## HEIGHTS SUMMER VOLLEYBALL SCHEDULE

## <u>2025</u>

July 14-17

Open Gym Mon.-Thurs.

July 28-August 1

Two-a-days Mon.-Fri.

July 21-24

Skill Camp

August 4

**Tryouts** 

**Open Gym:** Open Gym will begin July 14th and conclude July 17th. Open Gym will be Monday through Thurs. 9:00 - 12:00. This is an invaluable opportunity to practice and refine your skills before tryouts.

**Skill Camp:** Skill Camp will begin on July 21 and conclude on July 24. Camp will be held from 9-1. This will provide an opportunity to refine skills before try-outs.

<u>Two-A-Days:</u> Are essentially two practices in one day. The first part of practice is from 8 to 11. There is a lunch break from 11 to 1. The second part of practice 1s from 1 to 3. **Both sessions are mandatory**.

**Tryouts**: Tryouts will be on August 4<sup>th</sup>. You must have a current physical dated after May 15<sup>th</sup> 2025 and it must be on the **HISD physical form**, which can be found on the HISD athletics website. You have the option to pay \$35.00 for HISD athletics insurance through School Pay on Heights High School Website or an insurance waiver which can be found on the HISD athletics website. **You may not try out without these 2 items.** 

<u>Paperwork:</u> All paperwork should be filled out and the corresponding documents uploaded to Register My Athlete (RMA). All documents including: the medical history, physical, receipt from paying for HISD Insurance online or the Insurance Waiver form including the front and back of the insurance card. **All Paperwork must be uploaded to RMA by July 28, 2025.** 

<u>www.registermyathlete.com</u> is the website to set up your account and upload all paperwork.

## If you make a team:

- You will receive a copy of our volleyball schedule.
- You are required to report for all practices and preseason games.

If you have any questions over the summer contact <u>Coach Lewis at</u> <u>clewis12@houstonisd.org</u> or Coach Ehmling at <u>gehmling@houstonisd.org</u>



When: July 21<sup>st</sup> -July 24<sup>th</sup>, 2025 (9 am-1 pm)

Where: Heights High School, 413 E. 13th Street, Houston, TX. 77008

For Who: Middle and High School Athletes

Price: \$100 Entire Camp Fee/\$35 Drop-In Fee

Payment Method: Cash

**Contact:** Coach Lewis (281)217-4547

Clewis12@houstonisd.org

\*If you have any questions please do not hesitate to call or e-mail\*

Please Bring Meds (i.e. Asthma Pump)

| Player Name:  | Age:   |
|---|--|
| Parent Name:  |  |
| E-mail:   | Phone:   |
| hold H.I.S.D., Heights High School, Che<br>Monica Peacock, the officers and dire<br>injury or other harm occurring to the | pal guardian of the player named above, hereby agrees to<br>elsea Lewis, Gennifer Ehmling, Nevin Johnson, and<br>ectors, employees and coaches faultless in the event of<br>player during participation in all events. Parent/Guardian<br>ical insurance and if necessary, will be responsible for any |
| Parent Signature:   | Date:  |

## PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

| Address   Phone   Phon | questions are designed to determine if the student has developed.<br>Student's Name: (print) |           |            |  |   |  |  |  |
|--|--|-----------|------------|--|---|--|--|--|
| include   School   Physicians   Phone  |  |           |            |  |   |  |  |  |
| remond Physician or case of emergency, constant:    Name   |  |           |            |  |   |  |  |  |
| in ears of emergency, contacts    Name   |  |           |            |  |   |  |  |  |
| Service   Relationship   Phone (R)   (W)   (W)   (N)   |  |           |            |  |   |  |  |  |
| in "Yee" answers in the book below**. Circle questions you don't know the answers to.  Yee you had an amelical illuses or injury since your last check por physical?  In you have been longitabled oversight in the past year?  In you were had price testing for the heart ordaned by a hydridinal your year had price testing for the heart ordaned by a hydridinal your year had price testing for the heart ordaned by a hydridinal your year had price testing for the heart ordaned by a hydridinal your year had price testing for the heart ordaned by a hydridinal your year had price testing for the heart ordaned by a hydridinal your year had price testing for the heart ordaned by a hydridinal your year had price testing for the heart ordaned hy a hydridinal your year had you year year year had been they had made or disposed heart caronine?  In you were had as a price testing for the heart ordaned hydridinal year year year year. The year year year year year had been price or disposed heart been to you you had high before year year. The heart terminal year you had high before you heart or disposed heart been the you had high before or relative died for heart problems or of understanding you had high before or relative died for thest problems or of understanding you had high before or relative died for the purposed you had high before or relative died for testing or relative problems or or least which the forest purposed you had high year or concession?  It say you are you had any other gredoheas with pain or ewelling in makeles, tendons, boses, or joint?  It say you had you had you had you practicipation in rithylistic or nonomalocately while high last month?  It say you had you had you had you practicipation in rithylistic or nonomalocately while high last month?  It say you were been functioned on, become unconscious, or lost or you were been functioned you was you were been functioned you was you with you was you was a standard you was y |  |           |            | Phone (H   | (W)   |  |  |  |
| law you were allocated illusers or injury since your last closed; or physical?   |  |           |            |  |   |  |  |  |
| Have you seek gottom incopecedly short of broath with   por physical?  |  | Yes       | No         |  | Yes No  |  |  |  |
| Save you been hospitalized overright in the past year?   |  |           |            | 13.  | Have you ever gotten unexpectedly short of breath with  |  |  |  |
| Jave you werk had sungery?  Jave you werk had sungery?  Jave you werk had sungery?  Jave you werk project testing for the heart ordered by a hysician?  Jave you were passed out during or after exercise?  Jave you were passed out during or after exercise?  Jave you were passed out during or after exercise?  Jave you were had cheet pain during or after exercise?  Jave you were had cheet pain during of after exercise?  Jave you were had cheet pain during of your heart or skipped heart/seat?  Jave you were had noing of your heart or skipped heart/seat?  Jave you were had noing of your heart or skipped heart/seat?  Jave you were had noing of your heart or skipped heart/seat?  Jave you were had noing of your heart or skipped heart/seat?  Jave you were heart on heart nummary.  Jave you were had noing of your heart or skipped heart, and the passed of the say family member or relative ded of heart grollens or of addition unscribed death before ago 507  Have you were heart for hour hampshay (Brugada sprofunce, its,), Mariant's syndrome, or a honorule beart rhyshan?  Jave you were heart for hour hampshay (Brugada sprofunce, its,), Mariant's syndrome, or a honorule beart rhyshan?  Jave you were heart for hour hampshay (Brugada sprofunce, its,), Mariant's syndrome, or a honorule beart rhyshan?  Jave you were heart problems?  Jave you were heart hour your mind the heart problems of the start of one problems with or treated for sickle cell that or sickle cell disease?  Jave you were heart and a stringer, human, or picked nerve?  Lave you missing any painted organs?  Lave you were heart and a stringer, human, or picked nerve?  Lave you were heart and a stringer, | - 19   | г         | П          |  |   |  |  |  |
| Early you were had prior testings for the heart ordered by a horizon or corrective equipment or hydroxinar?  |  |           | H          |  |   |  |  |  |
| devices that root standly used for you netwity or position, law you ever passed out during or after exercise?  |  | 片         | ᆸ          | 14   |   |  |  |  |
| Save you see passed out during or after exercise?  |  |           | لسا        | 171  |   |  |  |  |
| Do you get fried more quickly than your friends do during creatives?    Have you never had a septial, syrain, or swelling after injury?  | •  |           |            |  |   |  |  |  |
| Have you broken or factured any bones or dislocated any plant or skipped heartheath?   | lave you ever had chest pain during or after exercise?                                       |           |            |  |   |  |  |  |
| Jave you wer had neing of your heart or skipped heartbests?  |  |           |            | 15.  |   |  |  |  |
| Taxe you were been told you have a heart nummer?  It as any family member or relative died of heart groblems or of light collecterol?  It as any family member or relative died of heart groblems or of light growth of the start  |  |           | _          |  | · —   |  |  |  |
| ince you ever bent hold you have a heart numm?   | ,  | 닏         | 닏          |  | " trans   |  |  |  |
| is a say family member or relative died of heart problems or of widen susceptioned death before age 50?  Is any family member been diagnosed with enlarged heart, distated cardiomyogathy), long grant of the control of the control on channel paths (Grugada syndrome, or abnormal heart ritythm?)  It syndrome or or abnormal heart ritythm?  It syndrome or abnormal heart ritythm?  It syndrome, or abnormal heart ritythm?  It syndrome or abnormal heart ritythm?  It say by units or a syndrome, or abnormal heart ritythm?  It say by units or a syndrome, or abnormal heart ritythm?  It say by units or denied or restricted your participation in civities for any heart problems?  It say the control of the syndrome or eless than you do now?  It say you ever had a head injury or concussion?  It say you ever head a seizure?  It shows your less to concussion?  It shows were was each one? (Explain below)  It was your less to concussion?  It was you were head a seizure?  It shows were was each one? (Explain below)  It was you were head a singer, burner, or pinched neave?  It was you were head a singer, burner, or pinched neave?  It was you were head a singer, burner, or pinched neave?  It was you were head a singer, burner, or pinched neave?  It was you were head a singer, burner, or pinched neave?  It was you were head a singer, burner, or pinched neave?  It was you were head a singer, burner, or pinched neave?  It was you were head a singer, burner, or pinched neave?  It was you missing any paired organs?  It you can be a subject of the singer is the service of the your death of singer is the service of the your death of singer is the service of the your death of the singer is the service of the your death of singer is the service of the your death of singer is the your death  |  | 님         | 님          |  | , , <del>.</del> — —  |  |  |  |
| undeen unexplained death before age 507  Its sam y family member been diagnosed with enlarged heart,   | · ·  | 님         | 님          |  |   |  |  |  |
| Has any family member been diagnosed with enlarged heart.  |  | Ш         | Ц          |  | in yes, oneck appropriate box and explain below:  |  |  |  |
| dilated cardiomyopathy), hypertrophic cardiomyopathy, long T syndrome or other ion channelpathy (Brugada syndrome, etc.), Marfarias syndrome, or other ion channelpathy (Brugada syndrome, etc.), Marfarias syndrome, or abnormal heart rhythmic the last month?   | <del>-</del>   | П         | П          |  | ☐ Head ☐ Elhow ☐ Him  |  |  |  |
| 2T syndrome or other ion channelpathy (Brugada syndrome, the), Marfan's syndrome, or other ion channelpathy (Brugada syndrome, the), Marfan's syndrome, or abnormal heart rhythm?    Shoulder   Finger   Ankle   |  | ,         | <b></b>    |  |   |  |  |  |
| tabely Marfan's syndrome, or abnormal heart rhythm? it was you had a severe vital infection (for example, myocarditis or mononucleosis) within the last month?  as a physician ever denied or restricted your participation in official table syndrome, and injury or concussion?  lawe you ever had a head injury or concussion?  lawe you ever been knocked out, become unconscious, or lost our memory?  fyes, how many times?  fyes, how many times?  fyes, how many times?  flow severe was each one? (Explain below)  lawe you ever had a seizure?  low you have from the start of one period to the start of non-ther?  lawe you ever had a singer, burner, or pinched nerve?  fave you ever had a singer, burner, or pinched nerve?  fave you ever had a stinger, burner, or pinched nerve?  fave you ever had a singer, burner, or pinched nerve?  fave you ever had a singer, burner, or pinched nerve?  fave you ever had a singer, burner, or pinched nerve?  fave you ever had a singer, burner, or pinched nerve?  fave you under a doctor's care?  lawe you ever had a singer, burner, or pinched nerve?  fave you under a doctor's care?  lawe you ever had a singer, burner, or pinched nerve?  fave you under a doctor's care?  lawe you ever had a singer, burner, or pinched nerve?  fave you under a doctor's care?  lawe you ever had a singer, burner, or pinched nerve?  fave you under a doctor's care?  lawe you ever had a singer, burner, or pinched nerve?  fave you under a doctor's care?  lawe you ever had a singer, burner, or pinched nerve?  fave you under a doctor's care?  lawe you ever had a singer, burner, or pinched nerve?  fave you under a doctor's care?  lawe you were been dizzy during or after exercise?  lawe you ever been dizzy during or after exercise?  lawe you were been dizzy during or after exercise?  lawe you were been dizzy during or after exercise?  lawe you were been dizzy during or after exercise?  lawe you were been dizzy during or after exercise?  lawe you were been dizzy during or after exercise?  lawe you were been dizzy during or after |  |           |            |  |   |  |  |  |
| International Content   Inte   | etc), Marfan's syndrome, or abnormal heart rhythm?   |           |            |  |   |  |  |  |
| Has a physician ever denied or restricted your participation in circlivities for any heart problems?  Intervent and a head injury or concussion?  Intervent was east one of the state of th | •  |           |            |  |   |  |  |  |
| 17. Do you feel stressed out?  |  |           |            |  |   |  |  |  |
| Have you ever had a head injury or concussion?    Tave you newer been knocked out, become unconscious, or lost   Tave you ever been diagnosed with or treated for sickle cell   Tave you ever been diagnosed with or treated for sickle cell   Tave you ever been diagnosed with or treated for sickle cell   Tave you ever had a serious   Females Only   I choose not provide written information on Question 19 but will.   |  |           | $\Box$ .   |  |   |  |  |  |
| Have you ever been knocked out, become unconscious, or lost   18. Have you ever been knocked out, become unconscious, or lost   18. Have you ever been knocked out, become unconscious, or lost   18. Have you ever been knocked out, become unconscious, or lost   18. Have you ever head numbers of the profess   18. Have you ever head a seizure?   19. When was your last concussion?   19. When was your first menstrual period?   19. When was your most recent menstrual period?   19. When was you must periods have you had in the last year?   19. When was your most recent menstrual period?   19. When | •  |           |            | 17.  | Do you feel stressed out?   |  |  |  |
| Females Only   I choose not to provide written information on Question 19 but will   |  |           |            | 18.  |   |  |  |  |
| If yes, how many times?  When was your last concussion?  When was your last concussion?  When was your last concussion?  How severe was each one? (Explain below)  Have you ever had a seizure?  Do you have frequent or severe headaches?  How much time do you usually have from the start of one period to the start of another?  How much time do you usually have from the start of one period to the start of another?  How much time do you usually have from the start of one period to the start of another?  How much time do you usually have from the start of one period to the start of another?  How much time do you usually have from the start of one period to the start of another?  How much time do you usually have from the start of one period to the start of another?  How much time do you usually have from the start of one period to the start of another?  How much time do you usually have from the start of one period to the start of another?  How much time do you usually have from the start of one period to the start of another?  How much time do you usually have from the start of one period to the start of another?  How much time do you usually have from the start of one period to the start of another?  How much time do you usually have from the start of one period to the start of another?  How much time do you usually have from the start of one period to the start of another?  How much time do you usually have from the start of one period to the start of another?  Males Only  If it is understood that even though protective equipment is worn by athletes, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the school are and treatment as may be given said student by any physician, athletic trainer, murse or school representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby agree to indemnify and save harmless of school and any school or hospital representative from any claim by any |  | Ц         |            |  |   |  |  |  |
| When was your last concussion?    When was your first menstrual period?  |  |           |            | Females O  | nly 1 choose not to provide written information on Question 19 but will disc<br>with a medical profession |  |  |  |
| How much time do you usually have from the start of one period to the start of another?  How pou ever had a seizure?  How much time do you usually have from the start of one period to the start of another?  How much time do you usually have from the start of one period to the start of another?  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?  What was the longest time between periods in the last year?  Males Only   | When was your last concussion?   |           |            | 19. When   | was your first menstrual period?  |  |  |  |
| Have you ever had a szizure?  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?  Are you missing any paired organs?  Are you missing any paired organs?  Are you unissing any paired organs?  Are you unissing any paired organs?  Are you unissing any paired organs?  Are you under a doctor's care?  Are you under a doctor's care?  Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?  Do you have any altergies (for example, to pollen, medicine, look of a stinging insects)?  Have you ever been dizzy during or after exercise?  Do you have any current skin problems (for example, itching, rashes, sone, warts, fungus, or blisters)?  Have you have any current skin problems (for example, itching, rashes, sone, warts, fungus, or blisters)?  Have you have any current skin problems (for example, itching, rashes, sone, warts, fungus, or blisters)?  Have you have any current skin problems (for example, itching, rashes, sone, warts, fungus, or blisters)?  Have you have any current skin problems (for example, itching, rashes, sone, warts, fungus, or blisters)?  Have you have any current skin problems (for example, itching, rashes, sone, warts, fungus, or blisters)?  Have you have any current skin problems (for example, itching, rashes, sone, warts, fungus, or blisters)?  Have you have any current skin problems (for example, itching, rashes, sone, warts, fungus, or blisters)?  Have you have any current skin problems (for example, itching, rashes, sone, warts, fungus, or blisters)?  Have you have any current skin problems (for example, itching, rashes, sone, warts, fungus, or blisters)?  Have you have any current skin problems (for example, itching, rashes, sone, warts, fungus, or blisters)?  Have you ever become ill from exercising in the heat?  Have you have any current skin problems (for example, itching, rashes, sone, warts, fungus, or blis | How severe was each one? (Explain below)   |           |            | 1  |   |  |  |  |
| How many periods have you had in the last year?  How many periods have you had in the last year?  What was the longest time between periods in the last year?  Are you missing any person to periods in hall a medical profess described.  EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):  EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):  It is understood that even though protective equipment is worn by abletes, whenever needed, the possibility of an accident still rem |  |           | Ц          | · · · · · · · · · · · · · · · · · · ·  |   |  |  |  |
| Have you ever had a stinger, burner, or pinched nerve?  Are you missing any paired organs?  Are you under a doctor's care?  Are you unterntly taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?  Do you have any selfergies (for example, to pollen, medicine, flood, or stinging insects)?  Have you ever been dizzy during or after exercise?  Do you have any current skin problems (for example, itching, rashes, acne, warfs, fungus, or blisters)?  Have you ever been dizzy during or after exercise?  Do you have any prescription or you have any current skin problems (for example, itching, rashes, acne, warfs, fungus, or blisters)?  Have you ever become ill from exercising in the heat?  Have you ever become ill from exercising in the heat?  Have you ever become ill from exercising in the heat?  Have you ever become ill from exercising in the heat?  Have you ever become ill for me exercising in the heat?  Have you ever become ill for me exercising in the heat?  Have you ever become ill for me exercising in the heat?  Have you ever become ill for me exercising in the heat?  Have you ever become ill for me exercising in the heat?  Have you ever become ill for me exercising in the heat?  Have you ever become ill for me exercising in the heat?  Have you ever become ill for me exercising in the heat?  Have you ever become ill for me exercising in the heat?  Have you ever become ill for me exercising in the heat?  Have you ever become ill for me exercising in the heat?  Have you ever become ill for me exercising in the heat?  Have you ever become ill for me exercising in the heat?  Have you ever become ill for me exercising in the heat?  Have you ever become ill for me exercising in the heat?  Have you ever become ill for me exercising in the heat?  Have you ever become ill for me exercise?  It is the indicate research to the heat?  Have you ever become ill for me exercise?  It is the possibility of an accident still remains. Neither the University Interscholastic League nor th |  | 닐         | 닐          | the state of the s |   |  |  |  |
| Have you ever had a stinger, burner, or pinched nerve?  Are you missing any paired organs?  Are you currently taking any paired organs?  Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?  Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?  Have you ever been dizzy during or after exercise?  Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?  Have you ever become ill from exercising in the heat?  Have you have any problems with your eyes or vision?  It is understood that even though protective equipment is worn by athletes, 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. It, 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, are 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 participation, any illness or injury.  In 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:  Date:  Do you have any testicular swelling or masses?  Do you have any testicular swelling or masses?  An electrocardiogram (ECG) is not required. I have read and understand the info   | •  |           | لــا       | What   | was the longest time between periods in the last year?  |  |  |  |
| Are you missing any paired organs?  Are you under a doctor's care?  Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?  Do you have any testicular swelling or masses?  An electrocardiogram (ECG) is not required. I have read and understand the infe about cardiac screening on the UIL Sudden Cardiac Arrest Awareness Form. By often any allergies (for example, to pollen, medicine, food, or stinging insects)?  Have you ever been dizzy during or after exercise?  Do you have any current skin problems (for example, itching, rashes, acue, warts, fungus, or blisters)?  Have you ever beeome ill from exercising in the heat?  Have you have any problems with your eyes or vision?  It is understood that even though protective equipment is worn by athletes, 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, are 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 as a result of any injury or sickness, 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 participation, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such liness or injury.  I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to p |  |           | г          | Males Only   | I choose not to provide written information on Question 20 but w  |  |  |  |
| Are you under a doctor's care?  Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?  Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?  Have you ever been dizzy during or after exercise?  Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?  Have you ever become ill from exercising in the heat?  Have become ill from exercising in the heat?  Hav | • • • • • •  |           | 片          |  | discuss with a medical profession   |  |  |  |
| (over-the-counter) medication or pills or using an inhaler?  Do you have any allergies (for example, to pollen, medicine, have you ever been dizzy during or after exercise?  Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?  Have you ever become ill from exercising in the heat?  Have you had any problems with your eyes or vision?  It is understood that even though protective equipment is worn by athletes, 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, are 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 participation, 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.  If 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:  |  | H         | H          | 1  |   |  |  |  |
| (over-the-counter) medication or pills or using an inhaler?  Do you have any allergies (for example, to pollen, medicine, have you ever been dizzy during or after exercise?  Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?  Have you ever become ill from exercising in the heat?  Have you had any problems with your eyes or vision?  It is understood that even though protective equipment is worn by athletes, 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, are 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 participation, 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.  If 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:  | •  | H         | H          |  |   |  |  |  |
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| Have you ever been dizzy during or after exercise?  Do you have any current skin problems (for example, itching, askers, acne, warts, fungus, or blisters)?  Have you ever become ill from exercising in the heat?  Have you had any problems with your eyes or vision?  It is understood that even though protective equipment is worn by athletes, 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, are 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 participation, 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:  Dote:   | •  |           |            |  |   |  |  |  |
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| subject the student in question to penalties determined by the UIL. Student Signature: Date:   |  | ury shou  | ld occur t | hat may limit ti   | nis student's participation, I agree to notify the school authorities of such illness or                  |  |  |  |
| Student Signature: Date:   |  |           | above q    | uestions are   | complete and correct. Failure to provide truthful responses could   |  |  |  |
|  |  |           | rdian Cir- | nature   | Data  |  |  |  |
| nly a co anome an questions a, 2, 3, 4, 5, or o requires infiner menical evaluation which may include a physical examination. Written clearance from a physician, physician  |  |           |            |  |   |  |  |  |
| ssistant, chiropractor, or nurse practitioner is required before any participation in UIL practices, games or matches. THIS FORM MUST BE ON FILE PRIOR TO  | ssistant, chiropractor, or nurse practitioner is required before any                         | particip: | ation in I | UIL practices,   | games or matches. THIS FORM MUST BE ON FILE PRIOR TO  |  |  |  |
| ARTICIPATION IN ANY PRACTICE, SCRIMMAGE, PERFORMANCE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.  chool Üse Only:  his Medical History Form was reviewed by: Printed Name Date Signature  | chool Úse Only:  | WINCE ()  | K CON!     | LEGI BEFURI  |   |  |  |  |

| PREPARTICIPA        | TION PHYSICAL I      | EVALUATION -                             | PHYSICAL        | EXAMINATION        |  |   |  |
|---------------------|----------------------|--|-----------------|--------------------|--|---|--|
| Student's Name      |                      |  | Sex             | Age                | Date of Bi                             | rth   |  |
| Height              | Weight               | % Body fat (o                            | ptional)        | Pulse              | BP                                     | / (   | /,) od pressure while sitting  |
| Vision: R 20/       |                      |  | rected: 🔲 Y     |                    |  | :   | -  |
| prior to first and  |                      | h school particij                        | pation. It mu   | st be completed    | if there are yes                       | s answers to s                              | rticipation and again pecific questions on vsical exam.  |
| MEDICAL             |                      | NORMAL.                                  |                 | ABNORMA            | L FINDINGS                             |   | INITIALS*  |
| Appearance          |                      |  |                 |                    |  |   |  |
| Eyes/Ears/Nose/     | Throat               |  |                 |                    |  |   |  |
| Lymph Nodes         |                      |  |                 |                    |  |   |  |
|                     | on of the heart in   |  |                 |                    |  |   |  |
| the supine position |                      |  |                 |                    |  | •   |  |
|                     |                      |  |                 | •                  |  |   |  |
| the standing posi   |                      |  |                 |                    |  |   |  |
| Heart-Lower ext     | remity puises        |  |                 |                    |  |   |  |
| Pulses              |                      |  |                 |                    |  |   | <u>'</u>   |
| Lungs               |                      |  |                 |                    |  |   |  |
| Abdomen             |                      |  |                 |                    |  |   |  |
|                     | only) if indicated   |  |                 |                    |  |   |  |
| Skin                |                      |  |                 |                    |  |   |  |
| _                   | a (arachnodactyly,   |  |                 |                    | •                                      |   |  |
| pectus excavatur    |                      |  |                 |                    |  |   |  |
| hypermobility, so   | coliosis)            |  |                 |                    |  |   |  |
|                     |                      |  |                 |                    |  |   |  |
| Neck                |                      |  |                 |                    |  | Mil. 100 100 100 100 100 100 100 100 100 10 |  |
| Back                |                      |  |                 |                    |  | n   |  |
| Shoulder/Arm        |                      |  |                 |                    |  |   |  |
| Elbow/Forearm       |                      |  |                 |                    |  |   |  |
| Wrist/Hand          |                      |  |                 |                    |  |   |  |
| Hip/Thigh           |                      |  |                 |                    |  |   |  |
| Knee                |                      |  |                 |                    |  |   |  |
| Leg/Ankle           |                      |  |                 |                    |  |   |  |
| Foot                |                      |  |                 |                    |  |   |  |
| *station-based e    | xamination only      |  |                 | <del></del>        | ······································ |   |  |
|                     | •                    |  |                 |                    |  |   |  |
| CLEARANCE           |                      |  | •               |                    |  |   |  |
| ☐ Cleared           |                      |  |                 |                    |  |   |  |
| ☐ Cleared afte      | r completing evaluat | ion/rehabilitation                       | n for:          |                    |  |   |  |
| □ Not cleared       | for:                 |  |                 | Reason:            | •                                      |   |  |
|                     | ns:                  |  |                 |                    |  |   |  |
| Recommendation      | ms.                  |  |                 |                    |  | •   | And the second s |
|                     |                      |  |                 |                    |  |   |  |
| The following in    | formation must be f  | filled in and sign                       | ed by either a  | Physician a Phys   | vician Assistant                       | licensed by a                               | State Roard of   |
|                     | •                    | _  | •               | •                  |  | •   | •  |
| 1                   | ant Examiners, a Re  | _  | _               |                    | •                                      | -   | •  |
| or a Doctor of C    | Chiropractic. Exami  | nation forms sig                         | gned by any oth | her health care pr | actitioner, will                       | not be accepte                              | d.   |
| Name (print/type    | e)                   | F-1-11-11-11-11-11-11-11-11-11-11-11-11- |                 | Date of Ex         | camination:                            |   |  |
| Address:            | ****                 |  |                 |                    |  |   |  |
|                     |                      | •  |                 |                    |  | · ·   |  |
| 1                   | 1                    |  | •               |                    |  |   |  |
| 1                   |                      |  |                 |                    |  |   |  |

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