

# C.I.S.D. ATHLETIC MEDICAL INFORMATION FORM

This physical is for \_\_\_\_\_ school year. I will be in \_\_\_\_\_ grade and participating in \_\_\_\_\_ sport.

**Instructions for completion:**

1. **PRINT** all information legibly. "Last School Attended \_\_\_\_\_"
2. Complete all **BLANKS**.
3. Return all **COMPLETED** forms to the athletic office with your proofs of residence.
4. If you have any questions call the C.I.S.D. Athletic Department at 281-860-3802.

## STUDENT INFORMATION

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

Sex: M \_\_\_ F \_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_ / \_\_\_ / \_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

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

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

## EMERGENCY NUMBERS

In case of emergency notify: list two persons and their relationship (*other than parents*).

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_ Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_ Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## STUDENT INSURANCE / HEALTH INFORMATION

Please list any Health Insurance by which the student is covered:

Primary Insurance Company: \_\_\_\_\_ Policy Holder: \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Please list any **allergies** : \_\_\_\_\_

### Prescription Medications :

Please note the medication(s) that you would like the athletic trainer to possess for the above student.  
(Examples would be asthma or diabetic medications)

\_\_\_\_\_

Please note the reason for taking the above listed medication(s).

\_\_\_\_\_

As the parent/guardian of the stated student, I hereby hold the licensed athletic trainer(s) and the Channelview High School harmless in the administering/dispensing of the above noted prescription medication(s). I understand that Channelview High School and the licensed athletic trainer(s) accept no responsibility for medications that are defective, either by their design or dosage recommendations.

**Parent/Guardian 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? 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.	<input type="checkbox"/>	<input type="checkbox"/>	
Do you get tired more quickly than your friends do during exercise?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip
Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Thigh
Have you had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee
Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Shin/Calf
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"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle	
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"/> Upper Arm	<input type="checkbox"/> Foot		
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	<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"/>	
Has a physician ever denied or restricted your participation in sports for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	Do you lose weight regularly to meet weight requirements for your sport?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	17. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever been knocked out, become unconscious, or lost your memory?	<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"/>	
If yes, how many _____ When was the last concussion? _____			<b>Females Only</b>			
How severe was each one? (Explain below) _____			19. When was your first menstrual period? _____			
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	When was your most recent menstrual period? _____			
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	How much time do you usually have from the start of one period to the start of another? _____			
Have you ever had numbness or tingling in your arms, hands, legs, or feet?	<input type="checkbox"/>	<input type="checkbox"/>	How many periods have you had in the last year? _____			
Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	What was the longest time between periods in the last year? _____			
5. Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>	<b>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.</b>			
6. Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>	<b>**EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):</b>			
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"/>				

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 \_\_\_\_\_

# Channelview ISD Insurance Policy and Assumption of Risk for Athletic Participation

Name of Athlete \_\_\_\_\_ Grade \_\_\_\_\_

CISD will provide limited accident insurance coverage for all 7<sup>th</sup> – 12<sup>th</sup> grade students who participate in any UIL Sanctioned activity during the school year. This policy is a secondary policy, which means it does not cover all expenses that occur in the incident of an accident during athletic participation. Although the policy will not cover all expenses incurred, it will serve as a "supplementary" insurance policy.

There is a chance that the athlete may be injured while participating in any athletic activity during the school year. **THE PARENTS MUST STILL ASSUME FULL FINANCIAL RESPONSIBILITY FOR ANY INJURY SUSTAINED, REGARDLESS OF ANY INSURANCE PAYMENT.** According to the policy, you must file under your personal insurance plan and collect the benefits provided. Then you may file any unpaid portion with the CISD student insurance. **From the day of injury, there is a 90 day grace period in which a claim must be filed with the school's insurance policy.** Remember the school's insurance is **not guaranteed** to pay any claim.

- I understand that even though protective equipment is worn by the athlete, when needed, the possibility of an accident still remains. I understand that the licensed Athletic Trainers, nor the school, assume any responsibility in the case of an accident.
- It is understood and acknowledged that participation in athletics has inherent dangers and risks to the body that include, but are not limited to death, spinal cord injuries, paralysis, brain damage, injury to internal organs, exposure to blood borne pathogens, and injury to the musculoskeletal system including bones, joints, ligaments, muscles, and tendons.
- I understand that I am fully financially responsible for any injury sustained to the above athlete in the incident of an accident during athletic participation, and understand that the school has a secondary insurance policy, which will not cover all expensed incurred.
- I understand that this policy covers my child during off season practice, regular practice and games during the season and when involved in an activity sanctioned by UIL.

I have read and understand the above notice and hereby relieve CISD and the licensed Athletic Trainer of any financial responsibilities and liabilities if my child requires medical care due to an injury that occurs while participating in a UIL sanctioned activity. I will allow my child to participate under these conditions.

\_\_\_\_\_  
Signature of Athlete

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**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, 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.**

**The UIL Parent Information Manual is located at [www.uil.utexas.edu/athletics/manuals/pdf/parent\\_information.pdf](http://www.uil.utexas.edu/athletics/manuals/pdf/parent_information.pdf).**

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.

<b>To the Parent:</b>	Baseball	Football	Softball	Tennis	Wrestling
<b>Check any activity in which this student is allowed to participate.</b>	Basketball	Golf	Swimming & Diving	Track & Field	
	Cross Country	Soccer	Team Tennis	Volleyball	

Date \_\_\_\_\_

Signature of parent or guardian \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

***The student's signature is required on the second page of this form.***

## 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: 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 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 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. (See 504 handicapped exception.)
- have not graduated from high school.
- are enrolled by the sixth class day of the current school year or have been in attendance for fifteen calendar days immediately preceding a varsity contest.
- are full-time day students in a participant high school.
- initially enrolled in the ninth grade not more than four calendar years ago.
- are meeting academic standards required by state law.
- live with their parents inside the school district attendance zone their first year of attendance. (Parent residence applies to varsity athletic eligibility only.) When the parents do not reside inside the district attendance zone the student could be eligible if: the student has been in continuous attendance for at least one calendar year and has not enrolled at another school; no inducement is given to the student to attend the school (for example: students or their parents must pay their room and board when they do not live with a relative; students driving back into the district should pay their own transportation costs); and it is not a violation of local school or TEA policies for the student to continue attending the school. Students placed by the Texas Youth Commission are covered under Custodial Residence (see Section 442 of the *Constitution and Contest Rules*).
- have observed all provisions of the Awards Rule.
- have not represented a college in a contest.
- have not been recruited. (Does not apply to college recruiting as permitted by rule.)
- have not violated any provision of the summer camp rule. Incoming 10-12 grade students shall not attend a baseball, basketball, football, soccer, or volleyball camp in which a seventh through twelfth grade coach from their school district attendance zone, works with, instructs, transports or registers that student in the camp. Students who will be in grades 7, 8, and 9 may attend one baseball, one basketball, one football, one soccer, one softball, and one volleyball camp in which a coach from their school district attendance zone is employed, for no more than six consecutive days each summer in each type of sports camp. Baseball, Basketball, Football, Soccer, Softball, and Volleyball camps where school personnel work with their own students may be held in May, after the last day of school, June, July and August prior to the second Monday in August. If such camps are sponsored by school district personnel, they must be held within the boundaries of the school district and the superintendent or his designee shall approve the schedule of fees.
- have observed all provisions of the Athletic Amateur Rule. Students may not accept money or other valuable consideration (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.
- **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.**

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

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of student



# University Interscholastic League



## 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.utexas.edu](http://www.uil.utexas.edu). 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.utexas.edu](http://www.uil.utexas.edu). 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: \_\_\_\_\_

**PUBLICITY RELEASE FORM**

The Channelview Independent School District has my consent to make (or authorize the making of) a photograph or videotape of my child or his/her work for any lawful purpose without further notice to me (Code 26.009 of the Texas Education Code). I also give the District my consent to record (or authorize the recording of) my child's voice without further notice to me.

I understand that such photographs, videotape or audiotapes of my child, which may not be accompanied by his/her name, could appear on the District's website on the Internet with or without my knowledge. I further understand that my child's work, which may be accompanied by his/her name, may be electronically displayed and produced.

I also agree to hold harmless the Channelview ISD (including its Board of Trustees, agents, officers, employees, contractors, attorneys, and others representing the District) from any claims or causes of action directly or indirectly related to the photographing, videotaping, audio taping or online publishing of my child and/or work produced by him/her.

I hereby waive all residual rights of claims, monetary or otherwise that might arise as a result of any lawful use of the above-described material and do hereby grant permission for the use of such material for any lawful purpose.

Please indicate your preference by checking one of the blanks below. Sign and return this form to your child's campus.

- Yes, I agree to the terms stated above.
- No, neither my child nor his/her work may be photographed, videotaped or audio taped.

**Name of Student** \_\_\_\_\_

**Campus** \_\_\_\_\_

**Print Name of Teacher** \_\_\_\_\_

**Parent/Guardian**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# Channelview Independent School District Athletic Verification of Residency

**Channelview ISD Athletic Department will require two (2) Proofs of Residency.**

The following may be used as proof of residency of students and parents/guardians.

- Current Utility Bill (Electric, Gas or Water) **NO PHONE OR CABLE BILLS!!!**
- Lease or Rental Agreement
- Contract of Purchase
- Property Tax Statement

I verify that I, \_\_\_\_\_ and \_\_\_\_\_  
Parent(s) or Guardian(s) Children

reside at our permanent address at \_\_\_\_\_  
Address City Phone

(h) In addition to the penalty provided by Section 37.10, Penal Code, a person who knowingly falsifies information on a form required for enrollment of a student in a school district is liable to the district if the student is not eligible for enrollment in the district but is enrolled on the basis of false information. The person is liable, for the period during which the ineligible student enrolled, for the greater of:

1. The maximum tuition fee the district may charge under Section 25.038; or
2. The amount the district has budgeted for each student as maintenance and operating expenses. (Paragraph 25.001 of the Texas Education code)

I understand that I will be held liable for tuition and/or penalized under the law for false statements according to Section 37.10, Penal Code and Section 25.001 (h) of the Education Code.

I also understand that my child (children) will be removed from any athletic team(s) that he/she may be participating. This will be effective immediately upon verification of false information.

I have read and understand the above information and acknowledge that a prerequisite of athletic participation in Channelview ISD is to be a resident of the district.

I have carefully read the above information and I understand its contents, and I voluntarily sign the same as my own free act.

\_\_\_\_\_  
Signature Relationship to Athlete

**THIS FORM MUST BE NOTARIZED BY THE CHANNELVIEW ISD ATHLETIC DEPARTMENT!**

Subscribed and sworn before me on this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Texas

\_\_\_\_\_  
Notary Seal

**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*
<b>MEDICAL</b>			
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)			
<b>MUSCULOSKELETAL</b>			
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.

**ACKNOWLEDGEMENT OF RULES**

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

(PLEASE PRINT)

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

**General Eligibility Rules**

According to UIL standards, students are eligible to represent their school in interscholastic activities if they:

- \* are less than 19 years old on or before September 1 preceding a contest.
- \* have not graduated from high school,
- \* are full-time, day students in high school, and have been in regular attendance at the school since the 6th day of the present school year or have been in regular attendance for 15 or more calendar days before the contest or competition,
- \* are in compliance with state law and rules of the State Board of Education (No Pass, No Play),
- \* are enrolled in a four year, normal program of high school courses, and initially enrolled in the 9th grade not more than 4 years ago nor in the 10th grade not more than 3 years ago,
- \* were not recruited for high school athletic competition,
- \* did not represent a college in a contest, or participate in a college level athletic/physical educational course,
- \* are not in violation of the awards policy,
- \* live with their parent(s) / legal guardian(s) inside the school district attendancezone their first year of attendance or have been in attendance at the school for one calendar year,
- \* have not moved for athletic purposes,
- \* have not accepted money or any other valuable consideration for participating in sports,
- \* have not been paid for allowing their name to be used for the promotion of any product, plan, or service relating to UIL, athletic activities,
- \* were eligible for varsity competition according to the fifteen day residence rule prior to district certification,
- \* have passed an annual physical examination given by a physician or passed an annual medical screening and have written permission from parents or legal guardian,
- \* have not participated in any organized or required practice during the off-season (including the summer) as specifically allowed by UIL rules.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Student

**PARENTS AND GUARDIANS PERMISSION**

I hereby give my consent for my son/daughter to compete in University Interscholastic League (UIL) approved sports, and school sponsored activities, and travel with the coach or other representative of the school on any trips.

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

I give authorization, which is necessary for the District, Athletic Trainers, Coaches, Physicians, and Student Insurance to share information concerning the diagnosis and treatment of my son/daughter's injuries or illnesses. This is to conform to Federal guidelines of HEPAA and FERPA.

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 illness, I do hereby request, authorize, and consent to such care and treatment as may be given to said student by any medical provider 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 on behalf of said student for the care and treatment rendered.

\_\_\_\_\_ Student's Full Name (please print)

\_\_\_\_\_ Signature of Parent / Guardian

\_\_\_\_\_ Date

**(INFORMATION BELOW IS TO BE NOTARIZED BY CISD ATHLETIC DEPARTMENT)**

**STATEMENT OF ACCURACY OF INFORMATION:**

We the undersigned, attest to the accuracy of the information contained in this **ACKNOWLEDGMENT OF RULES AND WAIVER.**

\_\_\_\_\_ Signature of Parent / Guardian

\_\_\_\_\_ Date

Before me, the undersigned authority, a public notary in and for Harris County, the State of Texas, on this day personally appeared

\_\_\_\_\_, parent / guardian of \_\_\_\_\_

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary, Harris County

\_\_\_\_\_  
Expiration Date / Seal