

RRISD Athletic Department Athletic Participation

School Year: _____ Sport(s): _____

-----Physical Examination & Participation Forms-----

Beginning with the 2002-2003 sports seasons, all athletic participants will be required to obtain a yearly physical examination prior to participation in games, practices, try-outs, workouts (in-season or out-of-season).

The physical examination is to be completed by either a Physician as licensed by the Texas Medical Examiners Board (M.D. or D.O.), 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.

Also, the *Athletic Participation, UIL Rules, Medical History, Steroid Use/Testing forms and Emergency Information Card* are to be completed and on file yearly prior to participation in games, practices, try-outs, and workouts (in-season or out-of-season). Including all Athletic Periods

Please PRINT all information in BLUE OR BLACK INK ONLY – other ink colors, pencil, or “trace over” will not be accepted.

Last Name	First Name	MI	Date of Birth	Gender	Student ID	Grade
Street Address (No P.O. Boxes)			City	Zip code	Home Telephone Number	
Male Guardian's Name	Employer	Work Telephone	Cell Phone	Relationship to Student		
Female Guardian's Name	Employer	Work Telephone	Cell Phone	Relationship to Student		
Emergency Contact Name (Other than Parent/Guardian)	Home Telephone Number		Cell Phone	Relationship to Student		

E-mail address of Parent/Guardian

-----Non-Prescription Authorization-----

I hereby give my consent to RRISD staff and Physicians to administer the non-prescription items to my child as checked below.

Acetaminophen (i.e. Tylenol) Antibiotic Ointment Antacids Ibuprofen (i.e. Advil) Electrolyte Drinks Electrolyte Tablets (To help prevent heat illness and cramps)

-----Parent (Guardian) Permit-----

I hereby give my consent for the above named student to compete in UIL/RRISD approved athletic sports and travel with the coach or other school representative on any trips. I have read and understand the UIL Rules listed in this document and agree that my child will abide by all UIL, school and team rules. I also agree to be responsible for the safe return of all athletic equipment issued by the school and will pay for any and all lost, stolen or damaged equipment.

-----Assumption of Risk & Release of All Claims-----

All athletes will be coached, instructed and conditioned to compete at the peak of their abilities. Along with competition and effort to acquire excellence is the reality of possible injury. Each coach is aware of the dangers and will make every effort to prevent injuries with proper conditioning, protective equipment and safety practices. However, not all injuries are preventable and **SEVERE INJURIES OR EVEN DEATH CAN OCCUR DURING ATHLETIC PARTICIPATION.** Neither the UIL nor the RRISD assumes any responsibility in case an accident occurs.

I understand the possible risk of injury present in the athletic participation. I hereby release and discharge the RRISD, its agents, employees and officers from any and all claims, demands, actions, judgments and executions which I may have or which my heirs, executors, administrator or assigns may have or claim to have against the RRISD, its agents, employees, officers, parent-volunteer, successors in interest or assigns for all personal injuries, known or unknown, and to all known or unknown injuries to property, real or personal, caused by or arising out of participation in athletics including travel and related activities.

-----Athletic Insurance Coverage-----

The RRISD Athletic Department does not provide athletic insurance for athletes. However, RRISD does provide catastrophic insurance for major injuries (claims totaling more than \$25,000.00). The Athletic Department and RRISD recommends that each athlete have their own insurance. The District contracts with an insurance agent to provide various insurance coverage policies that can be purchased by individuals. The policy pays according to a schedule of benefits set by the insurance provider. I understand that RRISD will not provide insurance for my child while in athletics and that any injury sustained by my child will be my sole financial responsibility.

-----Medical History-----

I hereby agree my answers to the questions on the Medical History Form are complete and correct to the best of my knowledge. If between this date and the beginning of athletic participation or anytime during the school year, any illness or injury should occur that may limit this student's participation I agree to notify by written doctor's orders the school authorities of such illness or injury. The medical history form is to be completed yearly.

-----Corrective Vision-----

It is recommended that athletes requiring corrective lens use polycarbonate lens (CR-39) with non-breakable, non-metal frames such as "Rec Specs" or contact lens. Use of other types of corrective e lens may increase the incident and/or severity of injury to the eyes or face.

University Interscholastic League (U.I.L.) General Eligibility Rules

This form is to be completed yearly and on file with the appropriate athletic staff member prior to participation in games, workouts (in-season and out-of-season), athletic classes and tryouts.

Eligibility rules for 7th & 8th grade interscholastic athletic participants:

An individual may participate in League athletic competition or contests as a representative of a participant school if he/she:

- Has met the requirements of Section 1400 (a) regarding general eligibility.
- For 7th grade athletic competition, has not reached his/her 14th birthday on or before September 1, and has not enrolled in the 9th grade.
- For 8th grade athletic competition, has not reached his/her 15th birthday on or before September 1, and has not enrolled in the 9th grade.
- A student who initially entered the 7th or 8th grade the current school year and is too old for the 7th or 8th grade participation may participate according to age, that is 7th graders on the 8th grade, 9th grade, high school junior varsity or high school varsity team, and 8th graders on the 9th grade, high school junior varsity, or high school varsity team.
- Is a full-time student in grade seven or eight at the school he/she represents. Exception: Seventh and eighth grade students from public K-8 schools that do not field a team, may participate on the 7th and 8th grade baseball, basketball, football, soccer, softball, and/or volleyball teams at the junior high school in the attendance area where they reside or which is a part of the designated receiving school district. (Parochial, private, and home schooled students are not eligible.)
- Has been in attendance and has passed the number of courses required by state law and by rules of the State Board of Education, and is passing the number of courses required by state law and by rules of the State Board of Education.
- Has not repeated the 7th or 8th grade for athletic purposes. A student who repeats the 7th or 8th grade for athletic purposes shall be eligible for only two consecutive years in 7th and 8th grade athletic competition after the first enrollment in the 7th grade. A student held back one year in the 7th or 8th grade for athletic purposes shall lose the fourth year of eligibility after entering the 9th grade. A student held back for two years for athletic purposes shall lose the third and fourth years of eligibility after entering the 9th grade.
- Has not changed schools for athletic purposes.

Eligibility rules for varsity interscholastic athletic participants:

- Are not 19 years of age or older on or before September 1 of the current school year. (See 504 handicapped exception.)
- Have not graduated from high school.
- Are enrolled by the 6th class day of the current school year or have been in attendance for fifteen calendar days immediately preceding a varsity contest.
- Are full-time day students 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 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 7th through 12th 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 (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 sued for the promotion of any product, play 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 all varsity athletic competition. Minimum penalty for participating in a contest while ineligible is forfeiture of the contest.
- Did not change school for athletic purposes

I have read and understand the U.I.L. General Eligibility Rules as stated above:

Student Signature

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.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: _____

PREPARTICIPATION PHYSICAL EVALUATION – 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** _____ **Phone** _____
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 beats?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, check the appropriate box and explain below.		
Have you had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head <input type="checkbox"/> Elbow <input type="checkbox"/> Hip <input type="checkbox"/> Ankle		
Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Neck <input type="checkbox"/> Forearm <input type="checkbox"/> Thigh		
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"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Knee <input type="checkbox"/> Chest		
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"/>	<input type="checkbox"/> Shoulder <input type="checkbox"/> Hand <input type="checkbox"/> Shin/calf		
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"/> Upper Arm <input type="checkbox"/> Finger <input type="checkbox"/> Foot		
Has a physician ever denied or restricted your participation in sports for any heart problems?	<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"/>
4. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	Do you lose weight regularly to meet weight requirements for your sport?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>	17. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how many times? _____			18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
When was the last concussion? _____			Females Only		
How severe was each one? (Explain below)			19. When was your first menstrual period?	_____	
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	When was your most recent menstrual period?	_____	
Do you have frequent or severe headaches?	<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 numbness or tingling in your arms, hands, legs, or feet?	<input type="checkbox"/>	<input type="checkbox"/>	How many periods have you had in the last year?	_____	
Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	What was the longest time between periods in the last year?	_____	
5. Are you missing any paired organs?	<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.		
6. Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>	**EXPLAIN 'YES' ANSWERS IN THE BOX BELOW** (attach another sheet if needed): _____ _____ _____		
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, to 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"/>			

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.**

MEDICAL	NORMAL	ABNORMAL FINDINGS	INITIALS*
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)			

Above examination completed by: _____

MUSCULOSKETAL	NORMAL	ABNORMAL FINDINGS	INITIALS*
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 either 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.