, coaches, associated physicians, and student insurance personnel to share information concerning medical diagnosis and treatment for your student.

I have been provided the UIL Information Manuel regarding health and safety issues and my responsibilities as a parent/Guardian. I understand that failure to provide accurate and truthful information on UIL forms could subject the student in question to penalties determined by the UIL.

I have read and understand this form in its entirety and attest to the accuracy of the information contained herein.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

Medical History Form

Explain "Yes" answers, including dates, on an additional sheet.
Circle questions you don't know the answers to.

- | | 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"/> |
| 2. Have you been hospitalized overnight in the past year?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had surgery?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. 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"/> |
| 4. Do you have any allergies (for example to medicine, food, pollen, stinging insects, etc.)?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever passed out during or after exercise?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever been dizzy during or after exercise?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had chest pain during or after exercise?..... | <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 ever had racing of your heart or skipped heartbeats?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you had high blood pressure or high cholesterol?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever been told you have a heart murmur?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Has any family member or relative died of heart problems or of sudden death before age 50?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Has any family member been diagnosed with enlarged heart, hypertrophic cardiomyopathy, long QT syndrome, Marfan's syndrome, or abnormal heart rhythm?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you had a severe viral infection (for ex. myocarditis or mononucleosis) within the last month?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Has a physician ever denied or restricted your participation in sports for any heart problem?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you have any current skin problems (for example itching, rashes, acne, warts, fungus, or blisters)?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever had a head injury or concussion?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever been knocked out, become unconscious or lost your memory? (Explain severity of each below.)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| How many times? _____ Date of most recent? _____ | | |
| Have you ever had a seizure?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have frequent or severe headaches?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had numbness or tingling in your arms, hands, legs, or feet?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had a stinger, burner, or pinched nerve?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you ever become ill from exercising in the heat?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you cough, wheeze, or have trouble breathing during or after activity?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have asthma?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have seasonal allergies that require medical treatment?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you had any problems with your eyes or vision?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you wear glasses or contacts?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are you missing any paired organs?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. 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 a sprain, strain, or swelling after injury?... | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Have you broken or fractured any bones or dislocated any joints?..... | <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"/> |
| If yes, check appropriate box and explain below: | | |
| <input type="checkbox"/> Head <input type="checkbox"/> Chest <input type="checkbox"/> Elbow/Forearm <input type="checkbox"/> Hip <input type="checkbox"/> Shin/Calf | | |
| <input type="checkbox"/> Neck <input type="checkbox"/> Shoulder <input type="checkbox"/> Wrist <input type="checkbox"/> Thigh <input type="checkbox"/> Ankle | | |
| <input type="checkbox"/> Back <input type="checkbox"/> Upper Arm <input type="checkbox"/> Hand/Finger <input type="checkbox"/> Knee <input type="checkbox"/> Foot | | |
| 14. Do you want to weigh more or less than you do now?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you lose weight regularly to meet weight requirements for your sport? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Do you feel stressed out?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Record the dates of your most recent immunizations (shots) for: | | |
| Tetanus _____ Measles _____ | | |
| Hepatitis B _____ Chickenpox _____ | | |
| 17. Are you currently under a doctor's care?..... | <input type="checkbox"/> | <input type="checkbox"/> |

Females Only

18. When was your first menstrual period? _____
 When was your most recent menstrual period? _____
 How much time do you usually have from the start of one period to the start of another? _____
 How many periods have you had in the last year? _____
 What was the longest time between periods in the last year? _____

Physical Form

Allen ISD policy requires the completion of an annual physical exam.

Height: _____ Weight: _____ % Body Fat (optional): _____
 Pulse: _____ BP: _____/_____/_____ (_____/_____; ____/_____)
 Vision: R - 20/____ L - 20/____ Corrected: Y N _____
 Pupils: Equal Unequal

<i>Medical</i>	<i>Normal</i>	<i>Abnormal Findings</i>	<i>Initials*</i>
Appearance			
Eyes/Ears			
Nose/Throat			
Lymph Nodes			
Heart - Supine			
Heart - Standing			
Heart - Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males)			
Skin			
Musculoskeletal			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

CLEARANCE * station-based exam only

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), or a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners. Examination forms signed by any other health care practitioner will not be accepted.

Date of Examination: _____

Name of Physician (print): _____

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.

An individual answering in the affirmative to any question relating to a possible cardiovascular health issue (questions five above), as identified on the form, should be restricted from further participation until the individual is examined by the individual's primary care physician. Ultimately, the individual may need to be evaluated by a cardiologist and/or undergo cardiac testing (including an echocardiogram and/or other heart-related examination) based on the assessment by the primary care physician. Rev 08/05/05