

ALLERGIES: _____ LIST any known physical conditions that may result in Emergency: _____ Medication: _____ Sports: _____ ID# _____
All sections are to be completed annually prior to participation in athletic classes, matches, games, workouts (in-season and out-of-season), and tryouts.

**LEANDER INDEPENDENT SCHOOL DISTRICT (LISD)
 ATHLETIC DEPARTMENT ATHLETIC PARTICIPATION FORM**

Last Name, First Name MI	Date of Birth	Gender	School	Grade
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Street Address (No P.O. Boxes), City, Zip Code	Home Telephone Number
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Male Parent/Guardian's Name	Employment	Bus. Phone Number	Cell Phone Number
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Female Parent/Guardian's Name	Employment	Bus. Phone Number	Cell Phone Number
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Emergency Contact Name (Non-Parent)	Home Telephone Number	Alternate Contact Number
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U.I.L. 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 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 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 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.
- I have been provided the UIL Parent Information Manual regarding health and safety issues and my responsibilities as a parent/guardian.

Parent (Guardian) Permit

I hereby give my consent for the above named student to compete in UIL/LISD 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 above student will abide by all UIL, school, and team rules. I also agree to be responsible to 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. It is understood that even though protective equipment is worn by the athlete, whenever needed, the possibility of an accident still remains. 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 LISD assumes any responsibility in case an accident occurs. I understand the possible risk of injury present in athletic participation. I do hereby agree to indemnify and save harmless the LISD, its agents, employees and officers from any and all claims, demands, actions, judgments, and executions which I may have or which my heirs, executors, administrators or assigns may have or claim to have against the LISD, 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.

Medical Consent

If, in the judgement of any representative of LISD, the above student should need immediate care and treatment as a result of any injury or illness, I do hereby request, authorize and consent to such care and treatment as may be given said student by any Physician, Athletic Trainer, Nurse, Hospital or school representative. In the event of serious injury or illness, I understand that an attempt will be made by a LISD representative, attending Physician or Nurse to contact me in the most expedient way possible. If direct communication is not possible, the treatment necessary for the welfare of above student is authorized. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care deemed advisable.

Echocardiogram Screening

The pre-participation exam of the heart is meant as a screening for various heart conditions but will not guarantee the underlying heart abnormalities or serious heart conditions will be detected upon exam. An echocardiogram screening can detect hypertrophic cardiomyopathy (enlarged heart) and certain underlying heart conditions that could lead to sudden cardiac death. This is not a requirement of the pre-participation exam.

Medical History

I hereby state that, to the best of my knowledge, my answers to all questions are complete and correct. Failure to provide truthful responses could subject the student in question to penalties to be determined by the UIL. 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.

Non-Prescription Authorization

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

Non-Aspirin Ibuprofen Decongestant Sore Throat Lozenges Antacids
 Anti-Diarrhea Ms-Aids Electrolyte

***MIDDLE SCHOOL ATHLETES WILL NOT RECEIVE ANY MEDICATION FROM THE ABOVE LIST**

Athletic Insurance Coverage

The LISD Athletic Department does not provide athletic insurance for athletes. I hereby release the LISD from responsibility for any injuries that should occur to above student in all athletic programs for the school year. I understand that I am responsible for all medical expenses associated with participation in the program. **Please check one appropriate box.**

I have family insurance. My policy information follows:
Insurance Company: _____
 I do not have health insurance coverage and choose not to purchase any.

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. Our signatures indicate we have read, understand, and agree with the above sections and the entire document.

Signature of Student: _____ Date: _____
 Signature of Parent/Guardian: _____ Date: _____

STUDENT NAME (LAST, FIRST) _____

PREPARTICIPATION PHYSICAL EVALUATION-MEDICAL HISTORY

- Please answer each question by circling "YES" or "NO".
- Have you had a medical illness or injury since your last check up or sports physical? YES NO
 - Have you been hospitalized overnight in the past year? YES NO
Have you had surgery in the past year? YES NO
 - Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler? YES NO
 - Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? YES NO
 - Have you ever passed out during or after exercise? YES NO
Have you ever been dizzy during or after exercise? YES NO
Have you ever had chest pain during or after exercise? YES NO
Do you get tired more quickly than your friends do during exercise? YES NO
Have you ever had racing of your heart or skipped heartbeats? YES NO
Have you had high blood pressure or high cholesterol? YES NO
Have you ever been told you have a heart murmur? YES NO
Has any family member or relative died of heart problems or of sudden unexpected death before age 50? YES NO
Has any family member been diagnosed with enlarged heart, hypertrophic cardiomyopathy, long QT syndrome, Marfan's syndrome, or abnormal heart rhythm? YES NO
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? YES NO
Has a physician ever denied or restricted your participation in sports for any heart problems? YES NO
 - Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? YES NO
 - Have you ever had a head injury or concussion? YES NO
Have you ever been knocked out, become unconscious, or lost your memory? YES NO
If yes, how many times? ____ When was the last concussion? _____
How severe was each one? (Explain below) _____
Have you ever had a seizure? YES NO
Do you have frequent or severe headaches? YES NO
Have you ever had numbness or tingling in your arms, hands, legs, or feet? YES NO
Have you ever had a stinger, burner, or pinched nerve? YES NO
 - Have you ever become ill from exercising in the heat? YES NO
 - Have you ever gotten unexpectedly short of breath with exercise? YES NO
Do you cough, wheeze, or have trouble breathing during or after activity? YES NO
Do you have asthma? YES NO
Do you have seasonal allergies that require medical treatment? YES NO
 - Have you had any problems with your eyes or vision? YES NO
 - Are you missing any paired organs? YES NO
 - 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)? YES NO
 - Have you ever had a sprain, strain, or swelling after injury? YES NO
Have you broken or fractured any bones or dislocated any joints? YES NO
Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? YES NO

If yes, check appropriate box and explain below.
 ___ Head ___ Elbow ___ Hip ___ Neck ___ Forearm ___ Thigh ___ Back ___ Wrist ___ Knee
 *** Chest ___ Hand ___ Shin/Calf ___ Shoulder ___ Finger ___ Ankle ___ Upper Arm ___ Foot

- Do you want to weigh more or less than you do now? YES NO
Do you lose weight regularly to meet weight requirements for your sport? YES NO
- Do you feel stressed out? YES NO
- Are you under a doctor's care? YES NO

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 "Yes" answers here: (A "yes" on questions 1, 2, 5, 7, 11 or 16 requires a further medical evaluation which may include a physical examination. Written clearance from a physician, physician assistant, or nurse practitioner is required before any participation in UIL practices, games or matches)**

An individual answering in the affirmative to any question relating to a possible cardiovascular health issue (question five above), as identified on the form should be restricted from further participation until the individual is examined and cleared by a physician, physician assistant, or advanced practice nurse.

Gender: (M/F) Sport(s): _____ School Year _____ ID# _____

PREPARTICIPATION PHYSICAL EVALUATION- PHYSICAL EXAMINATION

This form must be completed and on file prior to participation in any practice(both in-season and out-of-season), before, during or after school, scrimmage game or contest. As a minimum the 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 as per UIL rules, **but the LISD requires annual completion of this form.**

Parent/Guardian: Circle an activity in which this student **is allowed** to participate:
 Baseball Basketball Cross Country Football Golf Soccer Softball

Swimming&Diving Team Tennis Tennis Track&Field Volleyball Wrestling

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

MEDICAL	NORMAL	ABNORMAL FINIDINGS	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 pulse			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

CLEARANCE {Please check one}
 Cleared (No restrictions)
 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, 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.

Physician Name (print/type): _____

Address: _____

Phone Number: _____

Physician Signature: _____ **Date:** _____