

**2011-2012 Hays Consolidated Independent School District Pre-Participation Form**  
**\*\*HCISD will not accept paperwork dated prior to May 1, 2011\*\***

**BACKGROUND INFORMATION – REQUIRED**

\_\_\_\_\_  
Student's Last Name / Student's First Name / Student's Middle Name                      Sex                      Age

\_\_\_\_\_  
Date of Birth                      Student ID Number

**2011-2012 School:**  Barton MS                       Chapa MS                       Dahlstrom MS                       Simon MS                       Wallace MS                      Entering Grade:  7  8

**2011-2012 School:**  Hays HS                       Lehman HS                      Entering Grade:  9  10  11  12

\_\_\_\_\_  
Parent/Guardian 1 Name (include last name)                      Parent/Guardian 1 Cell Phone                      Parent/Guardian 1 – Work Phone

\_\_\_\_\_  
Parent/Guardian 2 Name (include last name)                      Parent/Guardian 2 Cell Phone                      Parent/Guardian 2 – Work Phone

\_\_\_\_\_  
Student's Home Phone                      Student's Home Address (street, city, zip)                      Parent Email address

**EMERGENCY INFORMATION – FILL IN ALL BLANKS – REQUIRED**

\_\_\_\_\_  
Name of Alternate Contact In Case of Emergency                      Relation to Student                      Emergency Contact Phone#1

\_\_\_\_\_  
Name of Family Physician                      Physician's Phone

Allergies to medication or other (please list): \_\_\_\_\_

Any medications taken regularly (please list): \_\_\_\_\_

Any medical concerns that should be noted: \_\_\_\_\_

**INSURANCE INFORMATION – REQUIRED \*\*If none, please write "none" signature still required\*\***

Name of Insured: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

Group/Policy #: \_\_\_\_\_ Insurance Company Phone #: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

Hays CISD provides secondary accidental injury insurance coverage for students who participate in UIL sanctioned activities for grades 7-12. The parent/guardian's insurance policy is always the primary carrier with the Hays CISD insurance coverage as a secondary carrier. This policy pays per a schedule of benefits and covers injury, not illness. This policy is provided for UIL participants at no cost to the parent/guardian. **It is the responsibility of the parent/guardian to file any and all insurance claims within 90 days of the injury.** Injury claim forms are available through each feeder zone's high school Licensed Athletic Trainer. As a courtesy, Hays CISD provides the opportunity for the parent/guardian to purchase additional coverage on their student(s) at his/her discretion. We provide supplemental student insurance brochures at the beginning of each school year.

**I have read and understand the above paragraph.**

Parent/Guardian sign (required): \_\_\_\_\_ Date/Year: \_\_\_\_\_

**MEDICATION PERMISSION – OPTIONAL Note: Junior High School Athletes will not receive any medication**

Athletic Trainers, Licensed by the State of Texas (LAT) and employed by the Hays CISD, are hereby given my acknowledgment and consent to administer nonprescription over the counter medication to my child. A complete list of over the counter medications is available from each campus. I also give consent to administer prescription medication when prescribed by my child's physician and accompanied by the HCISD Medication Permission Form. The original prescription label must be on the medication container.

Parent/Guardian sign: \_\_\_\_\_ Date/Year: \_\_\_\_\_

**CONSENT – REQUIRED**

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. 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.

Parent/Guardian sign (required): \_\_\_\_\_ Date/Year: \_\_\_\_\_

*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.*

**ACKNOWLEDGEMENT OF RULES – REQUIRED**

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. UIL Parent Information Manual is located at <http://www.uil texas.org/files/athletics/manuals/parent-information-manual.pdf>

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ 2011-2012 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 bottom 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.

**GENERAL INFORMATION**

**School coaches may not:**

- Transport, register, or instruct students in grades 7-12 from their attendance zone in nonschool 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 offseason 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
- 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 fulltime 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.

**To the parent:** Check any activity in which this student is allowed to participate:

- Baseball       Basketball    Cross Country    Football       Golf       Softball       Soccer  
 Swimming & Diving    Tennis       Team Tennis    Track & Field    Volleyball    Wrestling    Other – please list: \_\_\_\_\_

Street address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home area code and telephone: \_\_\_\_\_ Business telephone: \_\_\_\_\_

Parent/Guardian sign (required): \_\_\_\_\_ Student sign (required): \_\_\_\_\_ Date: \_\_\_\_\_

**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.**

**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 texas.org](http://www.uil texas.org). I understand and agree that the results 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 Acknowledgement and Agreement**

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 texas.org](http://www.uil texas.org). 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 \_\_\_\_\_

**For School Use Only**

This medical history form was review by:

Printed name: \_\_\_\_\_ Date \_\_\_\_\_

Signature: \_\_\_\_\_

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

Primary Sport \_\_\_\_\_

Sex \_\_\_\_\_

Age \_\_\_\_\_

Date of Birth \_\_\_\_\_

**STUDENT - PARENT/GUARDIAN SECTION**

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.

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                       |
|---|--------------------------|--------------------------|
| 1. Have you had a medical illness or injury since your last check up or sports physical? -----  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you been hospitalized overnight in the past year? -----   | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had surgery? -----  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever passed out during or after exercise? -----   | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had chest pain during or after exercise? -----  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you get tired more quickly than your friends do during exercise? -----   | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had racing of your heart or skipped heartbeats? -----   | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you had high blood pressure or high cholesterol? -----   | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever been told you have a heart murmur? -----  | <input type="checkbox"/> | <input type="checkbox"/> |
| Has any family member or relative died of heart problems or of sudden unexpected death before age 50? -----   | <input type="checkbox"/> | <input type="checkbox"/> |
| Has any family member been diagnosed with enlarged heart, hypertrophic cardiomyopathy; long QT syndrome, Marfan's syndrome, or abnormal heart rhythm? -----   | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? -----  | <input type="checkbox"/> | <input type="checkbox"/> |
| Has a physician ever denied or restricted your participation in sports for any heart problems? -----  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever had a head injury or concussion? -----   | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever been knocked out, become unconscious, or lost your memory? -----  | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, how many times? _____ When was the last concussion? _____   |                          |                          |
| How severe was each one? (Explain) _____  |                          |                          |
| Have you ever had a seizure? -----  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have frequent or severe headaches? -----   | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had numbness or tingling in your arms, hands, legs, or feet? -----  | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had a stinger, burner, or pinched nerve? -----  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you missing any paired organs -----  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are you under a doctor's care? -----   | <input type="checkbox"/> | <input type="checkbox"/> |
| 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"/> |
| 8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? -----   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you ever been dizzy during or after exercise? -----   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? -----   | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you ever become ill from exercising in the heat? -----   | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Have you had any problems with your eyes or vision? -----   | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Have you ever gotten unexpectedly short of breath with exercise? -----  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you cough, wheeze, or have trouble breathing during or after activity? -----   | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have asthma? -----   | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have seasonal allergies that require medical treatment? -----  | <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"/> |
| 15. Have you ever had a sprain, strain, or swelling after injury? -----   | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you broken or fractured any bones or dislocated any joints? -----  | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you 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"/> |
| <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"/> Chin/Calf  |                          |                          |
| <input type="checkbox"/> Shoulder <input type="checkbox"/> Finger <input type="checkbox"/> Ankle <input type="checkbox"/> Foot <input type="checkbox"/> Upper Arm   |                          |                          |
| 16. Do you want to weigh more or less than you do now? -----  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you lose weight regularly to meet weight requirements for your sport? -----  | <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 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, chiropractor, or nurse practitioner.

Explain "yes" answers here (attach another sheet if necessary): \_\_\_\_\_

**MEDICAL EXAMINER SECTION**

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 in the left column. HCISD requires an annual physical exam.

Height: _____	Weight: _____	Pulse: _____	
BP: ____/____ ( ____/____ : ____/____ )			
Vision: R - 20/____ L - 20/____ Corrected: Y N			
Pupils: ____ Equal ____ Unequal		%Body Fat (optional): _____	
Medical	Normal	Abnormal Findings	Initials'
Appearance			
Eyes/Ears			
Nose/Throat			
Lymph Nodes			
Heart - Auscultation			
Supine			
Heart - Auscultation			
Standing			
Heart - Lower			
Extremity Pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Musculoskeletal			
Neck			
Back **Forward Bend			
Shoulder / Arm.			
Elbow /Forearm			
Wrist/Hand			
Hip /Thigh			
Knee			
Leg / Ankle			
Foot			
*Station-based examination only **Per TDH Standards			
<b>CLEARANCE</b>			
<input type="checkbox"/> Cleared:			
<input type="checkbox"/> Cleared after completing evaluation/ rehabilitation for: _____			
<input type="checkbox"/> 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.			
Date of Examination: _____			
Name (print/type): _____			
Address: _____			
Phone Number: _____			
Physician's Signature: _____			

This form must be on file prior to participation in any practice, scrimmage or contest before, during, or after school.

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 Hays Consolidated Independent School District 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.

Parent/Guardian Signature (required): \_\_\_\_\_ Student Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_