

# DUNCANVILLE I.S.D. ATHLETIC PARTICIPATION RELEASE

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Sex: M F Date of Birth \_\_\_\_\_  
School: DHS Byrd M.S. Grade (Entering): 7<sup>th</sup> 8<sup>th</sup> 9<sup>th</sup> School Year: \_\_\_\_\_ - \_\_\_\_\_ Student ID # \_\_\_\_\_  
Reed M.S. Kennemer M.S. 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup>

Please check all sports/activities in which student is planning to participate:

Football Volleyball Basketball Soccer Baseball Softball Cross Country  
Track Golf Tennis Power Lifting Swimming Other \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

## Parent/Guardian Permit, UIL Rules & Acknowledgement of Rules

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 DISD assumes any responsibility in case an accident occurs.

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

If, in the judgement of any representative of DISD, 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.

I have read and understand this form in its entirety and attest to the accuracy of the information contained herein. I agree to notify proper school officials if there is a change of information during the school year. 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 athletic trainers, coaches, or other school officials of such illness or injury.

To the parent: Please circle any activity this student should be **excluded** from:

baseball, basketball, cross country, football, golf, soccer, softball, swimming, tennis, track & field, volleyball, wrestling, other \_\_\_\_\_

I have read the following University Interscholastic League rules and agree that my son/daughter will abide by all of the University Interscholastic League rules.

*According to UIL standards, students are eligible to represent their school in interscholastic activities if they: (1) are not 19 years of age or older on or before Sept. 1 of the current scholastic year (See 504 handicapped exception.); (2) have not graduated from high school; (3) 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; (4) are full-time day students in a participant high school; (5) initially enrolled in the ninth grade not more than four calendar years ago; (6) are meeting academic standards require by state law; (7) live with their parents inside the school district attendance zone their first year of attendance (varsity 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 (ex. Student or parent must pay their room and board when they do not live with a relative or transportation costs when driving back into the district), 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]; (8) have observed all provisions of the Awards Rule; (9) have not represented a college in a contest; (10) have not been recruited (Does not apply to college recruiting as permitted by rule.); (11) 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 7-12 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 6 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]; (12) 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 the student receives 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]; (13) did not change schools for athletic purposes.*

I, the undersigned, certify that I have truthfully answered all the questions and read all the rules and regulations on this form. I acknowledge that I understand the University Interscholastic League and Duncanville Independent School District rules and agree to abide by all said rules and regulations. I understand that failure to do so may subject me to penalties to be determined by the UIL and/or Duncanville ISD.

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.

**No student will be permitted to participate in any practice, off-season program, or contest prior to this document and a current physical examination being on file with the athletic department at the student's school.**

I have read, understand, and agree to all of the rules and provisions set forth.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Sport \_\_\_\_\_ S.ID \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Medical History Form**

Explain "Yes" answers, including dates, in the space on the bottom right.

Circle questions you don't know the answers to.

YES NO

1. Have you had a medical illness or injury since your last check up or sports physical? .....
2. Have you been hospitalized overnight in the past year?.....  
Have you ever had surgery?.....
3. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler? .....
4. Do you have any allergies (for example to medicine, food, pollen, stinging insects, etc.)? .....
5. Have you ever passed out during or after exercise? .....
- Have you ever been dizzy during or after exercise?.....
- Have you ever had chest pain during or after exercise? .....
- Do you get tired more quickly than your friends do during exercise? .....
- Have you ever had racing of your heart or skipped heartbeats? .....
- Have you had high blood pressure or high cholesterol?.....
- Have you ever been told you have a heart murmur?.....
- Has any family member or relative died of heart problems or of sudden unexpected death before age 50?.....
- Has any family member been diagnosed with enlarged heart, hypertrophic cardiomyopathy, long QT syndrome, Marfan's syndrome, or abnormal heart rhythm?.....
- Have you had a severe viral infection (for ex. Myocarditis or mononucleosis) within the last month? .....
- Has a physician ever denied or restricted your participation in sports for any heart problems? .....
6. Do you have any current skin problems (for example itching, rashes, acne, warts, fungus, or blisters)?.....
7. Have you ever had a head injury or concussion? .....
- Have you ever been knocked out, become unconscious or lost your memory? (Explain severity of each below.).....  
How many times? \_\_\_\_\_ Date of most recent? \_\_\_\_\_
- Have you ever had a seizure?.....
- Do you have frequent or severe headaches?.....
- Have you ever had numbness or tingling in your arms, hands, legs, or feet?.....
- Have you ever had a stinger, burner, or pinched nerve?.....
8. Have you ever become ill from exercising in the heat? .....
9. Have you ever gotten unexpectedly short of breath with exercise? .....
- Do you cough, wheeze, or have trouble breathing during or after activity?.....
- Do you have asthma? .....
- Do you have seasonal allergies that require medical treatment? .....
10. Have you had any problems with your eyes or vision?.....
- Do you wear glasses or contacts? .....
11. Are you missing any paired organs?.....
12. 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)? .....
13. Have you ever had a sprain, strain, or swelling after injury?.....
- Have you broken or fractured any bones or dislocated any joints?.....
- Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?.....
- If yes, check appropriate box and explain below:  

Head	Chest	Shoulder	Foot	Hip	Shin/Calf	Neck
Elbow/Fore	Arm	Wrist	Thigh	Ankle	Back	Upper Arm
Hand/Finger		Knee				
14. Do you want to weigh more or less than you do now?.....
- Do you lose weight regularly to meet weight requirements for your sport? ...
15. Do you feel stressed out? .....
16. Record the dates of your most recent immunizations (shots) for:  
Tetanus \_\_\_\_\_ Measles \_\_\_\_\_ Hepatitis B \_\_\_\_\_ Chickenpox \_\_\_\_\_
17. Are you currently under a doctor's care?.....
18. When was your first menstrual period? \_\_\_\_\_  
When was your most recent 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? \_\_\_\_\_

**Physical Form (For Physician Use Only)**

DISD policy requires the completion of an annual physical exam.

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Pulse: \_\_\_\_\_

BP: \_\_\_\_\_ / \_\_\_\_\_ ( \_\_\_\_\_ / \_\_\_\_\_ ); \_\_\_\_\_ / \_\_\_\_\_ Pupils: Equal Unequal

Vision: R – 20/ \_\_\_\_\_ L – 20/ \_\_\_\_\_ Corrected: Y N \_\_\_\_\_

<i>Medical</i>	<i>Normal</i>	<i>Abnormal Findings</i>	<i>Initials*</i>
Appearance			
Eyes/Ears			
Nose/Throat			
Lymph Nodes			
Heart – Supine			
Heart – Standing			
Heart – Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males)			
Skin			
<b>Musculoskeletal</b>			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

**CLEARANCE** \* station-based exam only

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), or 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 of Physician (print):** \_\_\_\_\_

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.

**Explain "Yes" answers here:** \_\_\_\_\_

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 \_\_\_\_\_