

RRISD Athletic Department Athletic Participation

School Year: _____ Sport(s): _____

Physical Examination & Participation Forms

Beginning with the 2002-2003 sports seasons, all athletic participants will be required to obtain a yearly physical examination prior to participation in games, practices, try-outs, workouts (in-season or out-of-season).

The physical examination is to be completed by either a Physician as licensed by the Texas Medical Examiners Board (M.D. or D.O.), a Physician Assistant licensed by a State Board of Physician Assistant Examiners, or a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners.

Also, the *Athletic Participation*, *UIL Rules*, *Medical History* forms and *Emergency Information Card* are to be completed and on file yearly prior to participation in games, practices, try-outs, workouts (in-season or out-of-season).

Please PRINT all information in BLUE OR BLACK INK ONLY – other ink colors, pencil, or "trace over" will not be accepted.

Last Name	First Name	MI	Date of Birth	Gender	School I.D.	Grade
Street Address (No P.O. Boxes)		City	Zip Code	Home Telephone Number		
Male Guardian's Name	Employer	Work Telephone	Alternate Contact Number	Relationship to Student		
Female Guardian's Name	Employer	Work Telephone	Alternate Contact Number	Relationship to Student		
Emergency Contact Name	Home Telephone Number	Alternate Contact Number	Relationship to Student			

Parent (Guardian) Permit

I hereby give my consent for the above named student to compete in UIL/RRISD approved athletic sports and travel with the coach or other school representative on any trips. I have read and understand the UIL Rules listed in this document and agree that my child will abide by all UIL, school, and team rules. I also agree to be responsible to the safe return of all athletic equipment issued by the school and will pay for any and all lost, stolen, or damaged equipment.

Assumption of Risk & Release of All Claims

All athletes will be coached, instructed and conditioned to compete at the peak of their abilities. Along with competition and effort to acquire excellence, is the reality of possible injury. Each coach is aware of the dangers and will make every effort to prevent injuries with proper conditioning, protective equipment and safety practices. However, not all injuries are preventable and SEVERE INJURIES OR EVEN DEATH CAN OCCUR DURING ATHLETIC PARTICIPATION. Neither the UIL nor the RRISD assumes any responsibility in case an accident occurs.

I understand the possible risk of injury present in the athletic participation. I hereby release and discharge the RRISD, its agents, employees and officers from any and all claims, demands, actions, judgements, and executions which I may have or which my heirs, executors, administrators or assigns may have or claim to have against the RRISD, its agents, employees, officers, parent-volunteer, successors in interest or assigns for all personal injuries, known or unknown, and to all known or unknown injuries to property, real or personal, caused by or arising out of participation in athletics including travel and related activities.

Athletic Insurance Coverage

The RRISD Athletic Department does not provide athletic insurance for athletes. However, RRISD does provide catastrophic insurance for major injuries (claims totaling more than \$25,000.00). The Athletic Department and RRISD recommends that each athlete have their own insurance. The District contracts with an insurance agent to provide various insurance coverage policies that can be purchased by individuals. The policy pays according to a schedule of benefits set by the insurance provider. I understand that RRISD will not provide insurance for my child while in athletics and that any injury sustained by my child will be my sole financial responsibility.

Medical History

I hereby agree my answers to the questions on the Medical History Form are complete and correct to the best of my knowledge. If between this date and the beginning of athletic participation or anytime during the school year, any illness or injury should occur that may limit this student's participation I agree to notify by written doctor's orders the school authorities of such illness or injury. The medical history form is to be completed yearly.

Corrective Vision

It is recommended that athletes requiring corrective lens use polycarbonate lens (CR-39) with non-breakable, non-metal frames such as "Rec Specs" or contact lens. Use of other types of corrective lens may increase the incident and/or severity of injury to the eyes or face.

Non-Prescription Authorization

I hereby give my consent to RRISD staff and Physicians to administer the non-prescription items to my child as checked below:

Acetaminophen (i.e. Tylenol) Antibiotic Ointment Antacids Ibuprofen (i.e. Advil) Electrolyte Drinks Electrolyte Tablets (To help prevent heat illness and cramps)

Signatures are required on the Medical History Form (Parent and Student) and Emergency Card (Parent only).

U.I.L. General Eligibility Rules

This form is to be completed yearly and on file with the appropriate athletic staff member prior to participation in games, workouts (in-season and out-of-season), athletic classes, and tryouts.

Eligibility rules for 7th & 8th grade interscholastic athletic participants:

An individual may participate in League athletic competition or contests as a representative of a participant school if he/she:

- ❖ Has met the requirements of Section 1400 (a) regarding general eligibility:
- ❖ For 7th grade athletic competition, has not reached his/her 14th birthday on or before September 1, and has not enrolled in the 9th grade.
- ❖ For 8th grade athletic competition, has not reached his/her 15th birthday on or before September 1, and has not enrolled in the 9th grade.
- ❖ A student who initially entered the 7th or 8th grade the current school year and is too old for 7th or 8th grade participation may participate according to age, that is, 7th graders on the 8th grade, 9th grade, high school junior varsity or high school varsity team, and 8th graders on the 9th grade, high school junior varsity, or high school varsity team.
- ❖ Is a full-time student in grade seven or eight at the school he/she represents. Exception: Seventh and eighth grade students from public K-8 schools that do not field a team, may participate on the 7th and 8th grade baseball, basketball, football, soccer, softball, and/or volleyball teams at the junior high school in the attendance area where they reside or which is a part of the designated receiving school district. (Parochial, private, and home schooled students are not eligible.)
- ❖ Has been in attendance and has passed the number of courses required by state law and by rules of the State Board of Education, and is passing the number of courses required by state law and by rules of the State Board of Education.
- ❖ Has not repeated the 7th or 8th grade for athletic purposes. A student who repeats the 7th or 8th grade for athletic purposes shall be eligible for only two consecutive years in 7th and 8th grade athletic competition after the first enrollment in the 7th grade. A student held back one year in the 7th or 8th grade for athletic purposes shall lose the fourth year of eligibility after entering the 9th grade. A student held back for two years for athletic purposes shall lose the third and fourth years of eligibility after entering the 9th grade.
- ❖ Has not changed schools for athletic purposes.

Eligibility rules for varsity interscholastic athletic participants:

- ❖ 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 (items which are wearable, salable or usable) 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 all varsity athletic competition. Minimum penalty for participating in a contest while ineligible is forfeiture of the contest.
- ❖ did not change schools for athletic purposes.

PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION -- Required yearly for RRISD Athletics

Student's Name _____ Sex _____ Age _____ Date of Birth _____
 Height _____ Weight _____ % Body fat (optional) _____ Pulse _____ BP _____ / _____ (____ / _____, ____ / _____)
 Vision R 20/ _____ L 20/ _____ Corrected: Y N Pupils: Equal _____ Unequal _____

	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			

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 below by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, or a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners.

Name (print/type) _____ Date of Examination: _____
 Address: _____
 Phone Number: _____
 Signature: _____

* * Must be completed before a student participates in any practice (both in-season and out-of-season) or games/matches.