Welcome to Kashmere Rams

Athletics
Kashmere HS COVID-19 Athletics Protocol Plan 2020-2021

Parent/Student Home Protocol:
Before student athlete arrive at school, parent and student must access COVID-19 screening questionnaire. MayoClinic.org/COVID-19-self assessment -tool. Student must answer questionnaire and have no symptoms associated with COVID-19. Once submitted to the portal the student can then make plan to come to Kashmere for VOLUNTARY workouts. Students must have on a mask, practice gear, and own water bottle if available.

Arrival to Kashmere:
Student athletes will meet at the front of the school and will be met by the school nurse Mrs. Clark and a designated Kashmere coach at the COVID-19 station located on the front walkway for Kashmere. Mrs. Clark will take temperature and ask the same questions on the COVID-19 assessment questionnaire the student and parent submitted before coming to Kashmere for the Voluntary workout. Nurse Clark will then grant permission for the student to be able to practice or not according to her assessment of the COVID-19 screening of the student at the station.

Attendance Station for Athletes:
Once athletes have been screened by Nurse Clark, a designated Kashmere Coach will escort the athlete to the Spark Park which will have social distance taped off stations for students to wait at before going to their designated area of practice. Once a group of 10 is assembled, the designated coach will escort the athletes to their designated practice area and situate the players using social distance guidelines. Coaches will give expectations for the day and check for proper PPE and water bottles.

Workout Stations:
Coaches will separate athletes into groups of no more than (10) per group or less according to the numbers that show. The coach that starts with a certain group will stay with those athletes throughout the workouts for that day to keep a Tracing mechanism in place in case a COVID-19 symptom occurrence.
During Workouts:

PPE will be worn during weightlifting and when athletes are not running for distance. When running coaches will monitor distance rules (6 ft.) to ensure proper COVID-19 protocol. During water breaks athletes will sit or stand while maintaining the 6 ft. social distance rule. Athletes are to drink from their own water bottles or wait for the designated coach to pass out water or Gatorade. The Kashmere coach over the water station will have on PPE while passing out water to the athletes. Students cannot share waters of PPE. After using weights or any other shared equipment, the designated Kashmere designated coach will thoroughly wipe down the equipment with on hand sanitizing equipment.

Restroom Breaks:

The designated Kashmere coach will be stationed on the outside of the restroom with on hand sanitizing cleaner and only allow one student to enter the restroom at a time. Students will only be able to use the outside restroom located by the teacher parking lot area outside. No students are allowed in the building at any time.

After Workouts:

Students must be picked up on the outside of the back gate located by the football field, no exceptions. Back gate will be locked and secured to deter students from being on campus or in the building. Parents will be notified if students are not picked up in a reasonable amount of time.

CLEAN UP PROTOCOL FOR COACHES:

Once athletes leave the facility, coaches will clean all equipment used during workouts (balls, weights benches, weight bars, mop floors inside the weight room, put towels used in the washer, spray out coolers with water and soap, wipe off cones, and agility ropes.
COVID-19 Protocol, Expectations, and Guidelines for Kashmere Athletes

* Workouts is Voluntary not Mandatory, Monday-Thursday only 8-12 (2 Sessions). Summer School Athletes 8:15-9:30 or 10:15-11:45 for Non-Summer School Students

* Athlete must have a physical on file before coming on campus for workout.

* Athletes must have own Proper Personal Protection Equipment or be given PPE by School before working out.

* Athletes must practice social distancing throughout the workouts. If caught not practicing social distancing, athletes will be counseled and given a warning for the first incident. Upon the second incident of not practicing social distancing, the athlete will be suspended from workouts and given a date to meet with Athletic Administrator or Athletic Coordinator for consultation on COVID-19 protocol.

* No students are allowed in the building at any time, unless called by Nurse Clark.

* Any students with symptoms during practice will be sent to Nurse Clark for observations and parents will be contacted.

* No media allowed in practice nor can any coach or student athlete talk with the media. Media must go through HISD Press Office Only.

* No more than 10 students per group during weightlifting or on the field workouts.

* A coach or coaches must monitor students at all times. Athletes are not to be left alone at any time.

* Students will be encouraged to go home immediately after workouts to shower and wash without clothing.

* No students other than athletes are allowed on campus or field during workouts.

* Parents are responsible to find transportation for the students to and from school.

Parent Signature ___________________________________________ Date ____________________

Phone ___________________________ Email ____________________________

Agree (Circle One) YES or NO

If “No”, please give reason why ____________________________________________________________
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  
Grade  School  
Personal Physician  
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.

1. Have you had a medical illness or injury since your last check up or sports physical?  
2. Have you been hospitalized overnight in the past year?  
3. Have you ever had prior testing for the heart ordered by a physician?  
4. Have you ever passed out during or after exercise?  
5. Have you ever had chest pain during or after exercise?  
6. Have you ever had racing of your heart or skipped heartbeats?  
7. Have you had high blood pressure or high cholesterol?  
8. Have you ever been told you have a heart murmur?  
9. Has any family member or relative died of heart problems or of sudden unexpected death before age 50?  
10. 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?  
11. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?  
12. Has a physician ever denied or restricted your participation in sports for any heart problems?  

4. Have you ever had a head injury or concussion?  
5. Have you ever been knocked out, become unconscious, or lost your memory?  
   If yes, how many times?  
   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?  
   Have you ever had numbness or tingling in your arms, hands, legs or feet?  
   Have you ever had a stinger, burn, or pinched nerve?  
6. Are you missing any paired organs?  
7. Are you under a doctor’s care?  
8. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?  
9. Have you ever been dizzy during or after exercise?  
10. Do you have any current skin problems (for example, itching, rash, acne, warts, fungus, or blisters)?  
11. Have you ever become ill from exercising in the heat?  
12. Have you had any problems with your eyes or vision?  

13. Have you ever gotten unexpectedly short of breath with exercise?  
   Do you have asthma?  
   Do you have seasonal allergies that require medical treatment?  
   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)?  
14. 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:
16. Do you want to weight more or less than you do now?  
17. Do you feel stressed out?  
18. Have you ever been diagnosed with or treated for sickle cell trait or cell disease?  

**Females Only**
19. 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?  

**Males Only**
20. Do you have two testicles?  
21. Do you have any testicular swelling or masses?

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.

**EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):

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 if 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 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

Any Yes answer to questions 1, 3, 4, 5, 6 or 8 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. 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
# Preparticipation Physical Evaluation - Physical Examination

Student’s Name ___________________________ Sex ______ Age ______ Date of Birth ______

Height ______ Weight ______ % Body fat (optional) ______ Pulse ______ BP ______/_____/______

Vision: R 20/____ L 20/____ Corrected: □ Y □ N Pupils: □ Equal □ Unequal

brachial blood pressure while sitting

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.*

## Medical

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<thead>
<tr>
<th>Appearance</th>
<th>Normal</th>
<th>Abnormal Findings</th>
<th>Initials*</th>
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<tr>
<td>Eyes/Ears/Nose/Throat</td>
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<tr>
<td>Lymph Nodes</td>
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<tr>
<td>Heart-Auscultation of the heart in the supine position.</td>
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<tr>
<td>Heart-Auscultation of the heart in the standing position.</td>
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<td>Heart-Lower extremity pulses</td>
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<td>Pulses</td>
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<td>Lungs</td>
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<td>Abdomen</td>
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<tr>
<td>Genitalia (males only)</td>
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<td>Skin</td>
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<td>Marfan’s stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)</td>
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## Musculoskeletal

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<tr>
<th>Neck</th>
<th>Normal</th>
<th>Abnormal Findings</th>
<th>Initials*</th>
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<td>Back</td>
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<td>Shoulder/Arm</td>
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<td>Elbow/Forearm</td>
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<td>Wrist/Hand</td>
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<td>Hip/Thigh</td>
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<td>Knee</td>
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<td>Leg/Ankle</td>
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<td>Foot</td>
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*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.
HISD Insurance

In the past, students were given an option to pay for the HISD Insurance or submit a waiver indicating that the student will use their own personal insurance.

During these unprecedented times, we are encouraging all of our student athletes to pay for district offered HISD Insurance. The cost of the insurance is $35.00 and will cover your child in the event of any accident or injury incurred during practice and games. Many times when a student uses their private insurance some of the costs involved with treating an injury or accident are not covered which will mean the parent will have to pay out of pocket. With the HISD insurance you can be assured that your child will be covered 100%.

If you have any questions or concerns please reach out to your child’s coach, the Athletic Coordinator, or the Athletic Administrator.
HOUSTON INDEPENDENT SCHOOL DISTRICT
ATHLETIC DEPARTMENT

PARENT’S APPROVAL FOR PARTICIPATION IN ATHLETICS AND EMERGENCY MEDICAL AUTHORIZATION

I hereby certify that _______________________________ has my approval to play at home or away from _______ (Student)

home on the athletic teams of the ________________________________Middle/High School, grade ______, as follows:

______________________________ (School)

Baseball/Basketball/Cheerleader/CrossCountry/Football/Golf/Soccer/Softball/Swimming/Tennis/Track/Volleyball/Wrestling

(Parent will check sports or events he/she does not approve.)

I understand and agree that the HISD Board of Education and the employees and agents of HISD assume no responsibility or liability for any accident or injury as a result of any aspect of participation in the sports listed above.

I understand and acknowledge that participation in the above-listed sports creates the potential for receiving an injury. With the knowledge of this potential risk of injury, I am giving my son/daughter permission to participate in athletics and accept full responsibility for this decision.

In the event of an injury, I hereby grant permission to school officials and employees to render, secure, and authorize necessary medical treatment.

I understand that medical expenses for injuries will be paid only according to the HISD Department of Athletics rules, and such payments do not waive HISD’s general immunity or create any liability for injuries or damages.

My insurance company is ________________________________

Policy Number ________________________________ Group Number ________________________________

(both parents, if possible)

Date ____________________ Telephone ____________________ Home Address ________________________________

Signed ________________________________

(Parent or Guardian)

Date ____________________ Telephone ____________________ Home Address ________________________________

Signed ________________________________

(Parent or Guardian)

I certify that this release was signed in my presence.

Principal or Notary (no stamped signature)
(first year of participation requirement)

PLACE OF EMPLOYMENT (both parents, if possible)

(Father) ____________________________________________________________________________

Name of Firm ________________________________ (Mother) ____________________________________________________________________________

Name of Firm ________________________________

Address ____________________________________________________________________________ Address ____________________________________________________________________________

Phone ____________________________________________________________________________ Phone ____________________________________________________________________________

NOTE TO THE COACH: You must have a completed form before the student may participate in or practice for any sport. File the original in the office of the school attended. You must file a copy every school year. A notarized copy or a copy signed by the parents in the presence of the principal must be filed for the first year of participation at the school the student attends. Thereafter, a parent approval signed by the parents or parent must be submitted before the student may participate.
Student Media Consent and Release Form

Throughout the school year, students may be highlighted in efforts to promote HISD activities and achievements. For example, students may be featured in materials to train teachers and/or increase public awareness of our schools through newspapers, radio, TV, the web, DVDs, displays, brochures, and other types of media.

I, as the parent or guardian of __________________, hereby give HISD and its employees, representatives, and authorized media organizations permission to print, photograph, and record my child for use in audio, video, film, or any other electronic, digital and printed media.

a. This is with the understanding that neither HISD nor its representatives will reproduce said photograph, interview, or likeness for any commercial value or receive monetary gain for use of any reproduction/broadcast of said photograph or likeness. I am also fully aware that I will not receive monetary compensation for my child’s participation.

b. I further release and relieve HISD, its Board of Trustees, employees, and other representatives from any liabilities, known or unknown, arising out of the use of this material.

I certify that I have read the Media Consent and Release Liability statement and fully understand its terms and conditions.

Please understand that failure to return this release form within ten (10) school days from the date of distribution will constitute approval of the above requests.

Please Print
Name of child ___________________________________________ Grade___________

Address ____________________________________________________________

City, State, Zip ______________________________________________________

Signature of parent or guardian ________________________________________

Date_________________ Phone Number ________________________________
# 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.

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<th>Student’s Name</th>
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<th>Current School</th>
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## Parent or Guardian’s Permit

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

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

It is understood that even though protective equipment is worn by the athlete whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the high school assumes any responsibility in case an accident occurs.

I have read and understand the University Interscholastic League rules on the reverse side of this form and agree that my son/daughter will abide by all of the University Interscholastic League rules.

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

If, in the judgement of any representatives of the school, the above student needs immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given to said student by any physician, licensed athletic trainer, nurse, hospital, or school representative; and I do hereby agree to indemnify and save harmless the school and any school representative from any claim by any person whomsoever on account of such care and treatment of said student.

I have been provided the UIL Parent Information Manual regarding health and safety issues including concussions and my responsibilities as a parent/guardian. I understand that failure to provide accurate and truthful information on UIL forms could subject the student in question to penalties determined by the UIL.


Your signature below gives authorization that is necessary for the school district, its licensed athletic trainers, coaches, associated physicians and student insurance personnel to share information concerning medical diagnosis and treatment for your student.

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

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<td>Tennis</td>
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<td>Swimming &amp; Diving</td>
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<td>Track &amp; Field</td>
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<th>Signature of parent or guardian</th>
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<tr>
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<th>State</th>
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<th>Home Phone</th>
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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: See Section 1209 of the Constitution and Contest Rules).
- Give any instruction or schedule any practice for an individual or a team during the off-season except during the one in school day athleticperoid in baseball, basketball, football, soccer, softball, or volleyball
- Schools and school booster clubs may not provide funds, fees, or transportation for non-school activities.

GENERAL ELIGIBILITY RULES
According to UIL standards, students could be eligible to represent their school in interscholastic activities if they:
- are not 19 years of age or older on or before September 1 of the current scholastic year. (See Section 446 of the Constitution and Contest Rules for exception).
- have not graduated from high school.
- are enrolled by the sixth class day of the current school year or have been in attendance for fifteen calendar days immediately preceding a varsity contest.
- are full-time students in the participant high school they wish to represent.
- initially enrolled in the ninth grade not more than four years ago.
- are meeting academic standards required by state law.
- live with their parents inside the school district attendance zone their first year of attendance. (Parent residence applies to varsity athletic eligibility only.) When the parents do not reside inside the district attendance zone the student could be eligible if: the student has been in continuous attendance for at least one calendar year and has not enrolled at another school; no inducement is given to the student to attend the school (for example: students or their parents must pay their room and board when they do not live with a relative; students driving back into the district should pay their own transportation costs); and it is not a violation of local school or TEA policies for the student to continue attending the school. Students placed by the Texas Youth Commission are covered under Custodial Residence (see Section 442 of the Constitution and Contest Rules).
- have observed all provisions of the Awards Rule.
- have not been recruited. (Does not apply to college recruiting as permitted by rule.)
- have not violated any provision of the summer camp rule. Incoming 10-12 grade students shall not attend a baseball, basketball, football, soccer, or volleyball camp in which a seventh through twelfth grade coach from their school district attendance zone, works with, instructs, transports or registers that student in the camp. Students who will be in grades 7, 8, and 9 may attend one baseball, one basketball, one football, one soccer, one softball, and one volleyball camp in which a coach from their school district attendance zone is employed, for no more than six consecutive days each summer in each type of sports camp. Baseball, Basketball, Football, Soccer,Softball, and Volleyball camps where school personnel work with their own students may be held in May, after the last day of school, June, July and August prior to the second Monday in August. If such camps are sponsored by school district personnel, they must be held within the boundaries of the school district and the superintendent or his designee shall approve the schedule of fees.
- have observed all provisions of the Athletic Amateur Rule. Students may not accept money or other valuable consideration (tangible or intangible property or service including anything that is usable, wearable, salable or consumable) for participating in any athletic sport during any part of the year. Athletes shall not receive valuable consideration for allowing their names to be used for the promotion of any product, plan or service. Students who inadvertently violate the amateur rule by accepting valuable consideration may regain athletic eligibility by returning the valuable consideration. If individuals return the valuable consideration within 30 days after they are informed of the rule violation, they regain their athletic eligibility when they return it. If they fail to return it within 30 days, they remain ineligible for one year from when they accepted it. During the period of time from when students receive valuable consideration until they return it, they are ineligible for varsity athletic competition in the sport in which the violation occurred. Minimum penalty for participating in a contest while ineligible is forfeiture of the contest.
- did not change schools for athletic purposes.

I 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

Acknowledgement of Rules Form
What is Sudden Cardiac Arrest?

- Occurs suddenly and often without warning.
- An electrical malfunction (short-circuit) causes the bottom chambers of the heart (ventricles) to beat dangerously fast (ventricular tachycardia or fibrillation) and disrupts the pumping ability of the heart.
- The heart cannot pump blood to the brain, lungs and other organs of the body.
- The person loses consciousness (passes out) and has no pulse.
- Death occurs within minutes if not treated immediately.

What causes Sudden Cardiac Arrest?

Inherited (passed on from family)

- Hypertrophic Cardiomyopathy - hypertrophy (thickening) of the left ventricle; the most common cause of sudden cardiac arrest in athletes in the U.S.
- Marfan Syndrome - a disorder of the structure of blood vessels that makes them prone to rupture; often associated with very long arms and unusually flexible joints.

Non-inherited (not passed on from the family, but still present at birth)

- Coronary Artery Abnormalities - abnormality of the blood vessels that supply blood to the heart muscle. This is the second most common cause of sudden cardiac arrest in athletes in the U.S.
- Aortic valve abnormalities - failure of the aortic valve (the valve between the heart and the aorta) to develop properly; usually causes a loud heart murmur.
- Non-compaction Cardiomyopathy - a condition where the heart muscle does not develop normally.
- Wolff-Parkinson-White Syndrome - an extra conducting fiber is present in the heart's electrical system and can increase the risk of arrhythmias.

Inherited conditions present at birth of the electrical system:

- Long QT Syndrome - abnormality in the ion channels (electrical system) of the heart.

Catecholaminergic Polymorphic Ventricular Tachycardia and Brugada Syndrome - other types of electrical abnormalities that are rare but run in families.

What are the symptoms/warning signs of Sudden Cardiac Arrest?

- Fainting/blackouts (especially during exercise)
- Dizziness
- Unusual fatigue/weakness
- Chest pain
- Shortness of breath
- Nausea/vomiting
- Palpitations (heart is beating unusually fast or skipping beats)
- Family history of sudden cardiac arrest at age < 50

ANY of these symptoms and warning signs that occur while exercising may necessitate further evaluation from your physician before returning to practice or a game.

What is the treatment for Sudden Cardiac Arrest?

Time is critical and an immediate response is vital.

- CALL 911
- Begin CPR
- Use an Automated External Defibrillator (AED)

What are ways to screen for Sudden Cardiac Arrest?

The American Heart Association recommends a pre-participation history and physical including 14 important cardiac elements.

The UIL Pre-Participation Physical Evaluation - Medical History form includes ALL 14 of these important cardiac elements and is mandatory annually.
<table>
<thead>
<tr>
<th>What are the current recommendations for screening young athletes?</th>
<th>Are there additional options available to screen for cardiac conditions?</th>
<th>Can Sudden Cardiac Arrest be prevented just through proper screening?</th>
</tr>
</thead>
<tbody>
<tr>
<td>The University Interscholastic League requires use of the specific Preparticipation Medical History form on a yearly basis. This process begins with the parents and student-athletes answering questions about symptoms during exercise (such as chest pain, dizziness, fainting, palpitations or shortness of breath); and questions about family health history.</td>
<td>Additional screening using an electrocardiogram (ECG) and/or an echocardiogram (Echo) is readily available to all athletes from their personal physicians, but is not mandatory, and is generally not recommended by either the American Heart Association (AHA) or the American College of Cardiology (ACC). Limitations of additional screening include the possibility (~10%) of “false positives”, which leads to unnecessary stress for the student and parent or guardian as well as unnecessary restriction from athletic participation. There is also a possibility of “false negatives”, since not all cardiac conditions will be identified by additional screening.</td>
<td>A proper evaluation (Preparticipation Physical Evaluation – Medical History) should find most, but not all, conditions that could cause sudden death in the athlete. This is because some diseases are difficult to uncover and may only develop later in life. Others can develop following a normal screening evaluation, such as an infection of the heart muscle from a virus. This is why a medical history and a review of the family health history need to be performed on a yearly basis. With proper screening and evaluation, most cases can be identified and prevented.</td>
</tr>
</tbody>
</table>

It is important to know if any family member died suddenly during physical activity or during a seizure. It is also important to know if anyone in the family under the age of 50 had an unexplained sudden death such as drowning or car accidents. This information must be provided annually because it is essential to identify those at risk for sudden cardiac death.

The University Interscholastic League requires the Preparticipation Physical Examination form prior to junior high athletic participation and again prior to the 1st and 3rd years of high school participation. The required physical exam includes measurement of blood pressure and a careful listening examination of the heart, especially for murmurs and rhythm abnormalities. If there are no warning signs reported on the health history and no abnormalities discovered on exam, no additional evaluation or testing is recommended for cardiac issues/concerns.

When should a student athlete see a heart specialist?

If a qualified examiner has concerns, a referral to a child heart specialist, a pediatric cardiologist, is recommended. This specialist may perform a more thorough evaluation, including an electrocardiogram (ECG), which is a graph of the electrical activity of the heart. An echocardiogram, which is an ultrasound test to allow for direct visualization of the heart structure, may also be done. The specialist may also order a treadmill exercise test and/or a monitor to enable a longer recording of the heart rhythm. None of the testing is invasive or uncomfortable.

Why have an AED on site during sporting events

The only effective treatment for ventricular fibrillation is immediate use of an automated external defibrillator (AED). An AED can restore the heart back into a normal rhythm. An AED is also life-saving for ventricular fibrillation caused by a blow to the chest over the heart (com motto cordis).

Texas Senate Bill 7 requires that at any school sponsored athletic event or team practice in Texas public high schools the following must be available:

- An AED is in an unlocked location on school property within a reasonable proximity to the athletic field or gymnasium
- All coaches, athletic trainers, PE teacher, nurses, band directors and cheerleader sponsors are certified in cardiopulmonary resuscitation (CPR) and the use of the AED.

Each school has a developed safety procedure to respond to a medical emergency involving a cardiac arrest.

The American Academy of Pediatrics recommends the AED should be placed in a central location that is accessible and ideally no more than a 1 to 1 1/2 minute walk from any location and that a call is made to activate 911 emergency system while the AED is being retrieved.

Student & Parent/Guardian Signatures

I authorize that I have read and understand the above information.

Parent/Guardian Signature

Parent/Guardian Name (Print)

Date

Student Signature

Student Name (Print)

Date
CONCUSSION ACKNOWLEDGEMENT FORM

Name of Student __________________________

Definition of Concussion - means a complex pathophysiological process affecting the brain caused by a traumatic physical force or impact to the head or body, which may: (A) include temporary or prolonged altered brain function resulting in physical, cognitive, or emotional symptoms or altered sleep patterns; and (B) involve loss of consciousness.

Prevention – Teach and practice safe play & proper technique.
- Follow the rules of play.
- Make sure the required protective equipment is worn for all practices and games.
- Protective equipment must fit properly and be inspected on a regular basis.

Signs and Symptoms of Concussion – The signs and symptoms of concussion may include but are not limited to: Headache, appears to be dazed or stunned, tinnitus (ringing in the ears), fatigue, slurred speech, nausea or vomiting, dizziness, loss of balance, blurry vision, sensitive to light or noise, feel foggy or groggy, memory loss, or confusion.

Oversight - Each district shall appoint and approve a Concussion Oversight Team (COT). The COT shall include at least one physician and an athletic trainer if one is employed by the school district. Other members may include: Advanced Practice Nurse, neuropsychologist or a physician’s assistant. The COT is charged with developing the Return to Play protocol based on peer reviewed scientific evidence.

Treatment of Concussion - The student-athlete/cheerleader shall be removed from practice or participation immediately if suspected to have sustained a concussion. Every student-athlete/cheerleader suspected of sustaining a concussion shall be seen by a physician before they may return to athletic or cheerleading participation. The treatment for concussion is cognitive rest. Students should limit external stimulation such as watching television, playing video games, sending text messages, use of computer, and bright lights. When all signs and symptoms of concussion have cleared and the student has received written clearance from a physician, the student-athlete/cheerleader may begin their district’s Return to Play protocol as determined by the Concussion Oversight Team.

Return to Play - According to the Texas Education Code, Section 38.157:
A student removed from an interscholastic athletics practice or competition (including per UIL rule, cheerleading) under Section 38.156 may not be permitted to practice or participate again following the force or impact believed to have caused the concussion until:
(1) the student has been evaluated, using established medical protocols based on peer-reviewed scientific evidence, by a treating physician chosen by the student or the student’s parent or guardian or another person with legal authority to make medical decisions for the student;
(2) the student has successfully completed each requirement of the return-to-play protocol established under Section 38.153 necessary for the student to return to play;
(3) the treating physician has provided a written statement indicating that, in the physician’s professional judgment, it is safe for the student to return to play; and
(4) the student and the student’s parent or guardian or another person with legal authority to make medical decisions for the student:
   (A) have acknowledged that the student has completed the requirements of the return-to-play protocol necessary for the student to return to play;
   (B) have provided the treating physician’s written statement under Subdivision (3) to the person responsible for compliance with the return-to-play protocol under Subsection (c) and the person who has supervisory responsibilities under Subsection (c); and
   (C) have signed a consent form indicating that the person signing:
      (i) has been informed concerning and consents to the student participating in returning to play in accordance with the return-to-play protocol;
      (ii) understands the risks associated with the student returning to play and will comply with any ongoing requirements in the return-to-play protocol;
      (iii) consents to the disclosure to appropriate persons, consistent with the Health Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191), of the treating physician’s written statement under Subdivision (3) and, if any, the return-to-play recommendations of the treating physician; and
      (iv) understands the immunity provisions under Section 38.159.

Parent or Guardian Signature __________________________ Date _____________

Student Signature __________________________ Date _____________
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.uiltexas.org. 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.uiltexas.org. 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: ___________________________________________

School Year (to be completed annually) _____________