

North East I. S. D. 2012-2013 Middle School (7th & 8th) Athletic Participation Form 05/2012

NEISD PARTICIPATION FORMS ALONG WITH UIL MEDICAL HISTORY AND UIL PHYSICAL FORMS (BOTH REVISED 01-2009 OR LATER) MUST BE COMPLETED ANNUALLY AND ON FILE WITH THE ATHLETIC STAFF BEFORE THE ATHLETE PARTICIPATES IN ANY PRACTICE BEFORE, DURING OR AFTER SCHOOL (BEFORE OR AFTER THE SEASON) OR GAMES/MATCHES.

USE ONLY BLACK OR BLUE INK TO COMPLETE – NO PENCIL. PLEASE PRINT ALL INFORMATION

Student's **LAST** Name _____ Student's **FIRST** Name & **M.I.**: _____ Preferred First Name: _____

Student I.D. #: _____ Campus: _____ Gender: _____ Student's Cell Phone #: _____

Birth Date: _____ Grade (as of September 2012): _____ Sport(s): _____

Home Address: _____ S.A., TX Zip: 782 ____ Home Phone #: _____

In the space provided, please indicate and prioritize (i.e. 1,2,3) the best person and method for contact in the event of an emergency.

___ Male Parent/Guardian: _____ Relationship to student: _____

___ Work: _____ ___ Cell: _____ ___ Alternate: _____

___ Female Parent/Guardian: _____ Relationship to student: _____

___ Work: _____ ___ Cell: _____ ___ Alternate: _____

In case you cannot be contacted in an emergency, please indicate an additional adult that you authorize to make medical decisions for your student.

Name: _____ Phone: _____ Relationship: _____

Insurance Information

NEISD is not responsible for any payment for injuries sustained while participating in any sports activity. NEISD is not responsible for any damage to any type of glasses, contact lenses, or individual pieces of equipment worn in any sport. Should glasses of any type be worn for athletic participation, the lenses should be constructed of polycarbonate and the frames should be of a nature to reduce injury. NEISD does provide catastrophic insurance coverage for expenses greater than \$25,000.00 per policy requirements.

This athlete (please circle) **IS IS NOT** covered by a health and accident policy. Insurance Co.: _____

This athlete (please circle) **does does not** require seeing a primary care physician (PCP).

Primary Care Physician: _____ Phone #: _____

NEISD offers, through a third party, the ability to purchase a voluntary student accident insurance policy. Information regarding the voluntary student accident insurance is available throughout the school year. *Submission of the enrollment form and payment of the premium are the responsibility of the parent/guardian. These steps are to be completed before an injury occurs in order to be eligible for coverage.*

Please check the appropriate response:

___ We **plan to purchase** the voluntary insurance coverage appropriate to our student's needs.

___ We **DO NOT plan to purchase** the voluntary insurance coverage

Medical Treatment Acknowledgement

If, in the judgment of any representative 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, including surgery, 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 agree to accept responsibility for payment of all charges incurred during medical treatment including ambulance charges.

It is the athlete's and parent/guardian's responsibility to make the athletic staff aware of any injury occurring in the participation of the athletic programs. Notification should be made at the time of injury, or within 48 hours, so proper medical attention, activity adjustment, and documentation is made. An athlete receiving care for any injury or medical condition must provide WRITTEN ORDERS FROM THE DOCTOR OR MEDICAL FACILITY to the appropriate athletic staff member. The orders should indicate activity limitations, duration of limitations, required treatments, prescription medications, etc. It is the procedure of NEISD that the appropriate staff members are to be notified of any change of condition that differs from the physical and medical history.

I understand that my signature gives authorization for the school district, it's athletic trainers, coaches, associated physicians and student insurance personnel to share information concerning medical diagnosis and treatment of the above student.

Assumption of Risk and Release of All Claims

All athletes will be coached, instructed and conditioned to compete at the peak of their abilities. Despite efforts made by NEISD, its coaches and personnel to provide proper conditioning, protective equipment and safety practices during athletic participation, participation in athletics could result in injury, even severe injury. Neither the UIL nor NEISD assumes any responsibility in case of injury or accident.

I understand and acknowledge, as the parent/guardian or student, the risk of possible injury present in athletic participation. In addition, I hereby agree to release NEISD and its trustees, officers, employees, and volunteers (collectively, the "Indemnitees") and to indemnify and hold the indemnitees harmless from any and all actions, claims, liability, and expenses, whether known or unknown, present or future (and expressly including (i) actions brought or claims made by the student named herein after reaching the age of majority, and (ii) actions or claims for damages caused in whole or in part by negligence of the Indemnitees) relating to or arising from or connected in any manner with such student's participation in school related athletic activities.

Prescription Medication Acknowledgment

For school-time administration, written orders/prescription from a medical professional (individually or on the physical exam) of the recommended dosage and use must accompany the medication. It is necessary for the athlete to provide and store such medication with the school nurse – no student may have these substances on their person without expressed permission from NEISD (i.e. inhalers), forms are available from the campus nurse. This includes daily use of over-the-counter medications (i.e. Advil, Tylenol). All medication must be in the original container with either the manufacturer label or prescription label intact.

In the event of ASTHMA or other Rescue Medication (i.e. sting kit), school policy waiver forms are available from the school nurse. Since administration of this type of medication is needed in a short period of time, all athletes are to obtain the waiver form, complete it and turn it in to the nurse so that the student may carry the medication with them at all times.

It is recommended that an extra inhaler/medication be kept with the Athletic Trainer to insure availability in the event of the inhaler having been forgotten at home, etc. Compliance to the doctor's orders, NEISD policy and attaining any/all medication for practice/game is the responsibility of the student and not NEISD or any of its agents, trustees, volunteers, or employees.

Any student who elects to accept the privilege of participating in extracurricular activities must recognize that he/she is a representative of the school and District and will be held to a higher standard of conduct than that applied to other students. This applies to both school-related and non-school related activities occurring on or off of the school campus at anytime, twenty-four hours per day, seven days per week during the entire calendar year.

At a minimum, the NEISD Extracurricular Policies and Procedures, Student Code of Conduct and the NEISD Athletic Code of Conduct-Student Participation shall be followed for expectations and consequences.

In ink, initial receipt of each section included in this document and the sections under separate cover

STUDENT INITIALS	PARENT/ GUARDIAN INITIALS	SECTIONS
_____	_____	Insurance Information (included and separate cover)
_____	_____	Medical Treatment Acknowledgement (included and separate cover)
_____	_____	Assumption of Risk and Release of All Claims (included and separate cover)
_____	_____	Prescription Medication Acknowledgement (included and separate cover)
_____	_____	Athletic Image Use (separate cover)
_____	_____	Travel Consent (separate cover)
_____	_____	U.I.L. General Information (separate cover)
_____	_____	N.E.I.S.D. Extracurricular Policies and Procedures-Student Code of Conduct (separate cover)
_____	_____	Student Behavior Goals (separate cover)
_____	_____	N.E.I.S.D. Athletic Code of Conduct-Student Participation (separate cover)
_____	_____	N.E.I.S.D. Athletic Code of Conduct-Violations and Consequences (separate cover)
_____	_____	U.I.L. Concussion Acknowledgement (separate cover)

Our signatures indicate receipt, understanding and acceptance of this entire document (pages 1-7) and sections as stated above. We also understand and accept that all information provided is confidential; however, pertinent information will be available for all coaches, school nurses, and administration to view.

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

STUDENTS ARE TO RETURN COMPLETED PARTICIPATION FORM, INCLUDING INITIALS AND SIGNATURES, ALONG WITH COMPLETED MEDICAL HISTORY AND PHYSICAL PRIOR TO PARTICIPATION.

Medical History

Student's Printed Name & Sport(s): _____

The Medical History is to be completed annually by the student and parent/guardian. **The Medical History and Physical along with other paperwork is to be on file prior to participation in any practice, scrimmage or contest before, during or after school.**

03/2011

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

<p>1. Have you had a medical illness or injury since your last check up or sports physical? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Have you been hospitalized overnight in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Have you ever passed out during or after exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had chest pain during or after exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you get tired more quickly than your friends do during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had racing of your heart or skipped heartbeats? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you had high blood pressure or high cholesterol? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been told you have a heart murmur? <input type="checkbox"/> Yes <input type="checkbox"/> No Has any family member or relative died of heart problems or of sudden unexpected death before age 50? <input type="checkbox"/> Yes <input type="checkbox"/> No Has any family member been diagnosed with enlarged heart, hypertrophic cardiomyopathy, long QT syndrome, Marfan's syndrome, or abnormal heart rhythm? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? <input type="checkbox"/> Yes <input type="checkbox"/> No Has a physician ever denied or restricted your participation in sports for any heart problems? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Have you ever had a head injury or concussion? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been knocked out, become unconscious, or lost your memory? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many _____ When was the last _____ times? _____ concussion? _____ How severe was each one? (Explain below) _____ Have you ever had a seizure? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have frequent or severe headaches? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had numbness or tingling in your arms, hands, legs, or feet? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had a stinger, burner, or pinched nerve? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Are you missing any paired organs? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Are you under a doctor's care? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Have you ever been dizzy during or after exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Have you ever become ill from exercising in the heat? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12. Have you had any problems with your eyes or vision? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>13. Have you ever gotten unexpectedly short of breath with exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have asthma? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have seasonal allergies that require medical treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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"/> Yes <input type="checkbox"/> No</p> <p>15. Have you ever had a sprain, strain, or swelling after injury? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you broken or fractured any bones or dislocated any joints? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check appropriate box and explain below.</p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Head</td> <td><input type="checkbox"/> Elbow</td> <td><input type="checkbox"/> Hip</td> </tr> <tr> <td><input type="checkbox"/> Neck</td> <td><input type="checkbox"/> Forearm</td> <td><input type="checkbox"/> Thigh</td> </tr> <tr> <td><input type="checkbox"/> Back</td> <td><input type="checkbox"/> Wrist</td> <td><input type="checkbox"/> Knee</td> </tr> <tr> <td><input type="checkbox"/> Chest</td> <td><input type="checkbox"/> Hand</td> <td><input type="checkbox"/> Shin/Calf</td> </tr> <tr> <td><input type="checkbox"/> Shoulder</td> <td><input type="checkbox"/> Finger</td> <td><input type="checkbox"/> Ankle</td> </tr> <tr> <td><input type="checkbox"/> Upper Arm</td> <td><input type="checkbox"/> Foot</td> <td></td> </tr> </table> <p>16. Do you want to weigh more or less than you do now? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you lose weight regularly to meet weight requirements for your sport? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17. Do you feel stressed out? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Females Only</p> <p>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? _____</p> <p style="font-size: small;">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.</p> <p style="font-size: x-small;">**EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip	<input type="checkbox"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Thigh	<input type="checkbox"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee	<input type="checkbox"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Shin/Calf	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle	<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Foot	
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<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Foot																		

Check those activities in which this student-athlete **MAY NOT** participate in:

- | | | | | |
|--|-----------------------------------|-----------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Football | <input type="checkbox"/> Soccer | <input type="checkbox"/> Team Tennis | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Diving | <input type="checkbox"/> Softball | <input type="checkbox"/> Tennis | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Cross-country | <input type="checkbox"/> Golf | <input type="checkbox"/> Swimming | <input type="checkbox"/> Track & Field | |

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. I hereby give my consent for the above named student to compete in University Interscholastic League *except as noted above*.

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

NEISD requires an annual physical for athletic participation along with other paperwork that must be on file prior to participation. Students are required to maintain a current physical during the school year.

	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

Healthcare provider: Please review the Medical History, on the reverse side, with the student-athlete.

- 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.

Please return the first two pages along with your medical history and pre-participation physical examination to the appropriate athletic staff member at school. The remainder of the document is for your records.

Insurance Information

NEISD is not responsible for any payment for injuries sustained while participating in any sports activity. NEISD is not responsible for any damage to any type of glasses, contact lenses, or individual pieces of equipment worn in any sport. Should glasses of any type be worn for athletic participation, the lenses should be constructed of polycarbonate and the frames should be of a nature to reduce injury. NEISD does provide catastrophic insurance coverage for expenses greater than \$25,000.00 per the policy.

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Medical Treatment Acknowledgement

If, in the judgment of any representative 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, including surgery, 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 agree to accept responsibility for payment of all charges incurred during medical treatment including ambulance charges.

It is the athlete's and parent/guardian's responsibility to make the athletic staff aware of any injury occurring in the participation of the athletic programs. Notification should be made at the time of injury, or within 48 hours, so proper medical attention, activity adjustment, and documentation is made. An athlete receiving care for any injury or medical condition must provide WRITTEN ORDERS FROM THE DOCTOR OR MEDICAL FACILITY to the appropriate athletic staff member. The orders should indicate activity limitations, duration of limitations, required treatments, prescription medications, etc. It is the procedure of NEISD that the appropriate athletic staff members are to be notified of any change of condition that differs from the physical and medical history.

I understand that my signature gives authorization for the school district, its athletic trainers, coaches, associated physicians and student insurance personnel to share information concerning medical diagnosis and treatment of the above student.

Assumption of Risk and Release of All Claims

All athletes will be coached, instructed and conditioned to compete at the peak of their abilities. Despite efforts made by NEISD, its coaches and personnel to provide proper conditioning, protective equipment and safety practices during athletic participation, participation in athletics could result in injury, even severe injury. Neither the UIL nor NEISD assumes any responsibility in case of injury or accident.

I understand and acknowledge, as the parent/guardian or student, the risk of possible injury present in athletic participation. In addition, I hereby agree to release NEISD and its trustees, officers, employees, and volunteers (collectively, the "Indemnitees") and to indemnify and hold the indemnitees harmless from any and all actions, claims, liability, and expenses, whether known or unknown, present or future (and expressly including (i) actions brought or claims made by the student named herein after reaching the age of majority, and (ii) actions or claims for damages caused in whole or in part by negligence of the Indemnitees) relating to or arising from or connected in any manner with such student's participation in school related athletic activities.

Prescription Medication Acknowledgment

For school-time administration, written orders/prescription from a medical professional (individually or on the physical exam) of the recommended dosage and use must accompany the medication. It is necessary for the athlete to provide and store such medication with the school nurse – no student may have these substances on their person without expressed permission from NEISD (i.e. inhalers), forms are available from the campus nurse. This includes daily use of over-the-counter medications (i.e. Advil, Tylenol). All medication must be in the original container with either the manufacturer label or prescription label intact.

In the event of ASTHMA or other Rescue Medication (i.e. sting kit), school policy waiver forms are available from the school nurse. Since administration of this type of medication is needed in a short period of time, all athletes are to obtain the waiver form, complete it and turn it in to the nurse so that the student may carry the medication with them at all times.

It is recommended that an extra inhaler/medication be kept with the Athletic Trainer to insure availability in the event of the inhaler having been forgotten at home, etc. Compliance to the doctor's orders, NEISD policy and attaining any/all medication for practice/game is the responsibility of the student and not NEISD or any of its agents, trustees, volunteers, or employees.

Athletic Image Use

We hereby authorize NEISD, the University of Texas at Austin and the University Interscholastic League (University), and those acting in pursuant to its authority to: (a) Record my likeness and voice on a video, audio, photographic, digital, electronic or any other medium; (b) Use my name in connection with these recordings; (c) Use, reproduce, exhibit or distribute in any medium (e.g. print publications, video tapes, CD-ROM, Internet/WWW) these recordings for any purpose that NEISD, the University, and those acting pursuant to its authority, deem appropriate, including promotional or advertising efforts.

We release NEISD, the University and those acting pursuant to its authority from liability for any violation of any personal or proprietary right we may have in connection with such use. We understand that all such recordings, in whatever medium, shall remain the property of NEISD, the University, or those acting pursuant to its authority.

Travel Consent

This student has parental consent to travel to and/or from each event participated in by the team/organization in which their name is carried upon the roster during this school year including all errands and activities related to duties of and assignments made to members of such team/organization. The mode of transportation may be NEISD or commercial bus, or a private vehicle driven by school personnel, a parent, the herein named student, or another member of the team/organization. I permit the herein named, properly licensed student to drive a vehicle and to transport other students. I understand that the student may not be chaperoned/supervised while enroute or while participating in some activities. Students, even though off-campus, are still subject to all school rules and regulations. I understand that any student who does not conduct himself/herself properly may be (i) sent home at parent/guardian expense, (ii) prohibited from participating in future activities, and (iii) subjected to other appropriate disciplinary measures.

I understand that it is the parent/guardian's responsibility to request and submit a "Supplement to the Parent Travel Consent" form to be placed on file with this document. The supplement form is to be used in the event of significant medical or parental restrictions to this document. Compliance to the "Supplement to the Parent Travel Consent" will be the responsibility of the student and not NEISD or any of its agents, trustees, volunteers, or employees. Changes may be made by written letter to the appropriate sport coach. **Do not make any changes to this document.**

This page is for your records

UIL General Information

Many UIL rules change from year to year. When in doubt, the student or parent should contact the Head Coach of the sport, Campus Athletic Coordinator, or the NEISD Athletic Department for information. Such rules could be summer camp rules, participation in non-school sports, awards rule, or transfer that could be a violation of the UIL "moving for athletic purposes" rule.

I have been provided the UIL Parent Information Manual regarding health and safety issues including concussions and may 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.

A UIL Parent Information Manual is available at www.uilTEXAS.org/files/athletics/manuals/parent-information-manual.pdf

N.E.I.S.D. Extracurricular Policies and Procedures-Student Code of Conduct

I understand the following rules and expectations for extracurricular participation. I also understand that participation in the organization may not take place until the student and parent signatures are returned to the appropriate staff member.

Any student who elects to accept the privilege of participating in extracurricular activities must recognize that he/she is a representative of the school and District and will be held to a higher standard of conduct than that applied to other students. This applies to both school-related and non-school related activities occurring on or off of the school campus at anytime, twenty-four hours per day, seven days per week.

In the NEISD Student-Parent Handbook under "Extracurricular Activities," the parent and student can find specific topics that the District wants to stress. This is an inconclusive listing of student offenses, but those listed are too often misinterpreted by students and/or parents.

1. Appearance – The Student/Parent Handbook Dress Code will be enforced. Body art, such as tattoos, are to be covered by the uniform. If the body art cannot be covered by the uniform, then the athlete shall cover it at their own expense. Any type of body art must be covered at competitions and in practice if the coach so determines. In addition, male athletes will adhere to a grooming code that is recommended by the Texas High School Coaches Association. This includes no earrings; hair shall be neat, off the collar and out of the eyes; facial hair, ponytails, or non-natural hair color will not be allowed; sideburns will be no longer than the bottom of the ear lobe. Extreme hairstyles will not be permitted (i.e. non-natural hair color, multicolored, Mohawks, et cetera.). Only coach approved headwear (for females only) and/or apparel using school colors will be worn by an athlete.
2. Campus & Sport Procedures – Coaches may enforce additional rules, policies, and procedures that they deem beneficial to the athletic program on their campus.
3. Drugs/Alcohol – The Athletic Code of Conduct shall set the guidelines for expectations and consequences.
4. Equipment and Facilities – Athletes are responsible for the security and care of both personal belongings, equipment issued to them, and taking care of school facilities. Athletes shall keep personal lockers, locker rooms, and dressing areas neat and clean. All equipment issued to a student will be returned at the end of the season, school year, or upon request. A fee may be imposed for any unreturned, for any reason, or damaged equipment.
5. Hazing – Student-athletes shall not engage in hazing. The following will be referenced for expectations and consequences: Student Code of Conduct, Student-Parent Handbook, North East ISD Board Policy FNCC (Legal & Local), Texas Education Code – Chapter 37.151, Student Test Administered (mastered with a grade of 90% or above).
6. Illness – Athletes who will miss a practice, game, or athletic activity, due to an illness, must notify the head coach in advance.
7. Profanity – Athletes will not use profanity or obscene gestures. Student Code of Conduct, Student-Parent Handbook shall be the minimum expectation and consequence.
8. Quitting a sport – Athletes who leave a sport will not be allowed to join another sport without the approval of both head coaches and the athletic coordinator. Returning to the same sport would require the approval of the head coach and the athletic coordinator.
9. Theft – Student Code of Conduct, Student-Parent Handbook shall be the minimum expectation and consequence.
10. Athletes in multiple sports at the same time – Athletes in multiple sports at the same time will be subject to decisions by the two head coaches regarding competitions and practices. If conflicts arise, the athletic coordinator will make a final decision taking into consideration the first sport chosen, varsity versus sub-varsity, and level and importance of the competition.

Student Behavior Goals

1. All athletes will be intense competitors in the competitive arena. Outside the competitive arena they are to conduct themselves as ladies and gentlemen and should always show respect to their administrators, teachers, coaches and fellow students.
2. Athletes are to display and model the positive behaviors associated with good citizenship both at school and in the community.
3. Athletes are to serve as positive representatives for their teams, schools and the North East ISD during competition, interactions with their rivals and at all other times.
4. Athletes are to strive for academic excellence and to adhere to the School Board approved Discipline Management Plan, Student Code of Conduct and the Athletic Code of Conduct.

N.E.I.S.D. Athletic Code of Conduct – Student Participation

The North East ISD offers a comprehensive program of athletics for students in grades 7-12. Student participation in all sports sponsored by the University Interscholastic League is encouraged. This program of athletics forms a portion of the 360 degree education offered by NEISD.

Regulations have been established to promote appropriate behavior of students in athletics. These regulations are outlined in this, the Athletic Code of Conduct, and the North East Athletic Participation Form. There are expectations outlined for the students in athletics that may exceed those of the general student body. Violation of those expectations will result in opportunities for the student to receive corrective actions in order to remain in the athletic program.

The desire of NEISD is to educate and counsel our students on the serious harmful effects of substance abuse as well as other types of misbehavior. It is the intent of the Athletic Code of Conduct to provide a clearly defined course for students to follow and to instill the belief that a one time infraction need not result in a pattern for life.

Please read the NEISD Athletic Code of Conduct carefully. These guidelines were developed by administrators, the athletic department and the campus coordinators and assistant coordinators. After reading this document it is necessary to sign in the appropriate place and return a signed copy to the head coach of the sport in which you plan to participate. It is suggested that you keep a copy at home for reference.

N.E.I.S.D. Athletic Code of Conduct – Violations and Consequences

Consequences for the violations as listed in Category I, II, III, or IV of the Student Code of Conduct shall range from suspension from the team for a determined amount of time to permanent dismissal from the team and/or all athletics. Consequences for violations as listed in Category IV of the Student Code of Conduct may also be of a lesser nature as determined by the head coach, the athletic coordinator and the principal. Lesser consequences may be assignment to ISS I or ISS II, a conference with the student and/or parent, and conditioning drills. Persistent misbehavior as related to Category IV violations of the Student Code of Conduct which could impact the morale or performance of the team may invoke more severe consequences than normally taken for a single violation.

The purpose of the Athletic Code of Conduct is to maintain the integrity of the team and the individuals who are members of that team. The purpose is not to eliminate students from athletics. However, all student athletes and parents are to be aware that the students represent the school district at all times when the student chooses to become an athlete. This Athletic Code of Conduct shall be in force throughout the entire calendar year whether the student is on or off campus.

Our initials and signature indicates that we have read and understand the Athletic Code of Conduct and will abide by the guiding principles of the Code.

UIL Concussion Acknowledgement (April 2012)

Definition of Concussion - means a complex pathophysiological process affecting the brain caused by a traumatic physical force or impact to the head or body, which may: (A) include temporary or prolonged altered brain function resulting in physical, cognitive, or emotional symptoms or altered sleep patterns; and (B) involve loss of consciousness.

Prevention – Teach and practice safe play & proper technique.

- Follow the rules of play.
- Make sure the required protective equipment is worn for all practices and games.
- Protective equipment must fit properly and be inspected on a regular basis.

Signs and Symptoms of Concussion – The signs and symptoms of concussion may include but are not limited to: Head ache, appears to be dazed or stunned, tinnitus (ringing in the ears), fatigue, slurred speech, nausea or vomiting, dizziness, loss of balance, blurry vision, sensitive to light or noise, feel foggy or groggy, memory loss, or confusion.

Oversight - Each district shall appoint and approve a Concussion Oversight Team (COT). The COT shall include at least one physician and an athletic trainer if one is employed by the school district. Other members may include: Advanced Practice Nurse, neuropsychologist or a physician's assistant. The COT is charged with developing the Return to Play protocol based on peer reviewed scientific evidence.

Treatment of Concussion - The student-athlete shall be removed from practice or competition immediately if suspected to have sustained a concussion. Every student-athlete suspected of sustaining a concussion shall be seen by a physician before they may return to athletic participation. The treatment for concussion is cognitive rest. Students should limit external stimulation such as watching television, playing video games, sending text messages, use of computer, and bright lights. When all signs and symptoms of concussion have cleared and the student has received written clearance from a physician, the student-athlete may begin their district's Return to Play protocol as determined by the Concussion Oversight Team.

Return to Play - According to the Texas Education Code, Section 38.157:

A student removed from an interscholastic athletics practice or competition under Section 38.156 may not be permitted to practice or compete again following the force or impact believed to have caused the concussion until:

- (1) the student has been evaluated, using established medical protocols based on peer-reviewed scientific evidence, by a treating physician chosen by the student or the student's parent or guardian or another person with legal authority to make medical decisions for the student;
- (2) the student has successfully completed each requirement of the return-to-play protocol established under Section 38.153 necessary for the student to return to play;
- (3) the treating physician has provided a written statement indicating that, in the physician's professional judgment, it is safe for the student to return to play; and
- (4) the student and the student's parent or guardian or another person with legal authority to make medical decisions for the student:
 - (A) have acknowledged that the student has completed the requirements of the return-to-play protocol necessary for the student to return to play;
 - (B) have provided the treating physician's written statement under Subdivision (3) to the person responsible for compliance with the return-to-play protocol under Subsection (c) and the person who has supervisory responsibilities under Subsection (c); and
 - (C) have signed a consent form indicating that the person signing:
 - (i) has been informed concerning and consents to the student participating in returning to play in accordance with the return-to-play protocol;
 - (ii) understands the risks associated with the student returning to play and will comply with any ongoing requirements in the return-to-play protocol;
 - (iii) consents to the disclosure to appropriate persons, consistent with the Health Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191), of the treating physician's written statement under Subdivision (3) and, if any, the return-to-play recommendations of the treating physician; and
 - (iv) understands the immunity provisions under Section 38.159.