

ALLERGIES: \_\_\_\_\_ LIST any known physical conditions that may result in Emergency: \_\_\_\_\_ Medication: \_\_\_\_\_ Sports: \_\_\_\_\_ ID# \_\_\_\_\_  
*All sections are to be completed annually prior to participation in athletic classes, matches, games, workouts (in-season and out-of-season), and tryouts.*

**LEANDER INDEPENDENT SCHOOL DISTRICT (LISD)  
 ATHLETIC DEPARTMENT ATHLETIC PARTICIPATION FORM**

**Medical History**

\_\_\_\_\_  
 Last Name, First Name MI                      Date of Birth                      Gender                      School                      Grade

\_\_\_\_\_  
 Street Address (No P.O. Boxes), City, Zip Code                      Home Telephone Number

\_\_\_\_\_  
 Male Parent/Guardian's Name                      Employment                      Bus. Phone Number                      Cell Phone Number

\_\_\_\_\_  
 Female Parent/Guardian's Name                      Employment                      Bus. Phone Number                      Cell Phone Number

\_\_\_\_\_  
 Emergency Contact Name (Non-Parent)                      Home Telephone Number                      Alternate Contact Number

**Parent (Guardian) Permit**

I hereby give my consent for the above named student to compete in UIL/LISD approved athletic sports and travel with the coach or other school representative on any trips. I have read and understand the UIL Rules listed in this document and agree that above student will abide by all UIL, school, and team rules. I also agree to be responsible to the safe return of all athletic equipment issued by the school and will pay for any and all lost, stolen, or damaged equipment.

**Assumption of Risk & Release of All Claims**

All athletes will be coached, instructed and conditioned to compete at the peak of their abilities. It is understood that even though protective equipment is worn by the athlete, whenever needed, the possibility of an accident still remains. Each coach is aware of the dangers and will make every effort to prevent injuries with proper conditioning, protective equipment and safety practices. However, not all injuries are preventable and **SEVERE INJURIES OR EVEN DEATH CAN OCCUR DURING ATHLETIC PARTICIPATION.** Neither the UIL nor the LISD assumes any responsibility in case an accident occurs.

I understand the possible risk of injury present in athletic participation. I do hereby agree to indemnify and save harmless the LISD, its agents, employees and officers from any and all claims, demands, actions, judgements, and executions which I may have or which my heirs, executors, administrators or assigns may have or claim to have against the LISD, its agents, employees, officers, parent-volunteer, successors in interest or assigns for all personal injuries, known or unknown, and to all known or unknown injuries to property, real or personal, caused by or arising out of participation in athletics including travel and related activities.

**Medical Consent**

If, in the judgement of any representative of LISD, the above student should need 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 said student by any Physician, Athletic Trainer, Nurse, Hospital or school representative.

In the event of serious injury or illness, I understand that an attempt will be made by a LISD representative, attending Physician or Nurse to contact me in the most expedient way possible. If direct communication is not possible, the treatment necessary for the welfare of above student is authorized. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care deemed advisable.

**Echocardiogram Screening**

The pre-participation exam of the heart is meant as a screening for various heart conditions but will not guarantee the underlying heart abnormalities or serious heart conditions will be detected upon exam. An echocardiogram screening can detect hypertrophic cardiomyopathy (enlarged heart) and certain underlying heart conditions that could lead to sudden cardiac death. This is not a requirement of the pre-participation exam.

**Athletic Insurance Coverage**

The LISD Athletic Department does not provide athletic insurance for athletes. I hereby release the LISD from responsibility for any injuries that should occur to above student in all athletic programs for the school year. I understand that I am responsible for all medical expenses associated with participation in the program.

**Please check one appropriate box.**

I have family insurance. My policy information follows:

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

I do not have health insurance coverage and choose not to purchase any.

I hereby agree my answers to the questions on the Medical History Form are complete and correct to the best of my knowledge. If between this date and the beginning of athletic participation or anytime during the school year, any illness or injury should occur that may limit this student's participation I agree to notify by written doctor's orders the school authorities of such illness or injury.

**Non-Prescription Authorization**

I hereby give my consent to LISD staff and Physicians to administer the non-prescription items to my child as checked.

\_\_\_\_ Non-Aspirin    \_\_\_\_ Ibuprofen    \_\_\_\_ Decongestant    \_\_\_\_ Sore Throat Lozenges    \_\_\_\_ Antacids  
 \_\_\_\_ Anti-Diarrhea    \_\_\_\_ Ms-Aids    \_\_\_\_ Electrolyte

*\*MIDDLE SCHOOL ATHLETES WILL NOT RECEIVE ANY MEDICATION FROM THE ABOVE LIST*

**U.I.L. 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.

Our signatures indicate we have read, understand, and agree with the above sections and the entire document.

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

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

Student Name:(Last, First) \_\_\_\_\_ Gender: **(M / F)** Sport(s): \_\_\_\_\_ School Year: \_\_\_\_\_ ID# \_\_\_\_\_

All sections are to be completed annually prior to participation in athletic classes, matches, games, workouts (in-season and out-of-season), and tryouts.

**LISD ATHLETIC DEPARTMENT MEDICAL HISTORY**

Please answer each question by circling "YES" or "NO".

1. Have you had a medical illness or injury since your last check up or sports physical? YES NO
  2. Have you been hospitalized overnight in the past year? YES NO  
Have you had surgery in the past year? YES NO
  3. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler? YES NO
  4. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? YES NO
  5. Have you ever passed out during or after exercise? YES NO  
Have you ever been dizzy during or after exercise? YES NO  
Have you ever had chest pain during or after exercise? YES NO  
Do you get tired more quickly than your friends do during exercise? YES NO  
Have you ever had racing of your heart or skipped heartbeats? YES NO  
Have you had high blood pressure or high cholesterol? YES NO  
Have you ever been told you have a heart murmur? YES NO  
Has any family member or relative died of heart problems or of sudden unexpected death before age 50? YES NO  
Has any family member been diagnosed with enlarged heart, hypertrophic cardiomyopathy, long QT syndrome, Marfan's syndrome, or abnormal heart rhythm? YES NO  
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? YES NO  
Has a physician ever denied or restricted your participation in sports for any heart problems? YES NO
  6. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? YES NO
  7. Have you ever had a head injury or concussion? YES NO  
Have you ever been knocked out, become unconscious, or lost your memory? YES NO  
If yes, how many times? \_\_\_\_ When was the last concussion? \_\_\_\_  
How severe was each one? (Explain below) \_\_\_\_\_  
Have you ever had a seizure? YES NO  
Do you have frequent or severe headaches? YES NO  
Have you ever had numbness or tingling in your arms, hands, legs, or feet? YES NO  
Have you ever had a stinger, burner, or pinched nerve? YES NO
  8. Have you ever become ill from exercising in the heat? YES NO
  9. Have you ever gotten unexpectedly short of breath with exercise? YES NO  
Do you cough, wheeze, or have trouble breathing during or after activity? YES NO  
Do you have asthma? YES NO  
Do you have seasonal allergies that require medical treatment? YES NO
  10. Have you had any problems with your eyes or vision? YES NO
  11. Are you missing any paired organs? YES NO
  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)? YES NO
  13. Have you ever had a sprain, strain, or swelling after injury? YES NO  
Have you broken or fractured any bones or dislocated any joints? YES NO  
Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? YES NO
- If yes, check appropriate box and explain below.  
 \_\_\_ Head \_\_\_ Elbow \_\_\_ Hip \_\_\_ Neck \_\_\_ Forearm \_\_\_ Thigh \_\_\_ Back \_\_\_ Wrist \_\_\_ Knee  
 \_\_\_ Chest \_\_\_ Hand \_\_\_ Shin/Calf \_\_\_ Shoulder \_\_\_ Finger \_\_\_ Ankle \_\_\_ Upper Arm \_\_\_ Foot
14. Do you want to weigh more or less than you do now? YES NO  
Do you lose weight regularly to meet weight requirements for your sport? YES NO
  15. Do you feel stressed out? YES NO
  16. Record the dates of your most recent immunizations (shots) for:  
Tetanus \_\_\_ Measles \_\_\_ Hepatitis B \_\_\_ Chickenpox \_\_\_
  17. Are you under a doctor's care? YES NO
  18. Do you have Sickle Cell Anemia? YES NO
  19. Do you have a family history of Sickle Cell Anemia? YES NO

**Females Only**

20. When was your first menstrual period? \_\_\_\_\_  
When was your most recent menstrual period? \_\_\_\_\_  
How much time do you usually have from the start of one period to the start of another? \_\_\_\_\_  
How many periods have you had in the last year? \_\_\_\_\_  
What was the longest time between periods in the last year? \_\_\_\_\_

\***Explain "Yes" answers here:** (A "yes" on questions 1, 2, 5, 7, 11 or 17 requires a 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)

**An individual answering in the affirmative to any question relating to a possible cardiovascular health issue (questions five above), as identified on the form should be restricted from further participation until the individual is examined and cleared by a physician, physician assistant, chiropractor, or nurse practitioner.**

Parents/Guardians please circle all activities this student **may participate in:**

Baseball Basketball Cross Country Football Golf Soccer Softball

Swimming & Diving Tennis Track & Field Volleyball Wrestling Cheer Powerlifting

**LISD ATHLETIC DEPARTMENT PREPARTICIPATION PHYSICAL EXAMINATION**

This Physical Examination Form must be completed prior to junior high athletic participation and again prior to high school athletic participation.

Height \_\_\_\_\_ Weight \_\_\_\_\_ % Pulse \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_ (\_\_\_\_ / \_\_\_\_\_, \_\_\_\_ / \_\_\_\_\_)  
Vision R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected: Y N Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_

MEDICAL	NORMAL	ABNORMAL FINDINGS
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 pulse		
Pulses		
Lungs		
Abdomen		
Genitalia (males only)		
Skin		
<b>MUSCULOSKELETAL</b>		
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot		

**CLEARANCE {Please check one}**

Cleared (No restrictions)

Cleared **after** completing evaluation/rehabilitation for: \_\_\_\_\_

**Not cleared** - 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, 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.

**Physician Name (print/type):** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_