

2019-2020 Conroe Independent School District Pre-Participation Form

****CISD will not accept physicals or completed paperwork dated prior to April 15, 2019****

Student's Last Name / Student's First Name / Student's Middle Name

Sex

Age

2019-20 grade: 7 8 9 10 11 12

Date of Birth

Student ID Number

2019-20 School:

Knox

McCullough

Moorhead

Peet

Washington

York

Irons

Caney Creek

Conroe

Conroe - 9th

Oak Ridge

Oak Ridge - 9th

The Woodlands

The Woodlands - 9th

TW College Park

Grand Oaks

Parent/Guardian 1 Name (include last name)

Parent/Guardian 1 - Cell Phone

Parent/Guardian 1 - Work Phone

Parent/Guardian 1 - Email

Parent/Guardian 2 Name (include last name)

Parent/Guardian 2 - Cell Phone

Parent/Guardian 2 - Work Phone

Parent/Guardian 2 - Email

Student's - Home Phone/Primary

Student's Home Address (street, city, zip)

Student Email

Name of Alternate Contact In Case of Emergency

Relation to Student

Emergency Contact Phone Number

Name of Family Physician

Physician's Phone Number

Allergies to medication or other (please list):

Any medications taken regularly (please list):

Any medical concerns that should be noted:

Name of Insured:

Insurance Company:

Insurance Co. Phone #:

Group/Policy #:

Does your child have a previous history of:

	Yes	No
Bone/joint injury or disease?	<input type="checkbox"/>	<input type="checkbox"/>
Neck injury?	<input type="checkbox"/>	<input type="checkbox"/>
Being unconscious/knocked out?	<input type="checkbox"/>	<input type="checkbox"/>
Seizures/convulsion?	<input type="checkbox"/>	<input type="checkbox"/>
Frequent headaches?	<input type="checkbox"/>	<input type="checkbox"/>
Bleeding/blood disorders?	<input type="checkbox"/>	<input type="checkbox"/>
Heat illness	<input type="checkbox"/>	<input type="checkbox"/>
Allergies (seasonal, insects)?	<input type="checkbox"/>	<input type="checkbox"/>
Allergies (medications)?	<input type="checkbox"/>	<input type="checkbox"/>
Heart disease?	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
Heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>
Viral infection (mono)?	<input type="checkbox"/>	<input type="checkbox"/>
Eye/vision problems?	<input type="checkbox"/>	<input type="checkbox"/>
Missing/non-functioning limbs	<input type="checkbox"/>	<input type="checkbox"/>
Asthma?	<input type="checkbox"/>	<input type="checkbox"/>
Emotional disturbance?	<input type="checkbox"/>	<input type="checkbox"/>
Take medication?	<input type="checkbox"/>	<input type="checkbox"/>
Had surgery in the past year?	<input type="checkbox"/>	<input type="checkbox"/>
Currently under physicians care?	<input type="checkbox"/>	<input type="checkbox"/>
Wearing contacts/glasses?	<input type="checkbox"/>	<input type="checkbox"/>

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 school assumes any responsibility in case an accident occurs. If, in the judgement of any representatives 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 to said student by any physician, athletic trainer, nurse, hospital, 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 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.

X

Parent/Guardian signature (required)

Date/Year

X

Student signature (required)

Date/Year

This form and packet, in its entirety, must be on file before a student participates in any practice, before, during or after school, (both in-season and out-of-season) or games/matches or performances/competitions.

For office use only

Personal vehicle

Medication permission

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: _____

2019-2020 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.

Furthermore, as a condition of participation and for the purpose of ensuring compliance with University Interscholastic League (UIL) rules, I consent to the disclosure of personally identifiable information, including information that may be subject to the Family Educational Rights and Privacy Act (FERPA), regarding the above named student between and among the following: the high school or middle school where the student currently attends or had attended; any school the student transfers to; the relevant District Executive Committee and the UIL. I further understand that all information relevant to the student's UIL eligibility and compliance with other UIL rules may be discussed and considered in a public forum. I acknowledge that revocation of this consent must be in writing and delivered to the student's school and the UIL.

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.

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

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

<input type="checkbox"/> Baseball	<input type="checkbox"/> Basketball	<input type="checkbox"/> Cross Country	<input type="checkbox"/> Football	<input type="checkbox"/> Golf	<input type="checkbox"/> Softball	<input type="checkbox"/> Soccer	<input type="checkbox"/> Cheerleading	<input type="checkbox"/> JROTC
<input type="checkbox"/> Swimming & Diving	<input type="checkbox"/> Tennis	<input type="checkbox"/> Team Tennis	<input type="checkbox"/> Track & Field	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Wrestling	<input type="checkbox"/> Band	<input type="checkbox"/> Drill Team	
<input type="checkbox"/> Other (list below): _____								

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.