

2013 -2014 AISD/UII CERTIFICATE FOR ATHLETICS INSTRUCTIONS PAGE

Student's Name _____
(Last) (First) (Middle)
Date of Birth ____/____/____ Age ____ Sex M F
2013/2014 Grade Level _____ Year of Graduation _____

**PLEASE READ AND FOLLOW ALL INSTRUCTIONS
PLEASE TURN ALL FORMS IN AS SOON AS THEY ARE COMPLETED**

All pages of this form are to be completely filled out (all student and parent signatures are required) by all athletes grades 7-12 regardless of sport or level.

Please print legibly and use BLUE or BLACK ink.

All pages of this form must be on file in the High School Athletic Training Room(Manvel , Alvin) before any athlete grade 7-12 is allowed to participate in any practice session (in-season or out-of-season), tryout, scrimmage, game or match, including Athletic Periods.

All original forms for athletes grade 9-12 are to be turned in to the Manvel or Alvin High School Athletic Training Room.

Fax copies of these forms will not be accepted.

Forms from previous school years will not be accepted.

Physicals done prior to April 15, 2013 will not be accepted as this physical is to clear your son or daughter for participation in athletics for the 2013-2014 school year.

Shot records are NOT to be turned in with this form.

It is highly recommended that you keep a copy of this form for your records.

If this form is not returned to the Manvel or Alvin Athletic Training Rooms, AISD and the MHS or AHS Sports Medicine Programs will not be responsible for lost or misplaced forms. You will be required to fill out a new form and obtain a new physical at your expense.

To avoid lost or misplaced forms and to ensure delivery to the proper location, please hold on to the original forms until you come back to school or begin your athletic season whichever comes first.

2013-2014 AISD/UII CERTIFICATE FOR ATHLETICS DEMOGRAPHIC INFORMATION –PAGE 2

Student's Name _____
(Last) (First) (Middle)

Date of Birth ____/____/____ Age _____ Sex M F Grade _____

Current Address _____
(Street) (City) (State) (Zip Code)

Father's Name _____

Home Phone _____ Cell Phone _____ Work Phone _____

Parent/Guardian Email _____

Mother's Name _____

Home Phone _____ Cell Phone _____ Work Phone _____

Parent/Guardian Email _____

EMERGENCY CONTACT – MUST BE OVER 18 YEARS OLD

Emergency Contact #1 _____

Home Phone _____ Work Phone _____ Cell Phone _____

List Any Drug Allergies _____

List Any Other Allergies _____

List Any Current Medications _____

Any Other Medical Concerns _____

Physician _____ Phone _____

INSURANCE INFORMATION

Primary Health Insurance Company _____

Phone _____ Policy Number _____

Is your son/daughter covered under this plan? Yes No

PARENT/GUARDIAN CONSENT

(I)(We), the undersigned parent(s) of _____, a minor, do hereby authorize Alvin Independent School District athletic staff as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or supervision of, any licensed physician/surgeon, weather such diagnosis or treatment is rendered at the office of said physician/surgeon or at a hospital.

It is under stood that this authorization is given in advance of any specific diagnosis treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which aforementioned physician/surgeon in the exercise of his/her best judgment may deem advisable, (I) hereby authorize any hospital which has provided treatment to the above-names minor to surrender physical custody of such minor to (my)(our) above named agents(s) upon completion of treatment.

I also understand that the release of medical information might be necessary for proper treatment to be given by any of the above named agents. I do hereby authorize the release of any information protected by Health Information Portability and Accountability Act (HIPPA) or the Family Educational Rights and Privacy Act of 1974 (FERPA) to the above mentioned agents including Alvin Independent Schools District's Medical Staff.

Student Signature _____ **Date** _____

Parent Signature _____ **Date** _____

2013-2014 AISD/UII CERTIFICATE FOR ATHLETICS ACKNOWLEDGEMENT OF RULES- PAGE 3

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..

HELMET DISCLAIMER

Warning: no football, baseball, or softball helmet can prevent all head and neck injuries a player might receive while participating in their sport. Do not use the helmet to butt, ram or spear an opposing player. This is a violation of the rules and may result in severe head or neck injuries, paralysis or death to you and possible injury to your opponent.

ACKNOWLEDGEMENT OF RULES

I have been provided the UIL Parent Manual regarding health and safety issues and my responsibility as a parent/guardian. This manual may be accessed at www.uiltexas.org/files/athletics/manuals/parent-information-manual.pdf. I have read and understood The Alvin Independent School District's Certificate for Athletics. By signing, I agree to abide by all rules as set forth by the Alvin Independent School District's Sports Medicine Department. I understand that failure to provide accurate and truthful information could subject to penalties determined by UIL and AISD.

Student Signature _____ Date _____

Parent Signature _____ Date _____

**2013-2014 AISD/UII CERTIFICATE FOR ATHLETICS
PARENT AND STUDENT
AGREEMENT/ACKNOWLEDGEMENT FORM
ANABOLIC STEROID USE AND RANDOM STEROID TESTING-
PAGE 4**

• 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.utexas.edu. 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.utexas.edu. 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: _____



CONCUSSION ACKNOWLEDGEMENT FORM

PAGE 5

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: Head ache, 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 shall be removed from practice or competition immediately if suspected to have sustained a concussion. Every student-athlete suspected of sustaining a concussion shall be seen by a physician before they may return to athletic 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 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 under Section 38.156 may not be permitted to practice or compete 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.

Student Signature _____ **Date** _____

Parent Signature _____ **Date** _____

2013-2014 AISD/UIL CERTIFICATE FOR ATHLETICS MEDICAL HISTORY FORM PART I –PAGE 6

Explain all “YES” answers below. Circle questions you do not know the answers to. Any “YES” answer to Questions 1, 2, 3, 4, 5, or 6 requires further medical evaluation which may include a physical examination and written clearance is required before any participation in UIL practices, games or matches. An individual answering yes to any question relating to a possible cardiovascular health issue (question 3) should be restricted from further participation until the individual is examined and cleared.

		YES	NO
1	Have you had a medical illness or injury since your last check up or sports physical?		
2	Have you been hospitalized overnight in the past year?		
	Have you ever had surgery?		
3	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 of 50?		
	Has any family member been diagnosed with enlarged heart, dilated cardiomyopathy, hypertrophic cardiomyopathy, long QT syndrome or other ion channelopathy (Burgada 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 sports 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_____		
	When was the 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)?		

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		YES	NO
11	Have you ever become ill from exercising in the heat?		
12	Have you had any problems with your eyes or vision?		
13	Have you ever gotten unexpectedly short of breath with exercise?		
	Do you have asthma?		
	Do you have seasonal allergies that require medical treatment?		
14	Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?		
15	Have you ever had a sprain, strain or swelling after an 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? Please circle the correct body part <div style="display: flex; justify-content: space-between; text-align: center;"> <div>Head</div> <div>Neck</div> <div>Back</div> <div>Chest</div> <div>Shoulder</div> <div>Upper Arm</div> <div>Elbow</div> <div>Forearm</div> <div>Wrist</div> </div> <div style="display: flex; justify-content: space-between; text-align: center;"> <div>Hand</div> <div>Finger</div> <div>Hip</div> <div>Thigh</div> <div>Knee</div> <div>Shin/Calf</div> <div>Ankle</div> <div>Foot</div> </div>		
16	Do you want to weigh more or less than you do now?		
	Do you lose weight regularly to meet weight requirements for your sport?		
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

When was your first menstrual period? _____

When was your most recent menstrual period? _____

How much time do you usually have from the start of one period to the start of another? _____

How many periods have you had in the last year? _____

What was the longest time between periods in the last year? _____

EXPLAIN ALL YES ANSWERS HERE: _____

I hereby state that to the best of my knowledge the answers to the above questions are complete and correct. If between this date and the beginning of athletic competition, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities, including the athletic trainer, of such illness or injury.

**STUDENT'S
SIGNATURE** _____

DATE _____

**PARENT'S
SIGNATURE** _____

DATE _____

FOR SCHOOL USE ONLY THIS MEDICAL HISTORY FORM WAS REVIEWED BY:

SCHOOL OFFICIAL PRINTED NAME _____ **DATE** _____
SCHOOL OFFICIAL SIGNATURE _____

**2013-2014 AISD/UII CERTIFICATE FOR ATHLETICS
PREPARTICIPATION PHYSICAL EVALUATION/EXAM- PAGE 8**

Student's Name _____
 Height _____ Weight _____ % Body Fat (Optional) _____
 Pulse _____ Blood Pressure _____ / _____ (_____/_____) (_____/_____)
 Vision : R 20/ _____ L 20/ _____ Corrected: Yes No Pupils: Equal Unequal

MEDICAL	NORMAL	ABNORMAL	INITIALS
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart Auscultation Supine			
Heart Auscultation Standing			
Heart Lower Extremities Pulse			
Pulses			
Lungs			
Abdomen			
Genitalia (Males Only – Optional)			
Skin			
Marfan's stigmata (arachnodactyl, pectus excavatum, joint hypermobility, scoliosis)			
MUSCULOSKELETAL	NORMAL	ABNORMAL	INITIALS
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			
Other			

PHYSICIAN CLEARANCE

_____ Cleared
 _____ Cleared After Completing Evaluation/Rehabilitation For: _____

 _____ Not Cleared For: _____
 Reason: _____
 Recommendation: _____

PHYSICIAN'S INFORMATION

Name(Print) _____
 Signature _____ Date _____
 Address _____ Phone _____