

Trainer Use Only:

Date _____
 Received: _____

Date _____
 Entered: _____

Trainer: _____

Name: _____, _____
 (Last) (First) (MI)

Grade: _____ School ID #: _____ Gender: Male / Female

School Year: 2013-14 Sport(s): _____

Physicals for the 2013-14 school year must be done on or after May 1, 2013.

WAKELAND HIGH SCHOOL



STUDENT – ATHLETE INFORMATION PACKET

- _____ Insurance and Equipment Acknowledgment
- _____ Athletic Regulations and Expectations
- _____ Parental Code of Ethics
- _____ Medical History
- _____ Physical Examination (dated after May 1, 2013)
- _____ UIL Steroid

- _____ UIL Acknowledgement of Rules pg 1
- _____ UIL Acknowledgement of Rules pg 2
- _____ FISD Drug Testing Acknowledgment
- _____ UIL Concussion Acknowledgment
- _____ FISD Concussion Acknowledgment
- _____ Medication Authorization
- _____ Emergency Medical (Travel) Form

ATHLETIC ACCIDENT INSURANCE ACKNOWLEDGEMENT

The Frisco Independent School District provides athletic accident insurance for students who participate in school athletics and other covered activities. This policy acts as a supplemental (secondary) coverage only. The individual's personal insurance coverage is the primary insurance. This supplemental accident policy provided by FISD will only pay up to the limits of the policy, which may be a small part of the total medical expenses incurred. This accident policy provides for Usual and Customary charges NOT paid for by the individual's insurance and may not pay 100% of the cost of injuries not covered by the individual's personal medical insurance. The FISD also provides a catastrophic insurance policy for injuries whose claims total more than \$25,000. The parent/guardian and/or student are ultimately responsible for any costs not paid by insurance. **Medical expenses for treatment of injuries shall NOT be charged to FISD.** A copy of the FISD student accident insurance policy schedule of benefits is available online. Benefits are ultimately subject to the terms & conditions of the policies. The insurance carrier(s) and schedule of benefits is subject to change each year. **It is the responsibility of the parent/guardian and student to notify the FISD Athletic Trainer and/or the FISD Supervising Coach at the perspective school regarding any and all medical services for injuries received during school related activities.** Claims eligible for this student accident insurance program must be filed within 90 days and treatment must commence within 90 days from the date of injury. Only expenses incurred within 365 days after the accident will be covered. It is the responsibility of the parent/guardian to obtain the claim form from one of the campus athletic trainers and file the claim form along with supporting information needed on the claim form to the Districts carrier.

EQUIPMENT ACKNOWLEDGEMENT

When used properly protective sports equipment is designed to help protect athletes from initial injury or further injury. However, no equipment is 100% effective in preventing all injuries. If not used as intended, equipment may not prevent injuries and can even lead to injury (including catastrophic injury).

Types of equipment could include:

- Helmets – In all sports that are applicable
- Body Area Padding – football, volleyball, baseball, softball, soccer
 - This includes such pads as soft pads for joints, chest protectors, shin guards, etc.
- Injury Braces – Braces and Splints designed to protect specific injuries
- Mouth Guards – In all sports that are applicable

Some equipment comes labeled with warning statements. One such label is on football helmets. It reads as follows:

Warning:

Do not use this helmet to butt, ram, or spear an opposing player. This is a violation of the football rules, and can result in severe head, brain, or neck injury; paralysis or death to you; and possible injury to your opponent.

There is a risk these injuries may also occur as a result of accidental contact without intent to butt, ram, or spear

NO HELMET CAN PREVENT ALL SUCH INJURIES.

FISD STEROID / SUPPLEMENT STATEMENT

The Frisco Independent School District does not promote nor endorse the use of dietary supplements (some of which are illegal) by student athletes. This includes supplements ranging from energy drinks to body building steroids.

The following statement is posted in all areas where student athletes would meet including locker rooms, team rooms, gyms, weight rooms and training room etc...

“Anabolic steroids are for medical use only. State law prohibits possessing, dispensing, delivering, or administering an anabolic steroid in any manner not allowed by state law. State law provides that bodybuilding, muscle enhancement, or the increase of muscle bulk or strength through the use of an anabolic steroid or human growth hormone by a person who is in good health is not a valid medical purpose. Only a medical doctor may prescribe an anabolic steroid or human growth hormone for a person. A violation of state law concerning anabolic steroids or human growth hormones is a criminal offense punishable by confinement in jail or imprisonment in the institutional division of the Texas Department of Criminal Justice.”

YEARLY PHYSICALS

The Frisco ISD Athletic Department's guidelines require that every student participating in athletics in FISD have a physical examination every year. This guideline supersedes the UIL policy of every two years. Physicals for the upcoming year may not be dated prior to May 1st of the previous school year. This packet must be filled out completely and turned into the Athletic Trainer before the student is cleared to participate in any athletics (practice or games, during, before or after the school day).

UIL PARENT INFORMATION MANUAL:

This manual covers health and safety issues and your responsibilities as a parent / guardian. You can access the manual at the UIL website: www.uil.texas.edu/athletics/manuals/pdf/parent_information.pdf.html

By signing below you acknowledge that you have read and understand the FISD guidelines and policies regarding athletic insurance, equipment, steroids / supplements, yearly physicals, medication consent and UIL parent information manual.

Student Signature _____ Date _____

Parent Signature _____ Date _____

FISD ATHLETIC REGULATIONS AND EXPECTATIONS

A detailed outline of the Frisco Independent School District Athletic Regulations and Expectations can be found below. This information can be accessed from the website: <http://www.friscoisd.org/ad/>

It is the desire of the administration and coaching staff of the FISD that being an athlete will be one of the highlights of his/her secondary school career. Being a FISD athlete is a privilege, and is one that carries with it many responsibilities. As athletes in the FISD, our young people have an image to reflect. That image is one of positive leadership, character, responsibility, and great competitive spirit. Participation in the athletic program and/or University Interscholastic League contests is not a right but a privilege. No student is required to take part in athletic contest or activities. Therefore, it is imperative that all students participating in athletics understand the regulations that can be found below while conforming to the rules therein. Student athletes failing to follow these regulations or failing to live up to the Frisco ISD standards for student behavior can have athletic participation privileges removed by the supervising coach.

The following regulations will be in effect for all athletes in the FISD in order to be eligible to participate in any competitive sport, practice, or program directly related to improvement in a sport.

On the Field or Court

1. The athlete must refrain from the use of profanity or resorting to illegal tactics.
2. He/She must learn that both winning and losing are a part of the game and that you have to be a good loser as well as a gracious winner.
3. Temper fits, flagrant violations of rules, etc., will not be tolerated.
4. Total Respect to officials is an absolute must; the coach will discuss any calls made by officials.
5. Any behavior contrary to the above mentioned or any other act, which is not conducive to good sportsmanship, may result in removal from the contest.

Personal Appearance and Grooming

Participation in competitive athletics is completely voluntary on the part of all students. To participate in athletics in FISD, there are certain standards, which must be maintained. One such standard is acceptable grooming and personal appearance.

1. Uniformity: Athletes do much traveling to other schools, towns, communities, restaurants, etc., as representatives of the FISD; therefore, they should be groomed in a manner in which our community, school and sponsors will be proud. We expect our athletes to set the example for our school in the area of grooming and personal appearance.
2. Self Discipline: One of the rewards of being an athlete is learning to discipline himself/herself. There is no better way to acquire self-discipline than to make sacrifices. Giving up untidy fads of dress and appearance is a very small sacrifice.
3. Hair: In accordance with school policy, hair shall be clean, well groomed, and out of the eyes and shall be styled in a way that is not distracting and/or designed to be conspicuous. The athlete's hair should be neatly trimmed to meet his/her coach's satisfaction. **Bleaching and dying of hair a different color is unacceptable!!! Facial hair such as mustaches, beards, goatees, and extremely long sideburns are not allowed.**
4. Dress: The athlete should be neatly dressed which includes shoes and socks and complies with all other school rules relating to dress not covered in the policies.
5. Body Art/Piercing: The athletic department realizes that sometimes athletes will have tattoos and body piercing. However, **tattoos should not be visible when representing FISD as an athlete.** The same holds true for earrings, belly button ring, and the like. Examples deemed inappropriate include: practice, games, banquets, and at tournaments. Tattoos should simply have tape or a band-aid over them, while the body jewelry can simply be taken off.

Disrespect to Teacher or Coach

Any act of disrespect by an athlete to his/her teacher, coach, or member of school administration will be handled on an individual basis. Punishment may call for expulsion from athletic activities for one calendar year from date of incident. His/Her return would be determined by his/her conduct during the period of the expulsion

The Following Rules Apply to all Athletes at all Times

1. No use of tobacco of any kind
2. No drinking of alcoholic beverages; and
3. No abusive drugs (marijuana, narcotics, etc.)

These rules apply to all athletes at all times during his/her school career. The head coach will discipline violators. Punishment will be in accordance with FISD Code of Conduct for Extracurricular Activity Involvement. Also, FISD requires that all participants in athletics for grades 9-12 to undergo random drug and alcohol testing in accordance with FISD Substance Abuse Prevention and Testing Policy.

Intra-district Transfer and Athletic Participation

When a student athlete moves/transfers from one FISD campus to another FISD campus and that student plans to participate in an athletic program at the new school, they must leave the previous school and athletic program in good standing in order to be eligible for participation in sports. Under UIL guidelines, a student that transfers for athletic purposes would not be eligible for varsity participation at the receiving school.

Transfers for Children of Frisco ISD Employees

Frisco ISD Board Policy

The children of District employees may transfer from the assigned campus in the attendance zone in which they live to a campus in the attendance zone in which their employee/parent works provided that the parent is a full-time employee at a campus in the receiving attendance zone and space for additional students is available at the requested campus. A student who requests a transfer under this policy at the first opportunity provided by the District shall retain his or her eligibility for varsity UIL competition in accordance with Section 440(B)(4) of the UIL Constitution and Contest TRANSFERS BETWEEN SCHOOLS FACTORS TIME LINES RELOCATING STUDENTS CHILDREN OF EMPLOYEES Frisco ISD 043905 ADMISSIONS FDB INTRADISTRICT TRANSFERS AND CLASSROOM ASSIGNMENTS (LOCAL) DATE Rules. Requests for such intra district transfers shall be filed with the Superintendent within 30 days of the assignment of personnel.

Eligibility

The UIL No Pass No Play rule requires all athletes to maintain a 70 in all classes each 6 weeks in order to participate.

You must be on grade level in order to participate at the beginning of the school year.

9th = Promotion 10th= 5 Credits 11th= 10 Credits 12th= 15 Credits

Also, to be enrolled in athletics both "A" and "B" days, an athlete must earn a minimum number of credits the previous year.

9th = Promotion 10th= 6 ½ credits 11th= 13 credits 12th= 19 ½ credits

Coaches will do a credit check at the beginning of each school year to ensure the proper number of credits have been obtained the previous year.

Miscellaneous

1. Theft: Taking things from other players, students, school, etc., will not be tolerated. Consequences will be determined on a case by case basis.
2. School Equipment: The athlete is financially responsible for all equipment checked out to him/her. The athlete shall not wear or use school equipment for personal use. Equipment may not be removed from school property without permission from his/her coach. Equipment must not be abused. It must be kept in the proper place in the locker room or on hangers.
3. Quitting: If an athlete decides to quit a sport, then the athlete may not be allowed to rejoin the team. Whether or not an athlete is permitted to rejoin the team will be at the discretion of the head coach. If an athlete quits one sport and is seeking to join another sport within the same school, then the athlete's ability to join a new sport immediately will be at the discretion of the two involved head coaches. If an athlete quits a sport at one FISD campus and moves or transfers to a second FISD campus, then the athlete's ability to participate in the same sport at the new campus will be determined by the new school's head coach. The new school's head coach will make this determination based on the facts and circumstances involved in the athlete quitting at the previous FISD campus. Note: In some cases involving students moving from one campus to another, the District's Executive Committee may be involved and establish restrictions on the student's eligibility to participate at the varsity level.
4. Practice and Game Regulations: A coach must be consulted ahead of time if any athlete must miss a practice or game. Missing a game or practice without permission may result in suspension or expulsion from the team. Obey all rules set by the coach. Profanity will not be tolerated
5. School vs. Club Expectations: All school practices and games will take priority over club practices and games. An effort will be made to work with an athlete in club sports.
6. Facilities: No horse play such as throwing towels, etc. will be tolerated in the shower or dressing rooms. All showers should be turned off after use. The last person leaving the shower should turn off all showers. The training room is a work office, not a social hall. Do not enter the equipment room without coach's permission. Each athlete is responsible to see that his/her equipment is in its proper place before leaving.
7. Travel: All athletes in Middle School and High School represent the community, school, and coaches. Therefore, they should conduct themselves in the following manner.
 - a. Be on time for all trips.
 - b. Dress neatly as directed by the coach
 - c. Be mannerly in restaurants
 - d. Each athlete is responsible to return his equipment to the proper place at the school.
 - e. All students making the trip on the bus will return on the bus unless in an emergency type situation or when parents are present with good reason for returning with parents. The head coach must approve prior to the trip

Student Signature _____ Parent Signature _____

Date _____

Date _____

Frisco ISD Parental Code of Ethics

Frisco ISD believes that interscholastic athletic competition should demonstrate high standards of ethics and sportsmanship and promote the development of good character and other important life skills. We also believe that the highest potential of sports is achieved when participants are committed to pursuing victory with honor. Frisco ISD would like for all parents of student athletes to make the commitment to do their part in elevating their student's sports experience by committing to the following.

I will always keep in mind that it is a privilege for my child to participate in a sport rather than a right.

I will always model good sportsmanship at competitions by the way I treat all athletes, coaches, officials and other fans.

I will insist that my child always demonstrate good sportsmanship and treat other athletes, coaches and officials with respect.

I will always teach my child how to win and lose with grace by the way I act in each of those situations.

I will always teach my child the importance of competing with integrity and will not help him or her cheat in any manner.

I will always remember that while I am not an athlete, I am representing my child's team at competitions.

I will always strive to work with my child's coach and not against him or her.

If I have an issue with a coach, I will always approach him or her in an appropriate manner, and should I have the need to discuss a concern, then I will follow the process designated by the athletic department and school administration.

I will always refrain from coaching my child immediately before, during and immediately after competitions because of the potential negative effect it may have on my child's performance.

I will always remember that I have had my opportunity in athletics and this experience is about my child.

I will have a basic understanding of the rules of my child's sport.

Parental Agreement

I have read each of these statements, and I will make a commitment to abide by them.

Parent's Signature _____ Date _____

PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

REVISED 1-6-09

This **MEDICAL HISTORY FORM** must be completed *annually* by parent (or guardian) and student in order for the student to participate in athletic activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an athletic event.

Student's Name: (print) _____ Sex _____ Age _____ Date of Birth _____
 Address _____ Phone _____
 Grade _____ School _____
 Personal Physician _____ Phone _____

In case of emergency, contact:

Name _____ Relationship _____ Phone (H) _____ (W) _____

Explain "Yes" answers in the box below. Circle questions you don't know the answers to. Any Yes answer to questions 1, 2, 3, 4, 5, or 6 requires further medical evaluation which may include a physical examination. Written clearance from a physician, physician assistant, chiropractor, or nurse practitioner is required before any participation in UIL practices, games or matches**

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or sports physical?	<input type="checkbox"/>	<input type="checkbox"/>	13. Have you ever gotten unexpectedly short of breath with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been hospitalized overnight in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever passed out during or after exercise?	<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"/>
Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	15. Have you ever had a sprain, strain, or swelling after injury?	<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 broken or fractured any bones or dislocated any joints?	<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 any other problems with pain or swelling in muscles, tendons, bones, or joints?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, check appropriate box and explain below.		
Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip
Has any family member or relative died of heart problems or of sudden unexpected death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Thigh
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Shin/Calf
Has a physician ever denied or restricted your participation in sports for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle
4. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Foot	
Have you ever been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>	16. Do you want to weigh more or less than you do now?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how many _____ When was the last _____ times? _____ concussion?			Do you lose weight regularly to meet weight requirements for your sport?	<input type="checkbox"/>	<input type="checkbox"/>
How severe was each one? (Explain below)			Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a seizure?	<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"/>
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	Females Only		
Have you ever had numbness or tingling in your arms, hands, legs, or feet?	<input type="checkbox"/>	<input type="checkbox"/>	19. When was your first menstrual period? _____		
Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	When was your most recent menstrual period? _____		
5. Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>	How much time do you usually have from the start of one period to the start of another? _____		
6. Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>	How many periods have you had in the last year? _____		
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"/>	What was the longest time between periods in the last year? _____		
8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>	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.		
9. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	**EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):		
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"/>	_____		

It is understood that even though protective equipment is worn by the athlete, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the school assumes any responsibility in case an accident occurs.

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

If, between this date and the beginning of athletic competition, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful responses could subject the student in question to penalties determined by the UIL

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

THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.

For School Use Only:

This Medical History Form was reviewed by: Printed Name _____ Date _____ Signature _____

PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION

Student's Name _____ Sex _____ Age _____ Date of Birth _____

Height _____ Weight _____ % Body fat (optional) _____ Pulse _____ BP _____/_____/_____ (_____/_____, ____/_____)
brachial blood pressure while sitting

Vision R 20/____ L 20/____ Corrected: Y N Pupils: Equal Unequal

As a minimum requirement, this **Physical Examination Form** must be completed prior to junior high athletic participation and again prior to first and third years of high school athletic participation. It **must** be completed if there are yes answers to specific questions on the student's MEDICAL HISTORY FORM on the reverse side. *** Local district policy may require an annual physical exam.**

NORMAL

ABNORMAL FINDINGS

INITIALS*

MEDICAL	NORMAL	ABNORMAL FINDINGS	INITIALS*
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine position.			
Heart-Auscultation of the heart in the standing position.			
Heart-Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			

MUSCULOSKELETAL

Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

*station-based examination only

CLEARANCE

- Cleared
- Cleared after completing evaluation/rehabilitation for: _____

Not cleared for: _____ Reason: _____

Recommendations: _____

The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner, will not be accepted.

Name (print/type) _____ Date of Examination: _____

Address: _____

Phone Number: _____

Signature: _____

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



**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. I understand and agree that the results of steroid testing will be held confidential to the extent required by law. I understand that failure to provide accurate and truthful information could subject me to penalties as determined by UIL.

Student Name (Print): _____ Grade (9-12) _____

Student Signature: _____ Date: _____

PARENT/GUARDIAN CERTIFICATION AND ACKNOWLEDGEMENT

As a prerequisite to participation by my student in UIL athletic activities, I certify and acknowledge that I have read this form and understand that my student must refrain from anabolic steroid use and may be asked to submit to testing for the presence of anabolic steroids in his/her body. I do hereby agree to submit my child to such testing and analysis by a certified laboratory. I further understand and agree that the results of the steroid testing may be provided to certain individuals in my student's high school as specified in the UIL Anabolic Steroid Testing Program Protocol which is available on the UIL website at www.uil 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: _____

ACKNOWLEDGEMENT OF RULES

Attention School Authorities: This form must be signed yearly by both the student and parent/guardian and be on file at your school before the student may participate in any practice session, scrimmage, or contest. A copy of the student's medical history and physical examination form signed by a physician or medical history form signed by a parent must also be on file at your school.

Student's Name _____ Date of Birth _____

Current School _____

Parent or Guardian's Permit

I hereby give my consent for the above student to compete in University Interscholastic League approved sports, and travel with the coach or other representative of the school on any trips.

It is understood that even though protective equipment is worn by the athlete whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the high school assumes any responsibility in case an accident occurs.

I have read and understand the University Interscholastic League rules on the reverse side of this form and agree that my son/daughter will abide by all of the University Interscholastic League rules.

The undersigned agrees to be responsible for the safe return of all athletic equipment issued by the school to the above named student.

If, in the judgement of any representatives of the school, the above student needs immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given to said student by any physician, licensed 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 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 below gives authorization that is necessary for the school district, its licensed athletic trainers, coaches, associated physicians and student insurance personnel to share information concerning medical diagnosis and treatment for your student.

To the Parent: Check any activity in which this student is allowed to participate.

Baseball	Football	Softball	Tennis
Basketball	Golf	Swimming & Diving	Track & Field
Cross Country	Soccer	Team Tennis	Volleyball
Wrestling			

Date _____

Signature of parent or guardian _____

Street address _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____

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.

GENERAL ELIGIBILITY RULES

According to UIL standards, students could be 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, wearable, salable 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.

I understand that failure to provide accurate and truthful information on UIL forms could subject the student in question to penalties determined by the UIL.

I have read the regulations cited above and agree to follow the rules.

Date

Signature of student

FRISCO INDEPENDENT SCHOOL DISTRICT

PARENT AND STUDENT ACKNOWLEDGMENT

Please read, sign, date and return this form, along with the information requested below.

We have received and read a copy of the Frisco Independent School District's Substance Abuse Policy. I understand that this policy is part of the District's rules and that it applies to all high school students participating in athletics. We hereby agree that the student named below will participate in the District's drug testing program.

_____	_____	
Print Student's Name	Student's Frisco ISD ID Number	
_____	_____	_____
Student Signature	Date	Grade
_____	_____	
Parent Signature	Date	

*****PLEASE NOTE:**

In order to verify the accuracy of test results, the testing company will need a list of any and all prescription or over the counter drugs that this student has been prescribed and is currently taking. **Therefore, please provide this list in a sealed envelope with the student's name on it, and return it along with this form. Failure to provide this information may result in a false positive drug test result.**

_____ Yes, I have attached a list of the prescription and over the counter drugs currently taken by this student.

_____ No, I have not attached a list.

List below any prescription or over the counter drugs that this student has been prescribed and is currently taking.

_____	_____
_____	_____
_____	_____
_____	_____



CONCUSSION ACKNOWLEDGEMENT FORM

Name of Student _____

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.

Parent or Guardian Signature

Date

Student Signature

Date

Parental Consent Form

Please sign and return this page only.

By signing this form, I understand the risks and dangers related with returning to play too soon after a concussion. Furthermore, in the event that my son/daughter is diagnosed with a concussion, I give my consent for my son/daughter to participate in and comply with the Frisco ISD return to play protocol. The undersigned, being a parent, guardian, or another person with legal authority, grants this permission.

Athlete's Name (print) _____

Parent's or Guardian's Name (print) _____

Parent's or Guardian's Signature _____

Date: _____

Wakeland High School

Athletic Training Department

Medication Authorization Form

I give my child, _____, permission to receive any of the following over the counter medications provided by the Wakeland High School Athletic Training staff, in accordance with the FISD Medication Guidelines.

The follow medications are carried by the athletic training staff: (Please check the box next to the medications that your child is allowed to be given)

- Ibuprofen (Motrin)
- Tylenol
- Benadryl
- Tums
- Pepto Bismol
- Heat Guard (electrolytes)

If your child has any allergies to over the counter medications please list them below.

Parent Name (print): _____

Parent Signature: _____

If you have any questions or concerns please feel free to contact us at 469-633-5776.

Thank you,

TW and Coach Langford

