Bellaire High School
Athletics Department

Student Athletic Packet

This packet contains the forms that Houston Independent School District requires for a student to participate in a sport at Bellaire.

All pages of the packet need to be completed. Please make sure the contact information is current and correct and that you and your son/daughter have read, completed and signed all the forms.

Insurance

HISD insurance is $35.00 and non-refundable. This insurance covers your student for the whole school year. Make check out to Bellaire H.S.

or

Complete and submit an **Insurance Waiver,** this is a legal document, available on the website separately from this athletic packet. It releases HISD and Bellaire High School of all liability, and only needs to be filled out if you do not buy the HISD insurance. This document can only be filled out by the parent/guardian and signed in front of a notary. You will need proof of health insurance for your student and your driver's license in order to complete the paperwork.

Go online to www.bellaire.org for more information about your sport or to contact a coach.

Coach Ap Clarke and Coach Herb Kunz
Bellaire High School Athletic Directors

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
1. Have you had a medical illness or injury since your last check up or physical?	☐	☐
2. Have you been hospitalized overnight in the past year?	☐	☐
Have you ever had surgery?	☐	☐
3. Have you ever had prior testing for the heart ordered by a physician?	☐	☐
Have you ever passed out during or after exercise?	☐	☐
Have you ever had chest pain during or after exercise?	☐	☐
Do you get tired more quickly than your friends do during exercise?	☐	☐
Have you ever had racing of your heart or skipped heartbeats?	☐	☐
Have you had high blood pressure or high cholesterol?	☐	☐
Have you ever been told you have a heart murmur?	☐	☐
Has any family member or relative died of heart problems or of sudden unexpected death before age 50?	☐	☐
Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelpathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm?	☐	☐
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	☐	☐
Has a physician ever denied or restricted your participation in activities for any heart problems?	☐	☐
4. Have you ever had a head injury or concussion?	☐	☐
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, burner, or pinched nerve?	☐	☐
5. Are you missing any paired organs?	☐	☐
6. Are you under a doctor's care?	☐	☐
7. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?	☐	☐
8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	☐	☐
9. Have you ever been dizzy during or after exercise?	☐	☐
10. Do you have any current skin problems (for example, itching, rashes, 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?	☐	☐

	Yes	No
13. Have you ever gotten unexpectedly short of breath with exercise?	☐	☐
Do you have asthma?	☐	☐
Do you have seasonal allergies that require medical treatment?	☐	☐
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)?	☐	☐
15. Have you ever had a sprain, strain, or swelling after injury?	☐	☐
Have you broken or fractured any bones or dislocated any joints?	☐	☐
Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	☐	☐
If yes, check appropriate box and explain below:		

☐ Head	☐ Elbow	☐ Hip
☐ Neck	☐ Forearm	☐ Thigh
☐ Back	☐ Wrist	☐ Knee
☐ Chest	☐ Hand	☐ Shin/Calf
☐ Shoulder	☐ Finger	☐ Ankle
☐ Upper Arm	☐ Foot	

16. Do you want to weigh 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 sickle 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 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.

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

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*
MEDICAL			
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)			
MUSCULOSKELETAL			
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/games/matches.

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.

Previous Athletic Participation Form - Page 1
(Eligibility Questionnaire for New Student Athletes in Grades 9-12)

The questions below will assist the UIL/school administrators in making decisions in reference to the Varsity Athletic Parent Residence Rule, Full-Time Student Rule, Age Rule, Four-Year Rule, Foreign Exchange, Amateur Athletic Status, and Changing Schools for Athletic Purposes.

Question 1 - determines whether or not the student needs to complete page 2 of the Previous Athletic Participation Form.
****Question 2*** – a 'yes' answer will require further investigation to determine the student's first opportunity to enroll or a subsequent transfer back to the student's home attendance zone school.

Varsity Athletic Parent Residence Rule

Question 3 – a check mark in the box for 'guardian' or 'foster parents' means a waiver of the residence rule is more than likely required for varsity athletic participation. Based on the answers above, contact the UIL office to discuss prior to allowing the student to participate at the varsity level in athletics.
Question 4 – a check mark in the box for 'married – living apart' or 'married and the student is living with one parent' means a waiver of the residence rule is likely required for varsity athletic participation.
Question 5 – a 'yes' answer means a waiver of the residence rule may be required for varsity athletic participation, if the student has NOT been continuously enrolled at that school for the previous calendar year.
Questions 6, 7, 8 and 9 – a 'yes' answer to any or all of these questions needs to be investigated by the school to find out the circumstances and how they might or might not impact varsity athletic eligibility.

RESIDENCE IN SCHOOL DISTRICT AND ATTENDANCE ZONE

This section applies to the first calendar year of attendance in grades 9-12. Parent(s) in the context of this rule means parents or adoptive parents who adopted the student prior to the student's first entry in the ninth grade.

PRESUMPTION OF RESIDENCE OF STUDENT, PARENT (S), SPOUSE. The residence of a single, divorced or widowed student is presumed to be that of the parents of the student. The residence of a married student is presumed to be that of his or her spouse.

GUARDIAN OF PERSON. If a student's parents are alive but a guardian of his or her person was appointed by appropriate authority and recorded in the county clerk's office more than one year ago, the residence of the student is presumed to be that of the guardian if the student has continuously resided with the guardian for a calendar year or more. *If no legal guardianship has been taken out, three years' residence with and support of a contestant establishes guardianship within the meaning of this rule.* (Power of Attorney is NOT a recognized document for participation in varsity athletic contest.)

GUARDIAN. If a student's parents are dead and a guardian of his or her person has been appointed by appropriate authority, the residence of the student is presumed to be that of the guardian.

RELATIVE; SUPPORTER. If a student's parents are dead and a guardianship of his or her person has not been appointed, the residence of the student is presumed to be that of the grandparent, aunt, uncle, adult brother or sister or other person with whom the student is living and by whom the student is supported.

CUSTODIAL. The residence of a student assigned by appropriate authority to a foster home or a home licensed by the state as a childcare boarding facility, or placed in a home by the Texas Youth Commission, is presumed to be at the home. If a student's parent(s) move the student to a foster home in another school district, the student is not eligible, but may apply for a waiver.

DIVORCED PARENTS. The residence of a student whose parents are divorced is presumed to be that of either parent.

SEPARATED PARENTS.

1. If a student's parents separate (**and are not divorced**), and if one parent remains in the attendance zone where the student has been attending school, the student's residence is presumed to be that of the parent who did not move.
2. If a student transfers to a new school with a separated (**but not divorced**) parent, the student is ineligible for one calendar year, but may apply for a waiver.

Full-Time Student

Question 10 – a 'yes' means the student is in violation of the full-time student rule and would be ineligible to participate at any level.

Age Rule and Four-Year Rule

Question 11 – a 'yes' answer means the student is in violation of the Four Year Rule and not eligible for varsity participation. Contact the UIL office to inquire on the process for applying for a waiver of the Four Year Rule.
Question 12 – a 'yes' answer to this question needs to be investigated. UIL rule prohibit students from repeating grades for athletic purposes.
Question 13 – a 'yes' answer means the student is in violation of the Age Rule and not eligible for varsity athletic participation. Contact the UIL office to see if the student could qualify for a waiver of the Age Rule.

Foreign Exchange Waiver

Question 14 – Foreign exchange students are not eligible for varsity athletics without a waiver. Contact the UIL office for details.

Amateur Athletic Status

Question 15 – a 'yes' means the student is in violation of the amateur rule and would be ineligible to participate.

Assist in Determining if Student Moved for Athletic Purposes

Questions 16, 17 and 18 – Any 'yes' answers should be thoroughly in question to participate at the varsity level in athletics.

*The date of withdrawal from previous school and date of enrollment in new school is necessary in determining if the student has been continuously enrolled for one calendar if the answer to question 2 is 'yes'.

*Signature on the questionnaire certifies all required annual student forms and the information provided by the parent or student is true and correct.

** If the student attended a Magnet, Charter, or Open/Choice enrollment school it will require further investigation to determine the student's first opportunity to enroll or a subsequent transfer back to the student's home attendance zone school.

Previous Athletic Participation Form – Page 2

If the student is NOT living with parents at the new school it is more than likely a waiver of the parent residence is required for varsity athletic participation. Contact the UIL Office.

Section I – Eligibility Certification

- If the former address of parent/guardian is the same as the current address, a letter of explanation is REQUIRED to explain the change in schools with no change in address.
- If the status of previous residence is 'vacant' or 'still own', further investigation is needed.
- Parent/Guardian signature is required, and if witnessed by the new school administrator, notarization is not required.

Section II – New School Certification

- The new school superintendent or designated administrator signature signifies to his/her knowledge the student is not changing schools for athletic purposes.

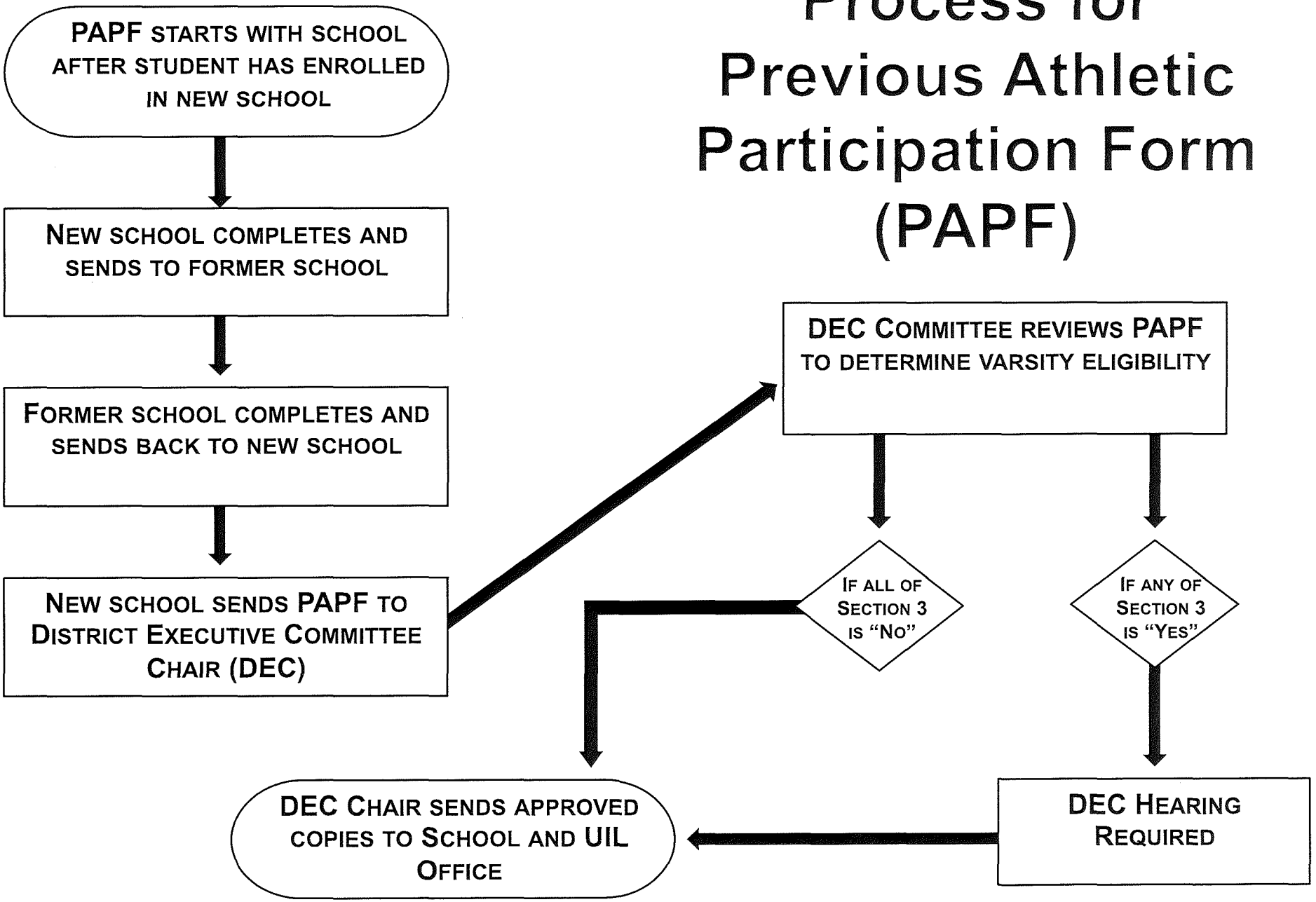
Section III –Former School Certification and Release

- Questions 1-6 will help determine if the student is changing schools for athletic purposes.
- If any of questions 1-6 is answered 'yes,' a District Executive Committee hearing is required.
- If a hearing is required, testimony from the previous school, the student/parent and new school can be given to assist in determining eligibility. Please document the date of the hearing in this section.
- If questions 3, 4 or 5 are answered 'yes' an attachment of explanation from the previous school is required to the District Executive Committee.
- This section requires two signatures (former superintendent or designated administrator and former principal or coach).
- A student is ineligible for varsity competition until the District Executive Chair has signed the Previous Athletic Participation form.

Section IV – District Executive Committee Approval

- Check the level of approval for competition. If approved for 'Varsity' level in one sport, the student is approved for 'Varsity' level for all sports.
- Check and sign the level of approval for sub-varsity if the student does not meet varsity eligibility requirements.
- Complete the District Executive Chairman's school, conference and district.
- A signature of the District Executive Committee Chairman is required before the student is eligible for varsity competition, if the level of approval is 'Varsity'.
- The District Executive Committee Chairman sends one copy to the student's current school and the other copy (with supporting documentation) to the University Interscholastic League.

Process for Previous Athletic Participation Form (PAPF)



UNIVERSITY INTERSCHOLASTIC LEAGUE
MAKING A WORLD OF DIFFERENCE.
P.O. Box 8028 Austin, TX 78713-8028
www.uiltexas.org (512) 471-5883

For UIL Use Only

Previous Athletic Participation Form
University Interscholastic League

Revised 08/01/14

Eligibility Questionnaire for New Student Athletes in Grades 9-12

This Form Must be on File with School Before Participation at any Level in Grade 9-12
(To be filled out by the student and/or parent and filed with the school.)

Name of Student (print) _____ Grade _____ Birthdate _____ Age _____

Student's Current Address: _____ City _____ State _____ Zip Code _____

New School: _____ City _____ ☐ Public ☐ Charter ☐ Private School

Last School of Participation: _____ City _____ State _____ ☐ Public ☐ Charter ☐ Private School

Date of enrollment in new school: _____ Date of withdrawal from previous school: _____

Has the student been continuously enrolled in the new school for one calendar year? ☐ Yes ☐ No

Yes	No	
☐	☐	1. **Has the student ever practiced or participated in extracurricular athletic activities (before school, after school or during an athletic period) at another school in the United States or Mexico in grades 8-12? If yes, the student must complete page 2 in addition to page 1 and both pages must be sent to the District Executive Committee Chairperson. If no, the student must complete page 1 and file with the school and/or athletic department ONLY.**
☐	☐	2. Has the student ever enrolled or participated in a Magnet program, Charter school, Open/Choice Enrollment (within the ISD) or International Baccalaurte (IB) program in grades 9-12? **If yes, please provide the name of the school _____ and school year _____.**
		PARENT RESIDENCE RULE: *QUESTIONS IN THIS SECTION ARE REFERRING TO BIOLOGICAL PARENTS. REFERENCE C&CR SECTION 440(B) & 442.
→		3. Does the student live with ☐ one parent ☐ both parents ☐ guardian ☐ foster parent(s)? **If the student lives with a GUARDIAN or FOSTER PARENT(S), a UIL Parent Residence waiver may be required. You MUST contact the district Athletic Director/Coordinator then contact the UIL Athletics Department at (512) 471-5883.**
→		4. Are the parents of the student ☐ married ☐ never married ☐ married- living apart ☐ divorced ☐ deceased? **If the parents are MARRIED-LIVING APART or MARRIED and the student is LIVING WITH ONE PARENT, a UIL Parent Residence waiver may be required. You MUST contact the district Athletic Director/Coordinator then contact the UIL Athletics Department at (512) 471-5883.**
☐	☐	5. Does the parent(s) of the student reside outside the attendance zone of the school the student wishes to represent? **If yes, a UIL Parent Residence waiver may be required. You MUST contact the district Athletic Director/Coordinator then contact the UIL Athletics Department at (512) 471-5883.**
☐	☐	6. Is there a change in schools but no change in address? **If yes, please attach an explanation.**
☐	☐	7. Is more than one residence owned, rented or maintained by the parents? **If yes, please attach an explanation.**
☐	☐	8. Are any members of the family still residing at the previous residence? **If yes, it should be investigated prior to partictipation on the varsity level.**
☐	☐	9. Are there other family members in grades K-12 attending a different school district other than the school district the student is now attending?
		FULL TIME STUDENT RULE: REFERENCE C&CR SECTION 403.
☐	☐	10. Is the student enrolled in less than an average of four hours per day of instruction for either state or local high school credit?
		FOUR YEAR RULE AND AGE RULE: REFERENCE C&CR SECTION 400 & 405(FOUR YEAR) & 440(C), 446 (AGE).
☐	☐	11. Did the student first enroll in the 9th grade more than 4 years ago? The first date of enrollment in 9th grade. _____
☐	☐	12. Has the student ever repeated a grade since first entering the 7th grade? **If yes, please attach an explanation.**
☐	☐	13. Will (or was) the student 19 years of age on or before September 1 of the current school year?
		FOREIGN EXCHANGE RULE: REFERENCE C&CR SECTION 468(3).
☐	☐	14. Is the student a foreign exchange student? **If yes, a Foreign Exchange Waiver is required for Varsity athletic participation.**
		AMATEUR ATHLETIC RULE: REFERENCE C&CR SECTION 441.
☐	☐	15. Has the student done anything to jeopardize their amateur athletic status?
		ASSIST IN DETERMINING IF STUDENT CHANGED SCHOOLS FOR ATHLETIC PURPOSES: REFERENCE C&CR SECTION 443.
☐	☐	16. Did anyone from the new school contact the student prior to their enrollment in the new school?
☐	☐	17. Was the student ever prohibited from participation at the previous school? **If yes, please attach an explanation.**
☐	☐	18. Did the student play on a non-school team and is transferring to the school where members of the non-school team attend?

TO BE COMPLETED BY STUDENT, PARENT AND ADMINISTRATOR OF NEW SCHOOL

It shall be the responsibility of each school to have on file the following required annual forms for each student who participates in any practice (before school, after school or during an athletic period), scrimmage or game: Preparticipation Physical Examination (for students in their first and third year of high school participation), Medical History Form, Illegal Steroid Use and Random Steroid Testing, Parent and Student Notification/Agreement Form, Acknowledgement of Rules Form, Concussion Acknowledgement Form and Sudden Cardiac Arrest Awareness Form. Incorrect or untrue information provided by the parent or student could cause ineligibility and could result in the forfeiture of contests in which the student has particpated in addition to other penalties. The following signatures certify that to the best of your knowledge, all information presented on this form is true and correct.

Signature of Student	Date	Signature of Parent/Guardian	Date
Signature of New School Coach	Date	Signature of New School Administrator	Date

New School Coach Name	**Coach's Email Address**	**Sport**

Previous Athletic Participation Form
University Interscholastic League

All new students in grades 9-12 who have ever practiced or participated in baseball, basketball, cross country, football, golf, soccer, softball, swimming and diving, team tennis, tennis, track and field, volleyball or wrestling in grades 8-12 at another school in the United States or Mexico MUST have this form completed by the last school of participation and be approved by the District Executive Committee before they are eligible to participate at the **VARSITY LEVEL** at the new school. A student being continuously enrolled for one calendar year still requires a Previous Athletic Participation form before they are eligible to participate at the VARSITY LEVEL in athletics.

Name of Student _____ New School: _____ Last School of Participation: _____

Student's current address: _____
Street City State Zip Code

I. ELIGIBILITY CERTIFICATION: This section should be completed by the individual(s) with whom the student is currently residing at the new school. We, the undersigned, certify that the student is in compliance with the transfer and admission policies of the local school district. This student is not changing schools for athletic purposes and was not recruited. We understand that any false or incorrect information could cause the student to be declared ineligible and could result in the forfeiture of contests in which the student has participated at the new school, in addition to other penalties.

_____ Status of previous residence? ☐ sold ☐ leased ☐ vacant ☐ still own
Previous address

PARENT SIGNATURE _____ DATE _____

WITNESS FOR PARENT SIGNATURE _____ DATE _____
New school administrator or notary public (NOTARY SEAL)

If witness is the new school administrator, notarization is not required.

II. NEW SCHOOL CERTIFICATION: We certify that to our knowledge no one from our community has offered any inducement, directly or indirectly to the student or parents to move into our district. To the best of our knowledge this student is not changing schools for athletic purposes.

_____ _____ _____
Name of New School Signature of new school superindendent or designated administrator Date

III. LAST SCHOOL OF PARTICIPATION CERTIFICATION AND RELEASE: Section III must be completed for any new student in grades 9-12 who has ever participated in baseball, basketball, cross country, football, golf, soccer, softball, swimming and diving, team tennis, tennis, track and field, volleyball or wrestling in grades 8-12 at another school in the United States or Mexico before they are eligible to participate at the varsity level at the new school. Please check the appropriate responses below. **If any of the questions in this section are marked 'Yes' a full hearing of the District Executive Committee (DEC) is required in the new district.**

Yes	No	
☐	☐	1. Was there any conflict or dissatisfaction between the student, his/her parents, and the athletic/academic supervisors at the school?
☐	☐	2. Was this student recruited to attend another school or was any undue influence exerted upon this student or family to change schools?
☐	☐	3. Did this student quit an athletic activity or program while enrolled in your school? **If yes, attach explanation to DEC.**
☐	☐	4. Was this student ever suspended or removed from your school athletic program? **If yes, attach explanation to DEC.**
☐	☐	5. Would the student be prohibited from participation in athletics had they not changed schools? **If yes, attach explanation to DEC.**
☐	☐	6. Based on your knowledge of the student and their circumstances, is this student changing schools for athletic purposes?

_____ _____
Print Name of Former superintendent or designated administrator Print Name of Former principal or coach

_____ **AND** _____ _____
*Signature of Former superintendent or designated administrator *Signature of Former principal or coach Date Signed
(* two signatures required)

Last School of Participation: _____ City _____ State _____

IV. EXECUTIVE COMMITTEE APPROVAL: We certify the above named student is approved.
Check the appropriate box: ☐ Varsity ☐ Sub-varsity only (☐ **applying for a Waiver)**

Any 'Yes' answer in Section III to questions 1-6 above requires a full hearing of the District Executive Committee (DEC) to determine the eligibility status of the student and required before applying for a Parent Residence Rule waiver. The student would be ineligible for varsity athletic participation until the DEC hears testimony from the previous school, the student/parent and the new school and makes an eligibility determination. DATE OF HEARING _____

School _____ Conference _____ District No. _____
(School of District Executive Committee Chairman)

_____ _____ _____
Signature of District Executive Committee Chairman Date Contact Email Address

The District Chairman makes two copies of the completed form. Send one copy to the student's current school and the other copy to the University Interscholastic League, Box 8028, University Station, Austin, Texas, 78713. Retain the original in your file.

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) _____

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.uiltexas.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 andstudent 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.

- ☐ Baseball
- ☐ Basketball
- ☐ Cross Country
- ☐ Wrestling
- ☐ Football
- ☐ Golf
- ☐ Soccer
- ☐ Softball
- ☐ Swimming & Diving
- ☐ Team Tennis
- ☐ Tennis
- ☐ Track & Field
- ☐ Volleyball

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 athleticperiod 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 heldwithin 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 acceptedit. 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

SUDDEN CARDIAC ARREST (SCA) AWARENESS FORM

The Basic Facts on Sudden Cardiac Arrest

Website Resources:
American Heart Association: 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 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.

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

Revised 2017

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 (inclucing 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*

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

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 _____