

# Student Accident/Athletic Insurance

Available at the reduced cost of \$35.00 per athlete, per school year.

If your child/children are covered on another medical plan, you then have the option to either purchase the additional insurance, or wave HISD's Athletic Insurance fee by doing the following:

- Be the parent or legal guardian of the athlete
- Show proof of medical insurance on your child/children
- Show a valid government or state issued photo identification or driver's license

Note: Since original are required, Insurance waivers cannot be faxed.

**ALL ATHLETES MUST BE INSURED TO PARTICIPATE IN ANY ATHLETIC ACTIVITY**



**Houston Independent School District  
Athletic Department  
Athletic Insurance Waiver**

☐ August 2019-May 2020 School Year

☐ August 2020-May 2021 School Year

School \_\_\_\_\_

Sport \_\_\_\_\_

Before me, the undersigned authority, a Notary Public in and for Harris County, Texas, personally appeared \_\_\_\_\_, who being by me duly sworn, upon oath say/says:

Our Names are/My name is \_\_\_\_\_, and we/I reside at \_\_\_\_\_, within the boundaries of the Houston Independent School District in Harris County, Texas. We/I am the parent or legal guardian of \_\_\_\_\_, a student attending the public schools of the Houston Independent School District. We/I have been advised that as a matter of policy the Houston Independent School District has required all students in the secondary schools who participate in interscholastic sports to participate in the personal injury insurance program of the school district. In addition, the Houston Independent School District has agreed to pay an additional premium to have all middle and high school athletes fully covered while participating in all sports. We/I further understand that HISD, as well as its Board of Trustees, its agents, and its employees, by implementing this policy and purchasing this insurance, are in no way waiving their governmental immunity from suit and are not assuming liability for any injuries, medical expenses, or damages which may arise from students' participation in athletics.

Our/My child, \_\_\_\_\_, is covered by hospitalization and accident insurance through the \_\_\_\_\_ insurance company at my place of employment, or through \_\_\_\_\_ insurance company where my spouse is employed. We/I carry this coverage on our/my child in the event he/she is injured and there will be sufficient insurance to cover any expenses incurred in connection with this injury. For us/me to be required to contribute any sum of money for a duplicate insurance coverage through the school district would be of no benefit to us or to our child.

In view of the foregoing, we/I hereby waive for all purposes the necessity that our /my child, \_\_\_\_\_, be required to participate in the insurance program provided by the Houston Independent School District. We/I recognize this insurance is available; however, we/I have made a choice to see that our child is covered by insurance of our/my own choice rather than to participate in the program offered through the school district. In the event of an injury to our/my child, we/I recognize that the Houston Independent School District, its Board of Trustees, its agents, and its employees, are in no way liable for any injuries, medical expenses, or damages and will have no insurance with regard to our/my child, and we/I have made this choice of an insurance program, feeling that it is in the best interest of our/my child and of our /my family.

We/I acknowledge that we/I have had an opportunity to make this choice on behalf of child without any interference from the Board of Trustees or the administration of the Houston Independent School District, and this choice is our/my personal preference, taking into consideration all the foregoing.

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

X \_\_\_\_\_

Father of \_\_\_\_\_  
(student's name)

X \_\_\_\_\_

Mother of \_\_\_\_\_  
(student's name)

X \_\_\_\_\_

## PREPARTICIPATION PHYSICAL EVALUATION — MEDICAL HISTORY

2020

This MEDICAL HISTORY FORM must be completed *annually* by parent (or guardian) and student in order for the student to participate in activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an event.

Student's Name: (print) \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_

Personal Physician \_\_\_\_\_ Phone \_\_\_\_\_

In case of emergency, contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Explain "Yes" answers in the box below\*\*. Circle questions you don't know the answers to.

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or physical?	<input type="checkbox"/>	<input type="checkbox"/>	13. Have you ever gotten unexpectedly short of breath with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been hospitalized overnight in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had prior testing for the heart ordered by a physician?	<input type="checkbox"/>	<input type="checkbox"/>	14. Do you use any special protective or corrective equipment or devices that aren't usually used for your activity or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	15. Have you ever had a sprain, strain, or swelling after injury?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you broken or fractured any bones or dislocated any joints?	<input type="checkbox"/>	<input type="checkbox"/>
Do you get tired more quickly than your friends do during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, check appropriate box and explain below:		
Have you had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head <input type="checkbox"/> Elbow <input type="checkbox"/> Hip		
Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Neck <input type="checkbox"/> Forearm <input type="checkbox"/> Thigh		
Has any family member or relative died of heart problems or of sudden unexpected death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Knee		
Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelopathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chest <input type="checkbox"/> Hand <input type="checkbox"/> Shin/Calf		
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shoulder <input type="checkbox"/> Finger <input type="checkbox"/> Ankle		
Has a physician ever denied or restricted your participation in activities for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Upper Arm <input type="checkbox"/> Foot		
4. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	16. Do you want to weigh more or less than you do now?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>	17. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how many times? _____			18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
When was your last concussion? _____			<i>Females Only</i>		
How severe was each one? (Explain below)			19. When was your first menstrual period? _____		
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	When was your most recent menstrual period? _____		
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	How much time do you usually have from the start of one period to the start of another? _____		
Have you ever had numbness or tingling in your arms, hands, legs or feet?	<input type="checkbox"/>	<input type="checkbox"/>	How many periods have you had in the last year? _____		
Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	What was the longest time between periods in the last year? _____		
5. Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>	<i>Males Only</i>		
6. Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>	20. Do you have two testicles? _____		
7. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>	21. Do you have any testicular swelling or masses? _____		
8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> An electrocardiogram (ECG) is not required. By checking this box, I choose to obtain an ECG for my student for additional cardiac screening. I have read and understand the information about cardiac screening. I understand it is the responsibility of my family to schedule and pay for such ECG.		
9. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):		
10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>			
11. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>			
12. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>			

It is understood that even though protective equipment is worn by 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, 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 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: \_\_\_\_\_

Any Yes answer to questions 1, 2, 3, 4, 5, or 6 requires further medical evaluation which may include a physical examination. Written clearance from a physician, physician assistant, chiropractor, or nurse practitioner is required before any participation in UIL practices, games or matches. THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE, PERFORMANCE 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 \_\_\_\_\_ / \_\_\_\_\_ (\_\_\_\_ / \_\_\_\_\_, \_\_\_\_ / \_\_\_\_\_)  
brachial blood pressure while sitting

Vision: R 20/\_\_\_\_ L 20/\_\_\_\_ Corrected: ☐ Y ☐ N Pupils: ☐ Equal ☐ Unequal

As a minimum requirement, this Physical Examination Form must be completed prior to junior high participation and again prior to first and third years of high school participation. It *must* be completed if there are yes answers to specific questions on the student's MEDICAL HISTORY FORM on the reverse side. \* Local district policy may require an annual physical exam.

	NORMAL	ABNORMAL FINDINGS	INITIALS*
<b>MEDICAL</b>			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine position.			
Heart-Auscultation of the heart in the standing position.			
Heart-Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			
<b>MUSCULOSKELETAL</b>			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

\*station-based examination only

## CLEARANCE

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

☐ Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_

The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner, will not be accepted.

Name (print/type) \_\_\_\_\_ Date of Examination: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

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

**HOUSTON INDEPENDENT SCHOOL DISTRICT  
ATHLETIC DEPARTMENT**

5/2015

**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)	(Mother)
Name of Firm _____	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.

# DISTRITO ESCOLAR INDEPENDIENTE DE HOUSTON

## DEPARTAMENTO DE ATLETISMO

### CONSENTIMIENTO DE LOS PADRES PARA LA PARTICIPACIÓN EN EL PROGRAMA ATLÉTICO Y AUTORIZACIÓN PARA INTERVENIR EN EMERGENCIAS MÉDICAS

Atesto por la presente que \_\_\_\_\_ tiene mi permiso para participar en la escuela o fuera de la escuela, en los equipos de la escuela Media/Secundaria \_\_\_\_\_ según lo siguiente:

Béisbol/Baloncesto/Carreras Atléticas/Cheerleader/Cross-Country/Fútbol Americano/Fútbol-Soccer/Golf/  
Natación/Softball/Tenis/Volleyball (Los padres indicarán el deporte que desaprueban)

Entiendo y estoy conforme con que la Mesa Directiva, los empleados y los agentes de HISD no asuman responsabilidad por cualquier accidente o herida resultante de la participación en los deportes indicados arriba.

Entiendo y admito que la participación en cualquiera de los deportes indicados arriba lleva en sí misma el riesgo de incidentes o heridas. Estando al corriente y a pesar de tal riesgo, doy a mi hijo (a) permiso para participar en el programa atlético; acepto responsabilidad total por esta decisión.

El presente formulario concede permiso a cualquier oficial escolar para intervenir o iniciar, asegurar, rendir or autorizar cualquier tratamiento médico necesario.

Entiendo que cualquier gasto médico será pagado conforme a las reglas del departamento de atletismo, y que tales pagos no afectan la inmunidad del distrito respecto a responsabilidad u obligación legal en referencia a cualquier herida.

Mi compañía de seguros es \_\_\_\_\_

Número de póliza \_\_\_\_\_ Número de grupo \_\_\_\_\_

(Ambos padres, si es posible)

Fecha \_\_\_\_\_ Teléfono \_\_\_\_\_ Domicilio \_\_\_\_\_

Firma \_\_\_\_\_

Fecha \_\_\_\_\_ Teléfono \_\_\_\_\_ Domicilio \_\_\_\_\_

Firma \_\_\_\_\_

Certifico que este formulario fue firmado en mi presencia

\_\_\_\_\_  
Número de seguro social del estudiante

\_\_\_\_\_  
Director de la escuela o Notario Público  
(Las frmas selladas no son aceptables)

LUGAR DE EMPLEO (Ambos padres, si es posible)

Nombre: \_\_\_\_\_ Dirección: \_\_\_\_\_

Teléfono: \_\_\_\_\_

Nombre: \_\_\_\_\_ Dirección: \_\_\_\_\_

Teléfono: \_\_\_\_\_

**NOTA PARA EL ENTRENADOR:** Este formulario debe se llenado en duplicado. Ambas copias deben ser firmadas antes de permitir al estudiante participar en cualquier deporte. La copia original debe ser archivada en la oficina de la escuela. La copia será enviada al entrenador del estadio particular. Para el primer año de participación, una copia firmada por un notario público o por el director de la escuela debe ser archivada en la oficina de la escuela. Una copia firmada por los padres será suficiente en los años sucesivos



# SUDDEN CARDIAC ARREST (SCA) AWARENESS FORM

## The Basic Facts on Sudden Cardiac Arrest

### Website Resources:

American Heart Association:  
[www.heart.org](http://www.heart.org)

**Lead Author:** Arnold Fenrich, MD  
and Benjamin Levine, MD

**Additional Reviewers:** UIL Medical  
Advisory Committee

Revised 2016

### 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) **conditions present at birth of the heart muscle:**

**Hypertrophic Cardiomyopathy** – hypertrophy (thickening) of the left ventricle; the most common cause of sudden cardiac arrest in athletes in the U.S.

**Arrhythmogenic Right Ventricular Cardiomyopathy** – replacement of part of the right ventricle by fat and scar; the most common cause of sudden cardiac arrest in Italy.

**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.

**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.

**NonInherited** (not passed on from the family, but still present at birth)

**conditions:**

**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.

**Conditions not present at birth but acquired later in life:**

**Commotio Cordis** – concussion of the heart that can occur from being hit in the chest by a ball, puck, or fist.

**Myocarditis** – infection or inflammation of the heart, usually caused by a virus.

**Recreational/Performance-Enhancing drug use.**

**Idiopathic:** Sometimes the underlying cause of the Sudden Cardiac Arrest is unknown, even after autopsy.

### 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.**

### What are the current recommendations for screening young athletes?

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.

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 1<sup>st</sup> and 3<sup>rd</sup> 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.

### Are there additional options available to screen for cardiac conditions?

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.

### 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.

### Can Sudden Cardiac Arrest be prevented just through proper screening?

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.

### 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 (commotio 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.uil texas.org](http://www.uil texas.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.uil texas.org](http://www.uil texas.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) \_\_\_\_\_

# ACKNOWLEDGEMENT OF RULES

*Attention School Authorities:* This form must be signed yearly by both the student and parent/guardian and be on file at your school before the student may participate in any practice session, scrimmage, or contest. A copy of the student's medical history and physical examination form signed by a physician or medical history form signed by a parent must also be on file at your school.

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Current School \_\_\_\_\_

## Parent or Guardian's Permit

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

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.

The UIL Parent Information Manual is located at [www.uil texas.org/files/athletics/manuals/parent-information-manual.pdf](http://www.uil texas.org/files/athletics/manuals/parent-information-manual.pdf).

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

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

- |  |                                   |  |  |
|--|-----------------------------------|--|--|
| <input type="checkbox"/> Baseball      | <input type="checkbox"/> Football | <input type="checkbox"/> Softball          | <input type="checkbox"/> Tennis        |
| <input type="checkbox"/> Basketball    | <input type="checkbox"/> Golf     | <input type="checkbox"/> Swimming & Diving | <input type="checkbox"/> Track & Field |
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Soccer   | <input type="checkbox"/> Team Tennis       | <input type="checkbox"/> Volleyball    |
| <input type="checkbox"/> Wrestling     |                                   |  |  |

Date \_\_\_\_\_

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

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

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

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

**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 athletic period in baseball, basketball, football, soccer, softball, or volleyball
- Schools and school booster clubs may not provide funds, fees, or transportation for non-school activities.

**GENERAL ELIGIBILITY RULES**

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

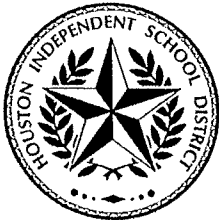
- are not 19 years of age or older on or before September 1 of the current scholastic year. (See Section 446 of the Constitution and Contest Rules for exception).
- have not graduated from high school.
- are enrolled by the sixth class day of the current school year or have been in attendance for fifteen 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 \_\_\_\_\_



## HOUSTON INDEPENDENT SCHOOL DISTRICT

HATTIE MAE WHITE EDUCATIONAL SUPPORT CENTER  
4400 WEST 18th STREET • HOUSTON, TEXAS 77092-8501

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### 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 \_\_\_\_\_

# Houston Independent School District Extracurricular Code of Student Conduct

## I. Extracurricular Activities

The term "extracurricular activities" means, without limitation, all interscholastic athletics, cheerleading, drill team, academic clubs, special interest clubs, musical performances, dramatic productions, student government, and any other activity or group that participates in contests, competitions, or community service projects on behalf of or as a representative of Houston ISD. The term includes any non-curricular event and membership or participation in groups, clubs, and organizations recognized and approved by the Board of Trustees and the school district and sponsored by the district or a campus. All extracurricular activity participants, including elected and appointed officers of all campus organizations, are subject to the provisions of this *Extracurricular Code of Conduct*.

## II. Jurisdiction

Student participation in extracurricular activities is encouraged. Houston ISD makes extracurricular activities available as an extension of the regular school program, with this important difference: participation in the regular curriculum is a right afforded to each student, while participation in the extracurricular program is a privilege that carries additional expectations for acceptable conduct. Students engaging in extracurricular activities represent not only themselves, but also other students and the school district when performing, competing, or participating in extracurricular activities and while wearing uniforms or other clothing that identifies the student to the community or public in any setting as Houston ISD students. For this reason, their behavior must be exemplary and reflect the finest attributes of the total Houston ISD student body at all times and places.

Important goals of the extracurricular program are to give students direction in developing self-discipline, responsibility, pride, loyalty, leadership, teamwork, respect for authority, and healthy living habits.

Because participation in extracurricular activities is a privilege and not a right, Houston ISD is authorized to set higher standards for participants of extracurricular activities than it would for those students who choose not to participate in the

activities. Therefore, this *Extracurricular Code of Conduct* extends beyond the Houston ISD *Student Code of Conduct* not only in types of behavior prohibited, but also in corresponding consequences and jurisdiction for imposing discipline. This *Extracurricular Code of Conduct* will be enforced with all students grades K-12 participating in extracurricular activities.

It is possible that a student who violates the *Houston ISD Student Code of Conduct* will incur consequences from both the appropriate school administrator and from his or her coach or sponsor for the same particular violation. It is also possible that a student participating in extracurricular activities could violate the *Extracurricular Code of Conduct* and be subject to discipline by a coach or sponsor without having violated the *Houston ISD Student Code of Conduct*.

### **III. Conduct Expectations**

**The following conduct is expected of all participants. Failure to meet these expectations can result in disciplinary action by the coach or sponsor:**

- Student commitment to a team or organization is expected for the entire season or activity. Students are encouraged to participate in more than one extracurricular activity; however, students may not quit one sport or organization in order to participate in another while the sport or club that he or she quit is still active.
- Students who participate in extracurricular activities that involve competition among schools and school districts will conduct themselves in a sportsmanlike manner at all times. This includes behavior toward visiting teams or hosting teams as well as the opponent's fans. Houston ISD participants will be noted for clean, tough, competitive play. Praise your opponent and compete beyond your ability.
- Students should arrive to practices (including workouts), meetings, and events on time and prepared.
- Students who cannot be present for a practice (including workouts), meeting, or event should call the coach, sponsor, team captain, or club president as soon as they are aware that they will be absent. Missed practices, meetings, or workouts will be made-up.

Injured or ill students who are unable to participate, but are able to attend a practice (including workouts), meeting or event are required to dress appropriately and sit or stand with the rest of the group.

- Students are required to show respect at all times to coaches and sponsors.

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Students should follow the rules stated in the *Houston ISD Student Code of Conduct*.

Failure to do so may result in actions related to the student's participation in extracurricular activities as determined by the coach or sponsor.

#### IV. Prohibited Conduct

Houston ISD students who participate in extracurricular activities are prohibited at all times from:

- possessing, smoking, selling, or using tobacco products;
- possessing or using drug paraphernalia;
- possessing, selling, or delivering to another person look-alike drugs or items represented to be drugs or contraband of any kind;
- possessing, selling, giving, delivering to another person, using or being under the influence of marijuana, alcohol, a controlled substance, or any dangerous drug;
- engaging in conduct that contains the elements of an offense relating to glue, aerosol paint, or volatile, mood-altering chemicals;
- engaging in serious misbehavior, as that term is defined in the Houston ISD Student Code of Conduct;
- attending any event at which underage drinking or smoking is occurring (students will be allowed a slight concession for an amount of time long enough to determine that a violation is occurring and to leave the premises);
- riding in a vehicle containing alcohol unless a parent, guardian, or other responsible adult is present and aware of the presence of the alcohol;
- stealing;
- conduct that causes injury or harm to persons or property;
- using profanity, lewd or vulgar language, or obscene gestures;
- fighting;
- any conduct resulting in arrest and/or citations from law enforcement officers;
- inappropriate touching including "public displays of affection" in public places, sexual gestures, or exposing parts of the body that are ordinarily covered up in public;
- inappropriate behavior in public places;
- sexting or inappropriate internet/electronic communications.



## V. Procedures

The coach and/or sponsor will determine whether an *Extracurricular Code of Conduct* violation has occurred. The appeal of a decision made by the coach/sponsor by the student or parent is up to and including the campus principal or principal's designee, since no student "right" is affected.

Upon determination of an *Extracurricular Code of Conduct* violation, the following individuals will be notified:

- the student and the student's parent(s) or guardian(s); and in certain instances
- the appropriate school administrator and/or counselor to provide counseling, support, and guidance in dealing with issues associated with the violation.

The coach or sponsor may **require a conference** at school with the student's parents(s) or guardians(s). The coach/sponsor may consider any and all related matters in determining what actions should be taken to appropriately and effectively address any violations of the **Extracurricular Code of Conduct**.

**The *Extracurricular Code of Conduct* does not limit the authority of a coach or sponsor to impose reasonable sanction for students who breach team or organization conduct expectations but do not engage in prohibited conduct.**

## VI. Disciplinary Action

Coaches/Sponsors will review all the facts, circumstances surrounding a particular violation, and impose an appropriate disciplinary action. Coaches/Sponsors will strive for consistency in determining punishment for Extracurricular Code of Conduct violations, but will also exercise sound professional discretion. Violation of any of the above-mentioned rules by a student participating in extracurricular activities will be subject to one specific punitive action or the next in a progression, from less to more punitive, from the following disciplinary actions:

- Each extracurricular activity may have specific conduct expectations in addition to the expectations outlined in the *Houston ISD Student Code of Conduct and Extracurricular Code of Student Conduct*. The expectations outlined in the extracurricular activity documents in each handbook are specific to each program and will be developed and approved by the sponsor and principal. The document will be disseminated to students and parents during orientation and/or group meeting.
- Students who commit *Student Code of Conduct* Levels 1-4 Offenses\* will receive campus and/or specific extracurricular consequences.

- Students who commit *Student Code of Conduct* Level 5 Mandatory Removal Offenses\* on or off campus shall be placed in the *Houston* ISD Alternative Education Program.
- Students who commit *Student Code of Conduct* Level 5 Mandatory Expulsion Offenses\* on or off campus shall be expelled from school.
- Extracurricular expectations apply to all students participating in extracurricular activities, regardless of whether:

- School is in session;
- The offense occurs on or off school property or at a school-related event
- The student is directly involved with the extracurricular activity at the time the prohibited conduct occurs;
- The extracurricular activity is in-season; and regardless of where or when the conduct occurs.

Coaches and sponsors will review all facts and circumstances surrounding a Level 1-4 particular event and determine appropriate disciplinary action or sanctions.

- 1st offense – Parent/student/sponsor or coach conference to discuss the event, *Student Code of Conduct* consequences and possible sanctions.
- 2nd offense – Parent/student/sponsor or coach conference to discuss the event, *Student Code of Conduct* consequences, possible sanctions and possible suspension from extracurricular activities.
- 3rd offense – Parent/student/sponsor or coach conference to discuss the event, *Student Code of Conduct* consequences, possible sanctions, suspension or dismissal from extracurricular activities.

Coaches and sponsors will review all facts and circumstances surrounding a Level 4 & 5 particular event with DAEP/JJAEP Placements or Expulsions and determine appropriate extracurricular activity suspensions, probations or dismissals.

- 1st offense – Upon the student's return to his/her home campus he/she will be placed on probation for 2 weeks along with a behavior contract for the remainder of the year.
- 2nd offense – Upon the student's return to his/her home campus he/she will be placed on probation for 6 weeks along with a behavior contract for the remainder of the year.
- 3rd offense – Upon the student's return to his/her home campus he/she will not be allowed to participate in any extracurricular activity for a calendar year.

\* Level 1-5 offenses are listed in the *Houston ISD Student Code of Conduct*

**Definition:** "weeks" means school weeks, but also includes any non-school weeks in which an extracurricular competition or event occurs, such as camps during the summer or on school holidays.

**Definition:** During "probation," the student will not be permitted to participate in any competition, contest, scrimmage, performance, or election associated with an extracurricular activity. The student may continue to participate in practices.

**Note:** An extracurricular activity participant starts each school year with a clean slate, unless he or she had participation in extracurricular activities revoked during the previous school year, in which case that revocation continues from year to year. In addition, any consequences that were assessed during the prior school year for which the student owes additional suspension or behavior contract time must still be completed. For example, a student who was suspended from participation for 4 school weeks during the last week of school may have an additional 3 weeks of suspension to complete beginning with the next school year.

The principal will not ordinarily interfere in a coach or sponsor's judgment regarding appropriate discipline but has the authority to increase or decrease the punishment based on his or her assessment of the situation.

## VII. Acknowledgment

A condition to participating in any extracurricular activity or holding an office (elected or appointed) is to sign an acknowledgment that the student has read and understands the Extracurricular Code of Conduct. The student's parent or guardian must also sign an acknowledgment. The acknowledgment states that the signing party understands the consequences for engaging in prohibited conduct.

-----Please Sign and Return-----

Date: \_\_\_\_\_

I have read the Houston ISD Extracurricular Code of Conduct and agree to adhere to these rules as a condition for my voluntary participation in Houston ISD extracurricular activities. I understand that failure to do so will result in disciplinary measures related to my extracurricular participation.

Student Name \_\_\_\_\_

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

I have read the Houston ISD Extracurricular Code of Conduct and understand requirements for my child's voluntary participation in Houston ISD extracurricular activities. I understand the consequences that my child will face if he or she fails to adhere to these rules and agree to such terms.

Parent Name \_\_\_\_\_

Parent Signature \_\_\_\_\_