

**LEANDER INDEPENDENT SCHOOL DISTRICT (LISD)
FINE ARTS PARTICIPATION FORM**

Last Name	First Name	MI	Date of Birth	Gender	School	Grade
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Home Telephone Number	Student Cell Phone Number
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Street Address (No P.O. Boxes)	City	Zip Code
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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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- To the Parent: Check any activity in which this student is allowed to participate.**
- Baseball Football Softball Tennis Wrestling
 - Basketball Golf Swimming & Diving Track & Field
 - Cross Country Soccer Team Tennis Volleyball

Non-Prescription Authorization

I hereby give my consent to LISD Staff and Physicians to administer the non-prescription items to my child as **initialed**. ***MIDDLE SCHOOL ATHLETES WILL NOT RECEIVE ANY MEDICATIONS***

*Please **initial** next to each medication that can be administered:*

<input type="checkbox"/> Acetaminophen	<input type="checkbox"/> Ibuprofen	<input type="checkbox"/> Decongestant	<input type="checkbox"/> Sore Throat Lozenges
<input type="checkbox"/> Antacids	<input type="checkbox"/> Anti-Diarrheal	<input type="checkbox"/> Electrolyte	<input type="checkbox"/> Menstrual Pain Reliever

Athletic Insurance Coverage

The LISD Athletic Department does not provide athletic insurance for athletes. I understand that I am responsible for all medical expenses associated with participation in the program and I have been given the opportunity to purchase voluntary insurance at the beginning of the school year. By signing this document I hereby release the LISD and employees from responsibility for any injuries that should occur to the above student in all athletic programs for the school year.

Parent (Guardian) 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, even death. 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 opposite side of this form and agree that my son/daughter will abide by all of the University Interscholastic League rules. The parent/guardian agrees to be responsible for the safe return of all athletic equipment issued by the school to the above named student.

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

I have been provided the UIL Parent Information Manual online regarding health and safety issues including concussions 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. The UIL Parent Information Manual is located at www.uil-texas.org/files/athletics/manuals/parent-information-manual.pdf. Your signature on this document gives authorization that is necessary for the school district, its licensed athletic trainers, coaches, and associated physicians to share information concerning medical diagnosis and treatment for your student.

Attention School Authorities: These forms 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 and medical history form signed by a parent must also be on file at your school.

U.I.L. GENERAL ELIGIBILITY RULES AND INFORMATION

GENERAL INFORMATION: School coaches may not:

- Transport, register, or instruct students in grades 7-12 from their attendance zone in non-school baseball, basketball, football, soccer, softball, or volleyball camps (exception: see Section 1209 of the *Constitution and Contest Rules*).
- Give any instruction or schedule any practice for an individual or a team during the off-season except during the one in school day athletic period in baseball, basketball, football, soccer, softball, or volleyball.
- Schools and school booster clubs may not provide funds, fees, or transportation for non-school activities.

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

- are not 19 years of age or older on or before September 1 of the current scholastic year. (See Section 446 of the *Constitution and Contest Rules* for 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 students in the participant high school they wish to represent.
- initially enrolled in the ninth grade not more than four years ago.
- are meeting academic standards required by state law.
- live with their parents inside the school district attendance zone their first year of attendance. (Parent residence applies to varsity athletic eligibility only.) When the parents do not reside inside the district attendance zone the student could be eligible if: the student has been in continuous attendance for at least one calendar year and has not enrolled at another school; no inducement is given to the student to attend the school (for example: students or their parents must pay their room and board when they do not live with a relative; students driving back into the district should pay their own transportation costs); and it is not a violation of local school or TEA policies for the student to continue attending the school. Students placed by the Texas Youth Commission are covered under Custodial Residence (see Section 442 of the *Constitution and Contest Rules*).
- have observed all provisions of the Awards Rule.
- have not 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, wear-able, saleable or consumable) for participating in any athletic sport during any part of the year. Athletes shall not receive valuable consideration for allowing 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.

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) _____
SPORT(S): _____

ID# _____ GRADE: _____ School: _____
GENDER: (MALE/FEMALE)

PREPARTICIPATION PHYSICAL EVALUATION-MEDICAL HISTORY

PREPARTICIPATION PHYSICAL EVALUATION- PHYSICAL EXAMINATION

- Please answer each question by circling "YES" or "NO".
1. Have you had a medical illness or injury since your last check up or sports physical? YES NO
 2. Have you been hospitalized overnight in the past year? YES NO
Have you ever had surgery? YES NO
 3. Have you ever passed out 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, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelopathy(Brugada syndrome,etc), 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
 4. 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
 5. Are you missing any paired organs? YES NO
 6. Are you under a doctor's care? YES NO
 7. Are you currently taking any prescription or non-prescription (over the counter) medication or pills or using an inhaler? YES NO
 8. Do you have allergies(to pollen, medicine, food, or stinging insects)? YES NO
 9. Have you ever been dizzy during or after exercise? YES NO
 10. Do you have any current skin problems(itching, rashes,acne,warts fungus, or blisters)? YES NO
 11. Have you ever become ill from exercising in the heat? YES NO
 12. Have you had any problems with your eyes or vision? YES NO
 13. Have you ever gotten unexpectedly short of breath with exercise? YES NO
Do you have asthma? YES NO
Do you have seasonal allergies that require medical treatment? YES NO
 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)? YES NO
 15. 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
16. 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
 17. Do you feel stressed out? YES NO
 18. Have you ever been diagnosed with or treated for sickle cell trait or Sickle cell disease? YES NO

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 students Medical History Form. The LISD requires annual completion of this form.

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

MEDICAL	NORMAL	ABNORMAL FINDINGS
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		
Marfan's Stigmata		
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, 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.

Physician Name (print/type): _____

Address: _____

Phone Number: _____

Physician Signature: _____

Date: _____

Females Only

97. 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, 3, 4, 5, or 6 requires a 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)*

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.

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 Signature: _____

FOR SCHOOL USE ONLY:
This medical history form was reviewed by:

Printed Name: _____

Signature: _____ **Date:** _____