



ACKNOWLEDGEMENT OF RULES



Attention School Authorities: This form must be signed yearly by both the student and parent/guardian and be on file at your school before the student may participate in any practice session, scrimmage, or contest. A copy of the student's medical history and physical examination form signed by a physician or medical history form signed by a parent must also be on file at your school. **REVISED JANUARY 2011**

Student's Name: _____ **Date of Birth:** ____/____/____ **School Attending (2011-2012):** _____

- To the Parent:**
- | | | | | |
|--|-----------------------------------|--|--|------------------------------------|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Football | <input type="checkbox"/> Softball | <input type="checkbox"/> Tennis | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Golf | <input type="checkbox"/> Swimming & Diving | <input type="checkbox"/> Track & Field | |
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Soccer | <input type="checkbox"/> Team Tennis | <input type="checkbox"/> Volleyball | |

Check any activity in which this student is allowed to participate.

GENERAL INFORMATION

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: see section 1209 of the constitution and contest rules).
- 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.

GENERAL ELIGIBILITY RULES

According to UIL standards, students are eligible to represent their school in interscholastic activities if they:

- are not 19 years of age or older on or before September 1 of the current scholastic year. (See section 446 of the CCR.)
 - 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 full-time students in the participant high school they represent
 - initially enrolled in the ninth grade not more than four 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 is 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; students driving back into the district should pay their own transportation costs); and it is not a violation of local school 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, 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. Students 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 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 (tangible or intangible property or service including anything that is usable, wearable, salable or consumable) 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 individuals return the valuable consideration within 30 days after they are informed of the rule violation, they 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 varsity athletic competition in the sport in which the violation occurred. Minimum penalty for participating in a contest while ineligible is forfeiture of the contest.
- did not change schools for athletic purposes.

_____ Student's Signature	____/____/____ Date
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Parent or Guardian's Permit

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

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 high school assumes any responsibility in case an accident occurs.

I have read and understand the University Interscholastic League rules on the reverse side of this form and agree that my son/daughter will abide by all of the University Interscholastic League rules.

The undersigned agrees to be responsible for the safe return of all athletic equipment issued by the school to the above named student.

If, in the judgment of any representatives of the school, the above student needs 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 to said student by any physician, athletic trainer, nurse, hospital, 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 have been provided the UIL Parent Information Manual regarding health and safety issues(concussions) and my responsibilities as a parent/guardian. **I understand that I can get a copy of this manual online at the following web address: http://www.uil.texas.edu/athletics/manuals/pdf/parent_information.pdf.** 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.

Your signature below gives authorization that is necessary for the school district, its trainers, coaches, associated physicians and student insurance personnel to share information concerning medical records, medical diagnosis and treatment for your student. I have read the regulations cited above and agree to follow the rules.

Signature of Parent / Guardian _____ **Date** ____/____/____

Street Address _____ **Phone: (H)** _____ **(W)** _____

Street

City

State

Zip

Circle the sports that you will play:

Football

Cross Country

Soccer

Softball

Tennis

Powerlifting

Volleyball

Basketball

Golf

Baseball

Track

2011-2012

Hallsville I.S.D. Bobcats



Athletic Preparticipation Form

Hallsville Independent School District
Department of Athletics
P O Box 810
Hallsville Tx 75650
903-668-5990

David Plunk
Athletic Director/
Head Football Coach

Jeff Davis
Licensed Athletic Trainer

Kelly Huckaby
Licensed Athletic Trainer

PARENT / GUARDIAN:

This form consists of information and materials needed in order for your child to participate in UIL sponsored activities. The following are important points concerning this form:

ONE: 7th - 9th - 11th must take a physical exam.

TWO: Student participation in any practice, scrimmage, tryouts, or competition is prohibited until this form is on file in the athletic trainer's office (including athletic periods)

If you have any questions concerning this form please contact our athletic trainers:

Department of Athletics
(903) 668-5990 ext. 2041



PLEASE COMPLETE THE FOLLOWING: +

Student's Name: _____
Last First MI

Gender: _____ Age: _____ Date of Birth: ____/____/____

Year of High School Graduation: _____ Social Security #: _____

Student's Home Phone: _____ Student's Cell Phone: _____

Home Address: _____
Street City State Zip

Primary Contact:

Father/Guardian's Name: _____ Email _____
(W) _____ (C) _____

Mother/Guardian's Name: _____ Email _____
(W) _____ (C) _____

Alternate Contact:

Name: _____ Relationship: _____

Phone: (H): _____ (W): _____ (C): _____

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

Student Signature: _____

Parent Signature: _____

***We give our consent for the team physician or athletic trainer to dispense to the student athlete over-the-counter medications (Advil, Tylenol, Throat Lozenges, Antacid, Cough Suppressant, Imodium, Pepto Bismol, etc.) as deemed necessary for the temporary relief of ailments.**

YES _____ **NO** _____

STUDENT ATHLETE INSURANCE POLICY:

Parent / Guardian:

The School District has purchased a limited benefit insurance policy that covers all student athletes while participating in UIL activities. The insurance coverage is "SECONDARY" or "EXCESS" which is designed to pay those expenses not paid or payable by any other insurance. This means that you will be required to file first with your personal insurance and then after benefits are paid the school insurance company will pay on the remaining balance.

The following is important information concerning the athletic UIL coverage:

- 1) This policy covers your child only during practice (in-season or off-season), competition, and travel to and from UIL sanctioned activities.
- 2) This policy is a zero deductible. It is a limited benefit plan. It may not pay 100 percent of the bills. It is coordinated with any personal coverage that you may have. Your personal insurance is the primary carrier and the school insurance is the secondary carrier.
- 3) Any bills not paid by your personal carrier or the school insurance will be the responsibility of the parents / guardians. Parents / Guardians will handle all bills and claims. **The School District is not responsible for the handling / payment of medical bills.**
- 4) Parents / Guardians must give personal insurance information to the athletic trainer, team or family doctors and all other health care providers in regards to your child's athletic injury.
- 5) Parents / Guardians must notify the athletic trainer prior to doctor visits or insurance benefits may be forfeited.

I have read the insurance information cited above and I understand the contents herein.

Parent/Guardian Signature

Date

PHYSICAL EXAMINATION:

STUDENT'S NAME _____ **SEX** _____ **AGE** _____ **DATE OF BIRTH** ____/____/____

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. Must be completed prior to any practice, game or scrimmage.**

This column is to be completed by Physician, Physician Assistant, Nurse Practitioner or Doctor of Chiropractic:

Height _____ Weight _____ Pulse _____ BP ____/____

Vision: R 20/____ L 20/____

Pupils: Equal _____ Unequal _____ Corrected: Y N

Medical	Normal	Abnormal
Appearance		
Eyes / Ears / Nose / Throat		
Lymph Nodes		
Heart Auscultation (Supine)		
Heart Auscultation (Standing)		
Heart Lower extremity pulses		
Pulses		
Lungs		
Abdomen		
Genitalia (Males Only)		
Skin		
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)		
Musculoskeletal	Normal	Abnormal
Neck		
Back		
Shoulder / Arm		
Elbow / Forearm		
Wrist / Hand		
Hip / Thigh		
Knee		
Leg / Ankle		
Foot		

THE ABOVE STUDENT ATHLETE IS:

- CLEARED WITH NO RESTRICTIONS
- CLEARED AFTER EVALUATION FOR THE FOLLOWING

Findings: _____

- NOT CLEARED FOR PARTICIPATION

Reason: _____

Other 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: ____/____/____

Address: _____

Phone Number: _____

Signature: _____

HEALTHCARE PROVIDER'S STAMP

Parent and Student Notification/Agreement Form/Illegal Steroid Use and Random Steroid Testing

Box 8028 · University Station · Austin, TX · 78713-8028 · (512) 471-5883

Attention: PARENT / GUARDIAN AND STUDENT ATHLETE:

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.uil.utexas.edu. 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.uil.utexas.edu. 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: _____

MEDICAL HISTORY: THE PARENT / GUARDIAN AND STUDENT MUST COMPLETE THIS FORM PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE, CONTEST OR ATHLETIC PERIOD. THESE QUESTIONS ARE DESIGNED TO DETERMINE IF THE STUDENT HAS DEVELOPED ANY MEDICAL CONDITION THAT WOULD MAKE IT HAZARDOUS TO PARTICIPATE IN ATHLETICS. THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.(YEARLY)

NAME: _____ **DOB:** ____/____/____ **AGE:** _____ **SEX:** _____
 Last FIRST MI

ANY "YES" ANSWER TO QUESTIONS 1, 2, 3, 4, 5, or 6: requires further medical evaluation which may include a physical exam. Written clearance from a physician, physician assistant, chiropractor, or nurse practitioner is required before any UIL participation.
IMPORTANT NOTE: An individual answering in the affirmative to any question relating to a possible cardiovascular health issue (question three) should be restricted from further participation until the individual is examined and cleared by a physician, physician assistant, chiropractor, or nurse practitioner.

		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? Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>
3	Have you ever passed out during or after exercise? Have you ever had chest pain during or after exercise? Do you get tired more quickly than your friends do during exercise? Have you ever had racing of your heart or skipped heartbeats? Have you had high blood pressure or high cholesterol? Have you ever been told you have a heart murmur? Has any family member or relative died of heart problems or of sudden unexpected death before age 50? Has any family member been diagnosed with enlarged heart, hypertrophic cardiomyopathy, long QT syndrome, Marfan's syndrome, or abnormal heart rhythm)? Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? Has a physician ever denied or restricted your participation in sports for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>
4	Have you ever had a head injury or concussion? Have you ever been knocked out, become unconscious, or lost your memory? - (If yes, how many times? When was the last concussion? How severe was each one? Please explain below.) Have you ever had a seizure? Do you have frequent or severe headaches? Have you ever had numbness or tingling in your arms, hands, legs, or feet? Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>
5	Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>
6	Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
8	Do you have any allergies(for example pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>
9	Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
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"/>

		YES	NO
13	Have you ever gotten unexpectedly short of breath with exercise? Do you have asthma? Do you have seasonal allergies that require medial treatment?	<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"/>
15	Have you ever had a sprain, strain, or swelling after injury? Have you broken or fractured any bones or dislocated any joints? Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? If yes, check appropriate box and explain below: <input type="checkbox"/> Head <input type="checkbox"/> Elbow <input type="checkbox"/> Hip <input type="checkbox"/> Neck <input type="checkbox"/> Forearm <input type="checkbox"/> Thigh <input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Knee <input type="checkbox"/> Chest <input type="checkbox"/> Hand <input type="checkbox"/> Shin/Calf <input type="checkbox"/> Shoulder <input type="checkbox"/> Finger <input type="checkbox"/> Ankle <input type="checkbox"/> Upper Arm <input type="checkbox"/> Foot	<input type="checkbox"/>	<input type="checkbox"/>
16	Do you want to weigh more or less than you do now? Do you lose weight regularly to meet weight requirements for your sport?	<input type="checkbox"/>	<input type="checkbox"/>
17	Do you feel stressed out?	<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"/>
19	Females Only 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?	_____	_____

EXPLAIN ALL "YES" ANSWERS FROM THE ABOVE QUESTIONS HERE - USE AN ADDITIONAL SHEET IF NECESSARY:

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 high 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: ____/____/____

For School Use Only:
 This Medical History Form was reviewed by: Printed Name _____ Date _____ Signature _____