

**Marcus High School**  
**Physical & Forms for Athletic Participation**  
**2010-2011**

(**new this year** – collecting completed participation forms, including physical will occur before end of current school year)

Every year all LISD/Marcus high school athletes must complete athletic participation forms and have a physical exam prior to any athletic participation. No forms will be accepted if incomplete (including missing form, missing information, or missing signature). No forms should be turned in at the front office, mailed in, faxed, or turned into coaches (avoids misplacement of forms).

- all 9<sup>th</sup> – 12<sup>th</sup> grade athletes are invited to complete their 2010-2011 physical exam at Marcus High School
- local physicians, nurses, and support staff donating their time will complete physical exams on Wednesday May 12, 2010 from 5:00pm to 9:00pm; athletes will be scheduled during 1 hour block increments
- cost - \$20 (similar to last year this will be a fundraiser event)
  
- athletic participation packet of forms will be given to athletes April 12<sup>th</sup>, 13<sup>th</sup>, and 14<sup>th</sup> during athletics (forms may also be downloaded from: MHS website – athletics tab – athletic trainers tab)
  
- **STEPS FOR COMPLETING PARTICIPATION FORMS AND RECEIVING PHYSICAL**
  - ***athletes receiving physical at MHS on May 12<sup>th</sup>***
    - bring completed packet of forms to athletic trainers
      - April 26<sup>th</sup> through May 11<sup>th</sup> from 7:40am to 8:30am or 4:15pm to 5:15pm;
      - forms will be reviewed if incomplete will be handed back if complete *then*
    - pay for physical exam; receive receipt, ticket and time frame for physical exam
    - May 12<sup>th</sup> arrive during scheduled time frame, bring ticket, check in, procedure through physical exam; done once complete
  - ***athletes receiving physical with own family physician***
    - schedule appointment for physical exam with your physician before May 28<sup>th</sup>; be sure to take form to appointment
    - bring completed packet of forms, including physical to athletic trainers
      - April 26<sup>th</sup> through May 28<sup>th</sup> from 7:40am to 8:30am or 4:15pm to 5:15pm;
      - forms will be reviewed; done if all forms are complete
  - ***new/transfer athletes to Marcus arriving after end of current school year***
    - schedule appointment for physical exam with your physician before August 5<sup>th</sup> ; be sure to take form to appointment
    - bring completed packet of forms, including physical to athletic trainers
      - Monday August 2<sup>nd</sup> from 9:00am to 12:00pm;
      - forms will be reviewed; done if all forms are complete
  - miss August 2<sup>nd</sup> date – get physical exam, complete participation forms, and turn into athletic trainers as soon as possible (no athletic participation; however camps are ok, will be permitted until done)
  
- **participation forms requiring athlete &/or parent signatures**
  - ✓ travel information ...SIGN at bottom
  - ✓ drug testing consent ...SIGN at bottom
  - ✓ acknowledgement of rules ...SIGN front and bottom of 2<sup>nd</sup> page
  - ✓ steroid testing ...SIGN at middle and at bottom
  - ✓ extracurricular code of conduct ... SIGN at bottom 2<sup>nd</sup> page
  - ✓ medical history ...SIGN at bottom
  
- **physical exam at Marcus notes**
  - ✓ location in "A" hall – enter school through older gym doors rather than new gym area
  - ✓ remember to bring ticket and wear athletic/loose fitting clothes
  - ✓ occasionally physicians may need to request that you do a follow up exam with your physician or specialist
  - ✓ refunds will not be given

**LEWISVILLE INDEPENDENT SCHOOL DISTRICT  
STUDENT ATHLETE TRAVEL INFORMATION**

**EMERGENCY INFORMATION**

Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_, TX \_\_\_\_\_

(optional)  
Phone \_\_\_\_\_ Social Security # \_\_\_\_\_ Sex ( ) Male ( ) Female

Parent's Name – Mother \_\_\_\_\_ Father \_\_\_\_\_

Parent's Employer-Mother \_\_\_\_\_ Father \_\_\_\_\_

Daytime Phone(s)-Mother \_\_\_\_\_ Father \_\_\_\_\_

If parent/guardian cannot be reached, please notify: \_\_\_\_\_  
Name Phone

**INSURANCE INFORMATION**

Family Primary

Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_

Circle One: Individual Group HMO None Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Primary Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insured Parent/Guardian's Name \_\_\_\_\_ Employer \_\_\_\_\_

List any known ALLERGIES. (Medications, Foods, Etc.) Be Specific: \_\_\_\_\_  
\_\_\_\_\_

List any Medication taken on a regular basis: \_\_\_\_\_  
\_\_\_\_\_

The Lewisville ISD WILL NOT be responsible for medical or other costs related to injuries received by the above participant except to provide the insurance coverage outlined. No student will be permitted to participate in any practice, off-season program or contest prior to this document being on file with Lewisville ISD.

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

If, in the judgement 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, trainer, nurse, hospital, or school representative: and I do hereby agree to indemnify and save harmless Lewisville ISD and any school representative from any claim by any person whomsoever on account of such care and treatment of said student.

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Student Signature Date

# 2010-2011 LISD RANDOM STUDENT DRUG TESTING CONSENT FORM

Campus/Grade \_\_\_\_\_ Date of birth: \_\_\_\_\_ Student I.D. #: \_\_\_\_\_

PRINT STUDENT LEGAL NAME: \_\_\_\_\_  
LAST NAME FIRST NAME

## AS A STUDENT:

• I understand and agree that participation in extracurricular activities is voluntary and a privilege. I also understand that having a parking permit is voluntary and a privilege. I understand that as part of my voluntary participation in extracurricular activities and/or having a parking permit, I am also consenting to participation in the school district's Random Student Drug Testing Program. Activities that are included can be accessed on the LISD website ([www.lisd.net/choices](http://www.lisd.net/choices)) under Safe and Drug Free Programs and are also available at the front desk at each secondary campus as well as listed on the back of this form. Activities may be added or deleted at the discretion of the LISD School Board and Superintendent.

• I understand that if I decline to consent to participation in the Random Student Drug Testing Program that I will be unable to participate in the selected competitive extracurricular activities and/or have a parking permit in the Lewisville Independent School District, for the entire academic school year.

## AS A PARENT/ GUARDIAN / CUSTODIAN:

• I have read policy FNF (LOCAL) and understand that my child's participation in Extra-curricular activities is voluntary and a privilege. I also understand that having a parking permit is voluntary and a privilege. I understand that as part of my child's voluntary participation in extracurricular activities or desire to have a parking permit, I am consenting to his/her participation in the school district's Random Student Drug Testing Program for the entire academic school year.

• I understand that if I decline to consent to my child's participation in the Random Student Drug Testing Program, my child will be unable to participate in competitive extracurricular activities or have a parking permit in the Lewisville Independent School District.

As evidenced by my signature below, I hereby consent to allow the student named above to undergo random drug testing for the presence of illicit drugs and/or banned substances in accordance with applicable Board policy. I understand that the urine collection process will be overseen by a qualified vendor and that samples will be sent to a certified medical laboratory for testing, and that samples will be coded for confidentiality. I hereby consent, the vendor selected by the Lewisville Independent School District, its laboratory, doctors, employees, and/or agents to perform urinalysis testing for the detection of illicit drugs and/or banned substances.

I further understand and consent to the vendor selected by Lewisville Independent School District, its doctors, employees, and/or agents, to release results of tests to the Lewisville Independent School District in accordance with Board policy. I understand that the consent granted herein is effective for all activities in which the above-named student might participate during the 2010-2011 school year. This consent is effective for the entire school year.

Printed Parent/ Guardian/ Custodian Name \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

Parent/ Guardian/ Custodian Signature \_\_\_\_\_

Date \_\_\_\_\_

☐ Parent Presentation  
attended or viewed on-line.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

☐ Student Presentation  
attended or viewed on-line.

## **REQUIRED – Academic year 2010-2011**

**You *MUST* Check All Activities That You Will Participate or Plan To Participate In during this school year.**

**You must return the completed form to your respective coach or sponsor or Assistant Principal before you can participate and/or compete.**

<input type="checkbox"/> Academic Decathlon	<input type="checkbox"/> Softball
<input type="checkbox"/> Academic Octathlon	<input type="checkbox"/> Student Council
<input type="checkbox"/> Athletic Trainers	<input type="checkbox"/> Swimming
<input type="checkbox"/> Band	<input type="checkbox"/> Technology Student Association
<input type="checkbox"/> Baseball	<input type="checkbox"/> Tennis
<input type="checkbox"/> Basketball	<input type="checkbox"/> Theatre Arts
<input type="checkbox"/> Business Professionals of America (BPA)	<input type="checkbox"/> Track
<input type="checkbox"/> Cheerleading	<input type="checkbox"/> UIL - Academic Team
<input type="checkbox"/> Choir	<input type="checkbox"/> UIL- Accounting
<input type="checkbox"/> Color Guard	<input type="checkbox"/> UIL- Editorial
<input type="checkbox"/> Cross Country	<input type="checkbox"/> UIL- Feature
<input type="checkbox"/> Debate	<input type="checkbox"/> UIL- Headline
<input type="checkbox"/> DECA Club	<input type="checkbox"/> UIL- Journalism
<input type="checkbox"/> Diving	<input type="checkbox"/> UIL- Literary Criticism
<input type="checkbox"/> Drill Team	<input type="checkbox"/> UIL- Math Club
<input type="checkbox"/> Drumline	<input type="checkbox"/> UIL- News
<input type="checkbox"/> Football	<input type="checkbox"/> UIL- One Act Play
<input type="checkbox"/> Future Business Leaders of America (FBLA)	<input type="checkbox"/> UIL- Ready Writing
<input type="checkbox"/> Future Farmers of America (FFA)	<input type="checkbox"/> UIL- Science Club
<input type="checkbox"/> Golf	<input type="checkbox"/> UIL -Social Studies Club
<input type="checkbox"/> Junior State America	<input type="checkbox"/> UIL - Speech
<input type="checkbox"/> Orchestra	<input type="checkbox"/> UIL -Spelling/ Vocabulary
<input type="checkbox"/> Power lifting	<input type="checkbox"/> UIL – Theater Tech
<input type="checkbox"/> Robotics	<input type="checkbox"/> VASE- Visual arts Scholastic Event
<input type="checkbox"/> ROTC	<input type="checkbox"/> Volleyball
<input type="checkbox"/> Soccer	<input type="checkbox"/> Winterguard
	<input type="checkbox"/> Wrestling
	<hr/>
	<input type="checkbox"/> Parking Permit
	<input type="checkbox"/> Voluntary

MARCUS HIGH SCHOOL

ATHLETE INFORMATION

NAME\_\_\_\_\_ GRADE in 2010-2011\_\_\_\_\_

ADDRESS\_\_\_\_\_

CITY\_\_\_\_\_ ZIP\_\_\_\_\_

HOME PHONE\_\_\_\_\_

DAD WORK\_\_\_\_\_

DAD CELL\_\_\_\_\_

MOM WORK\_\_\_\_\_

MOM CELL\_\_\_\_\_

PARENT EMAIL\_\_\_\_\_

SPORT(S)

\_\_\_\_CROSS COUNTRY

\_\_\_\_TRACK

\_\_\_\_FOOTBALL

\_\_\_\_VOLLEYBALL

\_\_\_\_SWIMMING

\_\_\_\_GOLF

\_\_\_\_TENNIS

\_\_\_\_WRESTLING

\_\_\_\_SOCCER

\_\_\_\_BASEBALL

\_\_\_\_SOFTBALL

\_\_\_\_BASKETBALL

## 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.

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Current School \_\_\_\_\_

### 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 judgement 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 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.**

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 diagnosis and treatment for your student.

<b>To the Parent:</b>	<input type="checkbox"/> Baseball	<input type="checkbox"/> Football	<input type="checkbox"/> Softball	<input type="checkbox"/> Tennis	<input type="checkbox"/> Wrestling
<b>Check any activity in which this</b>	<input type="checkbox"/> Basketball	<input type="checkbox"/> Golf	<input type="checkbox"/> Swimming & Diving	<input type="checkbox"/> Track & Field	
<b>student is allowed to participate.</b>	<input type="checkbox"/> Cross Country	<input type="checkbox"/> Soccer	<input type="checkbox"/> Team Tennis	<input type="checkbox"/> Volleyball	

Date \_\_\_\_\_

Signature of parent or guardian \_\_\_\_\_

Street address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home area code and telephone \_\_\_\_\_

Business telephone \_\_\_\_\_

***The student's signature is required on the reverse side of this form.***

## 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: 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.

## 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. 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 the regulations cited above and agree to follow the rules.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of student



## 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](http://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](http://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: \_\_\_\_\_



## Extracurricular Code of Conduct

If I am elected to represent \_\_\_\_\_ School in its extra curricular program, I will be sincerely interested in contributing my best effort to the success of the program. I therefore agree to the following expectations and consequences as they pertain to out of school and after hour's behavior while a member of an extracurricular group. It should be noted that the LISD student code of conduct and local school policies regarding appropriate behavior shall always be applied first and foremost when violations occur at school, at a contest/event, traveling to and from an event/contest, or when the student represents themselves as a part of a school team, organization, or school group. Participation in extracurricular activities is considered a privilege and, certainly, higher standards are expected from all participants as it pertains to grades, behavior in and out of school, attendance, work ethic, and commitment.

The following restrictions refer to **any amount** of alcohol, drugs, or tobacco both **on** and **off** campus.

- |  |  |
|--|--|
| I. Use and/or possession of Alcohol will not be tolerated    | <p><b><u>1<sup>st</sup> offense:</u></b> Removed from the program for two contests and/or performances. School staff counseling required.</p> <p><b><u>2<sup>nd</sup> offense:</u></b> Removed from the program for a semester. School staff counseling required.</p> <p><b><u>3<sup>rd</sup> offense:</u></b> In the event of a third violation of these rules, the student will no longer be permitted to participate in competitive extracurricular activities for the remainder of the student's enrollment in the District.</p> |
| II. Use and/or possession of Drugs will not be tolerated.    | <p><b><u>1<sup>st</sup> offense:</u></b> Removed from the program for a semester. School staff counseling required.</p> <p><b><u>2<sup>nd</sup> offense:</u></b> Removed from the program for a year. School staff counseling required.</p> <p><b><u>3<sup>rd</sup> offense:</u></b> In the event of a third violation of these rules, the student will no longer be permitted to participate in competitive extracurricular activities for the remainder of the student's enrollment in the District.</p>                           |
| III. Use and/or possession of Tobacco will not be tolerated. | <p><b><u>1<sup>st</sup> offense:</u></b> Suspension from one contest and/or performance.</p> <p><b><u>2<sup>nd</sup> offense:</u></b> Removed from the program for one semester.</p> <p><b><u>3<sup>rd</sup> offense:</u></b> Removed from the program for one calendar year from date of infraction.</p>  |
| IV. Hazing (as defined by TEC 37.151)                        | <p><b><u>1<sup>st</sup> offense:</u></b> Removal from the program for no less than 30 days and up to 90 days with reinstatement to the program at the Sponsor's/Coach's and Administrator's discretion.</p> <p><b><u>2<sup>nd</sup> offense:</u></b> Removal from the program for no less than 90 days and up to one calendar year. Reinstatement to the program will take place only at the Sponsor's/Coach's and Administrator's approval.</p>   |
| V. Charged with a felony involving bodily harm               | Removed from the program until the case is decided   |
| Adjudication and/or Conviction of a felony                   | Removed from the program indefinitely.   |

- \*\*\*\*\*
1. Once a participant has been removed from the program, the Sponsor/Coach and/or Administrator has the right to review the case and make a decision as to whether to allow the participant back into the program after the 90 day suspension.
  2. A semester is considered to be 90 days.
  3. Infractions **will not** accrue from year to year. Infractions **will be** tabulated for one calendar year beginning August 1 and ending July 31.
  4. These violations have to be (a) witnessed by District personnel (b) ticketed by law enforcement (c) or admitted to by the participant.
  5. You are expected to follow the code of ethical behavior both on and off campus.

V. Additional expectations for extracurricular activities: failure to meet these expectations will result in counseling by the coach or sponsor, or some form of punishment or suspension.

- A. **Conduct:** We expect you to conduct yourself as ladies/ gentlemen at all times. Follow school rules and procedures.
- B. **Attendance:** Do not cut class. Do not be tardy. If you miss an athletic period or participation be sure it cannot be helped. Your commitment may include holidays and non-school days. Call the coach or sponsor if you are absent from an athletic period.
- C. **Profanity:** We do not allow it.
- D. **Injury:** we have a professional trainer who has been educated in training procedures. If you have an injury, see the trainers first, they will either treat the injury or tell you to see your doctor.
- E. **Grades:** We expect you to work and maintain good grades.
- F. **Promptness:** Always be on time, to practice, meetings, and games.
- G. **Equipment and Facilities:** Be responsible and take care of both.
- H. **Respect for Coaches and Teachers:** Treat them with respect and in return you will be treated with respect.
- I. **Stealing:** Taking things that do not belong to you will result in severe consequences.
- J. **Accountability:** You will be held accountable for all of your actions. Be sure you “think” before you “act”.

\*Due process procedures will be in accordance with LISD Board Policies: FOC(Local), FOA(Legal), FOC(Legal),FOD(Legal), and FOD(Local)

I have received a copy of the Extracurricular Code of Conduct and understand that all students will be held accountable for their behavior and will be subject to the disciplinary consequences outlined in the Code.

\_\_\_\_\_  
Name of Student (Please print)

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date\_\_\_\_\_ School\_\_\_\_\_ Grade Level\_\_\_\_\_

# PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

REVISED 1-6-09

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 \_\_\_\_\_  
 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 heartbeats?	<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"/>
Have you had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, check appropriate box and explain below.		
Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head <input type="checkbox"/> Elbow <input type="checkbox"/> Hip		
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"/> Neck <input type="checkbox"/> Forearm <input type="checkbox"/> Thigh		
Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelopathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Knee		
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"/> Chest <input type="checkbox"/> Hand <input type="checkbox"/> Shin/Calf		
Has a physician ever denied or restricted your participation in sports for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shoulder <input type="checkbox"/> Finger <input type="checkbox"/> Ankle		
4. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Upper Arm <input type="checkbox"/> Foot		
Have you ever been knocked out, become unconscious, or lost your memory?	<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"/>
If yes, how many _____ When was the last _____			Do you lose weight regularly to meet weight requirements for your sport?	<input type="checkbox"/>	<input type="checkbox"/>
times? _____ concussion?			17. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
How severe was each one? (Explain below)			18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	<b>Females Only</b>		
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	19. When was your first menstrual period?	_____	
Have you ever had numbness or tingling in your arms, hands, legs, or feet?	<input type="checkbox"/>	<input type="checkbox"/>	When was your most recent menstrual period?	_____	
Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	How much time do you usually have from the start of one period to the start of another?	_____	
5. Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>	How many periods have you had in the last year?	_____	
6. Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>	What was the longest time between periods in the last year?	_____	
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"/>	<b>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.</b>		
8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>	<b>**EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):</b>		
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.***

	NORMAL	ABNORMAL FINDINGS	INITIALS*
<b>MEDICAL</b>			
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)			

**MUSCULOSKELETAL**

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 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.

### Release of Medical Information

I hereby authorize and request all my current or prior physicians to disclose, whenever requested to do so, to the athletic training/sports medicine staff (including athletic trainers, medical, orthopedic, or other medical consultants), any and all information with respect to any illness or injury, medical history, consultation, prescriptions, or treatments, including medical imaging and copies of all hospital and medical records. This release remains valid until revoked in writing. I understand that these records will remain confidential, be maintained in my child's medical file, and will only be shared with persons involved in the care of the athlete.

Student's Name\_\_\_\_\_

Student's Signature\_\_\_\_\_

Date\_\_\_\_\_

Parent's Signature\_\_\_\_\_

Date\_\_\_\_\_

### Over the Counter Medication

LISD policy allows the Athletic Trainers to dispense over the counter medication to students involved in athletics provided the parents agree. These medications include Tylenol, Advil, cold medicine, and other medications used to treat minor illnesses. If there are any medications that your child should not have, please list them.

I hereby authorize the LISD Athletic Trainers to administer to my child over the counter medications according to the directions listed on said medicine.

Parent's Signature\_\_\_\_\_

Date\_\_\_\_\_

I **DO NOT** want my child to receive any medications.

Parent Signature\_\_\_\_\_