



YSLETA INDEPENDENT SCHOOL DISTRICT
Athletics Department
Voluntary Student/Athletic Accident Insurance

Dear Parents,

Under state law, school districts are not liable for accidents that occur in schools. The school is also not responsible for medical payments or bills for your child. If your child is injured during any athletic or UIL sponsored event or school activity, **all medical charges are your responsibility.**

With this in mind, we would like to inform you that The Brokerage Store, Inc. will be offering Voluntary Student/Athletic Accident Insurance for the 2010-2011 school year. This plan covers all students for sports, school activities, and UIL-sponsored events with the exception of football grades 10-12. Our plan gives you the option of either school time only or 24-hour coverage. School time coverage is just as stated—during school time **only**. Twenty-four hour coverage is 24 hours a day, 365 days a year, at any time and any place. Football coverage is a separate benefit and premium. **THIS INSURANCE IS SECONDARY INSURANCE TO ALL OTHER EXISTING POLICIES.** Your child’s treatments and medical charges are your responsibility.

VOLUNTARY STUDENT/ATHLETIC ACCIDENT INSURANCE*

Annual Premiums	
School Time Coverage	\$95.00
24 Hr. Coverage	\$165.00
Dental	\$9.00
Football (Grades 10-12)	\$280.00

Please make checks payable to: Student Assurance Services.

In order to enroll your child in this Voluntary Student/Athletic Accident Insurance plan, please remember:

- Contact the Athletic Trainer at the school that your child/children attend for your application or go online to www.thebrokeragestore.com.
- All major credit cards are accepted.
- For any other questions, contact The Brokerage Store, Inc. at 800-366-4810 or 210-366-4800 or 915-534-9413.

*The above is just a brief description of rates and benefits available under this plan. This is not a contract, policy, or outline of coverage. All benefits are subject to maximum amounts, limits, exclusions and other policy provisions.

Acknowledgement of Receipt _____ Date _____

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DISTRITO ESCOLAR INDEPENDIENTE DE YSLETA
Departamento de Atletismo
Seguro Voluntario Contra Accidentes Estudiantiles/de Atletismo

Estimados Padres:

De acuerdo con la ley estatal, los distritos escolares no son responsables por accidentes que ocurran en las escuelas. La escuela tampoco es responsable por pagos médicos o facturas por tratamiento a su niño. Si su niño sufre alguna lastimadura durante cualquier evento o actividad escolar atlética o patrocinada por la liga UIL, **todos los cargos por tratamiento médico son su responsabilidad.**

Con este fin, les informamos que la compañía The Brokerage Store, Inc. ofrecerá Seguro Voluntario Contra Accidentes Estudiantiles/de Atletismo para el año escolar 2010-2011. Este plan cubre a todos los estudiantes durante deportes, actividades escolares, y eventos patrocinados por la liga UIL, con la excepción del fútbol en los grados 10-12. Nuestro plan le ofrece la opción de obtener cobertura sólo durante el día escolar o también durante las 24 horas. Cobertura durante el día escolar es **sólo** durante las horas de escuela. La cobertura durante las 24 horas es de 24 horas al día, 365 días al año, a cualquier hora y en cualquier lugar. La cobertura para el fútbol es un beneficio y un pago por separado. **ESTA POLIZA DE SEGUROS ES UN SEGURO SECUNDARIO ANTES DE CUALQUIER OTRO SEGURO DISPONIBLE.** Los tratamientos y cargos médicos de su niño son su responsabilidad.

SEGURO VOLUNTARIO CONTRA ACCIDENTES ESTUDIANTILES/DE ATLETISMO*

Primas Anuales

Cobertura el Día Escolar	\$95.00
Cobertura las 24 Horas	\$165.00
Dental	\$9.00
Fútbol (Grados 10-12)	\$280.00

Escriba el cheque de pago a favor de: Student Assurance Services.

Para inscribir a su niño en este plan de Seguro Voluntario Contra Accidentes Estudiantiles/de Atletismo, por favor recuerde:

- Comuníquese con el Entrenador de Atletismo en la escuela de su niño/sus niños para obtener una solicitud o hágalo electrónicamente en www.thebrokeragestore.com.
- Se aceptan todas las tarjetas de crédito mayores.
- Si tiene alguna pregunta, comuníquese con The Brokerage Store, Inc. al 800-366-4810 o 210-366-4800 o 915-534-9413.

*La información aquí mencionada es sólo una descripción breve de las tasas y los beneficios disponibles bajo este plan. Este informe no es un contrato, póliza de seguros, o resumen de ofrecimiento. Todos los beneficios están sujetos a cantidades máximas, límites, exclusiones y otras provisiones de la póliza.

Firma de Reconocimiento de recibo _____

Fecha _____

16

TROOPER - ATHLETIC EMERGENCY FORM

(PLEASE COMPLETE ALL THE INFORMATION COMPLETELY AND CLEARLY)

NAME: _____ **GRADUATION YEAR:** _____

BIRTHDATE: _____ **STUDENT I.D. #** _____

STREET ADDRESS: _____ **CITY/STATE:** _____ **ZIP CODE:** _____

FATHER'S NAME: _____ **CELL PHONE # :** _____

HOME PHONE #: _____ **WORK PHONE #:** _____

MOTHER'S NAME: _____ **CELL PHONE # :** _____

HOME PHONE #: _____ **WORK PHONE #:** _____

ATHLETE'S GENDER: **MALE :** **FEMALE:**

SPORTS: Baseball, Basketball, Cheerleading, Cross Country/Track, Football, Golf, Gymnastics, Saltatrix, Soccer, Softball, Swimming, Tennis, Trooperettes, Volleyball, Wrestling

LIST SPORTS IN ORDER OF PARTICIPATION: 1. _____
2. _____
3. _____

ATHLETE'S HEALTH HISTORY: (PLEASE COMPLETE ACCURATELY and COMPLETELY)

ALLERGIES: (LIST ALL ALLERGIES including foods, animals, plants, MEDICATIONS):

MEDICATIONS: (LIST ALL MEDICATIONS CURRENTLY TAKING):

MEDICAL PROBLEMS: (LIST ALL MEDICAL PROBLEMS – including ASTHMA, DIABETES, HEART MURMERS, etc.):

TROOPER - ATHLETIC EMERGENCY FORM

(PLEASE **COMPLETE** ALL THE INFORMATION COMPLETELY AND CLEARLY)

NAME: _____ **GRADUATION YEAR:** _____

BIRTHDATE: _____ **STUDENT I.D. #** _____

STREET ADDRESS: _____ **CITY/STATE:** _____ **ZIP CODE:** _____

FATHER'S NAME: _____ **CELL PHONE # :** _____

HOME PHONE #: _____ **WORK PHONE #:** _____

MOTHER'S NAME: _____ **CELL PHONE # :** _____

HOME PHONE #: _____ **WORK PHONE #:** _____

ATHLETE'S GENDER: **MALE :** **FEMALE:**

SPORTS: Baseball, Basketball, Cheerleading, Cross Country/Track, Football, Golf, Gymnastics, Saltatrix, Soccer, Softball, Swimming, Tennis, Trooperettes, Volleyball, Wrestling

LIST SPORTS IN ORDER OF PARTICIPATION: 1. _____
2. _____
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ATHLETE'S HEALTH HISTORY: (PLEASE **COMPLETE** ACCURATELY and **COMPLETELY**)

ALLERGIES: (LIST ALL ALLERGIES including foods, animals, plants, MEDICATIONS):

MEDICATIONS: (LIST **ALL MEDICATIONS** CURRENTLY TAKING):

MEDICAL PROBLEMS: (LIST ALL MEDICAL PROBLEMS – including ASTHMA, DIABETES, HEART MURMERS, etc.):

**YSLETA INDEPENDENT SCHOOL DISTRICT
DIVISION OF ACADEMICS
ATHLETICS**

FAILURE TO WARN

We fully realize that when participating in athletic activities there is a risk of serious and/or disabling injury or injuries.

WE ARE AWARE OF THIS POSSIBILITY AND CONSIDER THIS A WARNING OF THE INHERENT DANGER OF SPORTS PARTICIPATION.

Student _____	Parent _____ OR _____
School _____	Guardian _____
Date _____	Date _____

Ysleta Independent School District does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs, activities or employment.

Prepared by: Luz Custer

Q-9

Revised: 3/05/08

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Revised: 3/05/08

**YSLETA INDEPENDENT SCHOOL DISTRICT
DIVISION OF ACADEMICS
ATHLETICS**

RELEASE OF LIABILITY AND PARENTAL CONSENT

Date: _____

Student Name: _____

We hereby certify that the above-named student, born on _____ enrolled in Grade _____ at _____ School, has our approval to participate in the Ysleta Independent School District athletic and sports programs, on or off school premises and in or out of El Paso County; and we hereby acknowledge that, under Texas law, the Ysleta Independent School District is immune from liability as a governmental agency and cannot be sued for injuries or damages related to the athletic and sports program. Based on such understanding we do, for ourselves, our heirs, executors, administrators, and assigns, hereby release, acquit, and forever discharge the Ysleta Independent School District of El Paso County, Texas, and its agents, servants, employees, officers, trustees, and representatives of any and all claims, actions, causes, of action, demands, rights, damages, injuries, or losses of any nature whatsoever which we may or assert at this time or at any time in the future arising from the athletic and sports activity in which our child will participate.

We acknowledge that District policy is to deny to any student the privilege of participation in the athletic and sports programs until a properly executed copy of this Release and Consent has been filed in the school records, accompanied by a Medical History and Physical Examination Form signed by a physician, Failure to Warn Form, and UIL Acknowledgement of Rules form, prior to the first day of participation. We acknowledge the recommendation of the District that each athlete be given an influenza vaccine.

We further acknowledge that paragraph F of District Regulation EHBL-R requires that a student athlete display conduct at all times, that will bring credit to the student, his/her school, and the District; that a student athlete act in an acceptable manner during practice sessions and on all athletic trips from the time of departure until the time of return; that misconduct by a student athlete will result in an appropriate review of the case; that student athletes who use alcoholic beverages or drugs will be dismissed from the school team immediately; that during out of town trips misconduct by a student athlete will warrant sending that athlete home by commercial transportation and that parents will be required to reimburse the District for such expense; and we hereby approve of and agree to comply with all of these conditions.

We further authorize any school personnel to consent to, and any medical person to administer, any medical care, treatment, or assistance to our child which may be determined to be necessary for the treatment or attention of any injuries or ailment which our child may sustain in connection with such athletic or sports program. We further acknowledge that any claim arising out of injury to a child is to be presented to, processed through, and paid by Ysleta Independent School District and that same is not to be presented to, processed through, or paid by the Ysleta Independent School District; and in conformity with this understanding we hereby make known the following:

Parent Name: _____ Parent Signature: _____

Ysleta Independent School District does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs, activities or employment.

CHECK THE APPROPRIATE BOX AND FILL IN THE NAME OF STUDENT IN THE BLANK PROVIDED.

- We have purchased a Student Accident Insurance Plan for (student's full name) _____

- We already have Family Medical Insurance that covers (student's full name) _____ with substantially the same protection as provided under the Student Accident Insurance Plan and wish to have no additional coverage.
 Name of Insurance Company _____
 Address _____
 Policy Number _____

- We have access to military facilities, which also includes access for (student's full name) _____ and wish to have **NO** additional insurance coverage or other financial protection.

- We elect to have **NO** medical insurance coverage, and we will assume full financial responsibility for any and all injuries or expenses that may occur to (student's full name) _____

 Witness

 Signature of Father

 Witness

 Signature of Mother

 Witness

 Signature of Legal Guardian

 Address Zip Code

 Residence Telephone Business Telephone

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.

- To the Parent: Baseball Football Softball Tennis Wrestling
 Check any activity in which this Basketball Golf Swimming & Diving Track & Field
 student is allowed to participate. Cross Country Soccer Team Tennis 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. 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

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? Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have asthma?	<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, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelopathy (Brugada syndrome, etc), 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"/>	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"/>
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 _____ When was the last concussion? _____ How severe was each one? (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"/>	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"/>	<input type="checkbox"/>
5. Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head <input type="checkbox"/> Elbow <input type="checkbox"/> Hip		
6. Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Neck <input type="checkbox"/> Forearm <input type="checkbox"/> Thigh		
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"/>	<input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Knee		
8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chest <input type="checkbox"/> Hand <input type="checkbox"/> Shin/Calf		
9. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shoulder <input type="checkbox"/> Finger <input type="checkbox"/> Ankle		
10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Upper Arm <input type="checkbox"/> Foot		
11. Have you ever become ill from exercising in the heat?	<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"/>
12. Have you had any problems with your eyes or vision?	<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"/>
			Females Only		
			19. 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? _____		

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.

****EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another 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 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*
MEDICAL			
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.