

Campbell ISD

Athletic Policy And Code of Conduct

Participation in athletics means more than competition between two individuals or two teams representing different schools. It teaches fair play and sportsmanship, understanding and appreciation of teamwork, and many intangible qualities such as pride, confidence, and self-esteem. Participation in athletics is a privilege, and as such, all athletes are expected to uphold high-behavioral and academic standards as outlined in this Athletic Code. The Athletic Code does not replace the Student Code of Conduct, but rather is an additional set of guidelines that athletes are expected to follow. The conduct of an athlete is closely observed in many areas of life and it is important that this behavior be above reproach in all areas. Consequences for inappropriate behavior are at the discretion of the Athletic Director and may result in suspension of athletic privileges. Any parent or student athlete who has a grievance should proceed as specified in the Student Handbook

I. ELIGIBILITY STANDARDS

1. Any athlete taking part in any contest sponsored by the UIL must be passing all subjects at the end of each six weeks. Any athlete that fails a class will be ineligible for three weeks. The athlete must continue to practice but will not be able to participate in a contest until the end of the three-week period and must be passing all classes.
2. No one shall take part in any contest sponsored by the UIL after the end of the eighth (8th) semester following their first enrollment in the ninth (9th) grade. (Enrollment in two or more 9th grade subjects constitutes enrollment.)
3. No one shall take part in any contest in the UIL who, on the first day of September preceding the contest, has reached or passes their nineteenth (19th) birthday. (Exceptions. UIL Waivers)
4. No one shall take part in any contest in the UIL who has ever received money, or other valuable consideration, for participation in any athletic sport or game or who has within the past twelve (12) months competed on an athletic team with a paid player.
5. All athletes must be in the off season program to be eligible for competition in a team sport unless approved by the Head Coach and the Athletic Director. Exceptions: Athletes with academic scheduling problems. (Must have prior approval)
6. Any athlete who misses a practice or game, without the permission of the head coach of their sport, to participate in a non-school event, will be ineligible for the next school contest.
7. Any athlete suspended from school will be excluded from the next contest. Athletes assigned to ISS for behavioral reasons may be excluded from the next contest. Athletes assigned to ISS for any other disciplinary reasons may be excluded from the next contest.
8. In order for an athlete to be able to participate in a contest, they must attend a minimum of one-half of their academic classes on the day of the contest. Any student absent for more than one-half of the academic day may participate if approval is received from the Principal and Athletic Director.

II. ON THE CAMPUS / IN THE CLASSROOM

Behavior and appearance on the campus is of great importance. Athletes should be leaders, since fellow students respect and follow them. There are certain marks that pertain to athletes. Any athlete guilty of violating the Student Code of Conduct will be subject to additional disciplinary action in athletics. The disciplinary action could include, but is not limited to a conference, additional duties, or possible suspension. Leaders will accept these responsibilities, realizing that they influence many others on the campus. Leaders work for the betterment of the school and what is right and good for their fellow students.

III. ON TRIPS

On trips, all athletes directly represent the community, school and coaching staff. Therefore, it is expected that all involved in athletics will dress in an acceptable manner when traveling, and conduct themselves in a manner in keeping with this code. Athletes should be aware that personal appearance shall be left to the judgment of the head coach of each sport and the Athletic Director. Violations in this area will result in disciplinary action.

IV. GENERAL RULES

1. CONDUCT-----We will be noted for our clean, tough, and competitive play. We will not shoot off our mouths on or off the field / court. Praise your opponents and play beyond your ability. On the field of athletic competition, a class athlete does not use illegal tactics. The athlete learns that winning and losing are part of the game, and that they should be modest in victory and gracious in defeat.

Outside of School Conduct- We expect all athletes to represent their school and athletic program with pride and great character. Athletes caught outside of the school program with illegal items by the law, may be subject to dismissal from the athletic program. Social Media posts can be detrimental to the athlete as well as the athletic program. Publicly bashing of the school program, coaches, administrators, teammates, or other programs on social media will not be tolerated and may be subject to dismissal of the athletic program.

2. ATTENDANCE---Do not skip practice. If you must miss the athletic period, be sure that it cannot be helped. If you must be absent, you are expected to call and talk to one of the coaches. You will be required to make up for missed work when you are absent. Absences in season will affect playing time. If you miss 2 practices (unexcused absences) in a school week, you will be suspended for 1 half of the next competition. If you miss more than 4 practices (unexcused absences) in a sport season, you will be removed from the team and must complete the re-entry program before participating in another sport.

Excused Absences include-

- Dr. Appointments
- Sick with Dr Note
- Family emergency(Funeral, health, life event)

Unexcused Absences include-

- Work
- Chores at home
- Mandatory tutorials (after school)
- No ride for practice
- Participating in other hobbies outside of school (choosing a hobby practice over our school practice is not excused. Please find a way to do both. We have limited time in the school day to host practice)

3. INJURY -----All injuries must be reported to your head coach. The injury will be treated by our licensed and partnered trainer who will be in attendance to every home event. If you refuse the trainer we provide you will be referred to a doctor. Injuries that require limited or no activity for a period of longer than one-week will require a doctor's note and explanation of limitations. If you must leave school because of illness, let a member of the coaching staff know you will not be there. If you are ill or injured, we do not expect you to work out, but if you are at school we expect you to wear the uniform of the day and accompany your group to all stations unless given special permission by your head coach.

4. RESPECT-----Coaches should receive respectful responses from players when talking to them. Players in turn can expect to be treated with respect by their coaches.

5. PROMPTNESS----Always be on time. On trips the bus will wait for no one. During the out-of-season you will be given adequate time after the athletic period begins to be in the uniform of the day and in the designated location. Arriving late to any competition or practice will result in 1 unexcused absence, unless the tardiness was communicated to the coach beforehand, as well as the reason for the tardiness is approved by head coach or Athletic director.

6. DRESS-----You should be very professional in uniform and out. Everyone will wear their uniform in the same manner. No one will be different. We will furnish all equipment so do not bring personal equipment from home unless you have been given permission. You are responsible for taking care of your equipment. Do not wear jewelry in practice or in the game. Your appearance away from the dressing room should reflect the same class and pride that you show in our program. You are expected to wear the equipment issued to you each day in practice.

7. APPEARANCE---To attain a team appearance, male athletes should keep hair neatly trimmed. Female athletes should keep hair in a manner that does not interfere with participation. Guidelines for hair, facial hair and earrings are the same as identified in the student handbook. Tattoos are to be covered for all athletic contests.

8. CARE OF EQUIPMENT----- You are to hang your equipment in your locker in a neat and orderly manner. Locker inspections may be made periodically. You are to clean your equipment before going into the locker room. When the fields are muddy, clean your equipment before entering the locker room. Clean in and around your locker each day. All equipment is to remain at school.

9. STUDY HALL-----Athletes may be required to attend a study hall if they are listed as failing or below a 75 point grade average at the 3 week progress report at the beginning of the year, and continuing every week until school ends. If you are failing or below an average of 75, you will be required to attend a full week of study hall, until your grades have satisfied the grade requirements for Athletics. Study Hall consists of Monday thru Thursday 7am-7:45am. Failure to attend study hall will result in disciplinary action which could include, but is not limited to a conference, additional duties, or possible suspension.

10. GRADE REQUIREMENTS- - - Athletes must maintain a 75 average or above in all classes throughout the school year. If failure to do so, the required study hall above will be assigned. There will be a NO ZERO POLICY! If your athlete has any zeros in the gradebook at any point in the grading period, the athlete will be documented for a Minor Offense. Each Athlete will be required to turn in a weekly grade report signed by each of their teachers with the current grade. This will be turned into the Athletic Director every Friday at the end of the day. Failure to do so, will result in disciplinary action which could include, but is not limited to a conference, additional duties, or possible suspension.

11. OFFICIALS-----Officials in a game are there for the purpose of insuring that both teams will receive a fair deal. Officials do not lose a game for you. It is an athletic tradition and rule that no one except the appointed captain talks to the officials. The captain should always speak in a tone of respect and for the purpose of clarifying a rule interpretation. Any behavior contrary to that which has been stated is a direct reflection on the school, team, and coaches and will not be tolerated.

V. MISCELLANEOUS SUBJECTS

A. Working athletes must comply with the code. An athlete who works must:

1. Maintain academic standards
2. Maintain training rules
3. Not let work interfere with practice or games
4. Provide a weekly or monthly work schedule to each of their coaches for each sport they participate in.

B. School Equipment

1. An athlete is financially responsible for all equipment checked out to him.
2. Credit will be given on items turned in only if they were the items that were checked out.
3. All equipment must be treated as if it were your own personal equipment. It should not be abused.

C. Locker Room Procedure

1. Roughhousing, throwing towels or other objects is not allowed in the dressing rooms.
2. Proper respect must be given to all adults, team managers, and trainers.
3. Lockers must be well maintained and only housing equipment for athletics. Street clothes, bags, jewelry, etc. left out may be thrown away and coaches will not be responsible for replacing said items.

D. School Spirit

1. An athlete should think of his school rather than his personal interest.
2. Each athlete should participate in some sport where their presence will help the team even though they are not the star.
3. Each athlete should attend athletic events in which they are not a participant.

VI. FORFEIT OF RIGHT TO PARTICIPATE IN EXTRACURRICULAR ACTIVITIES

People who participate in extracurricular activities often find themselves in a position to represent their fellow students, their school and their community. It is the desire of all to be well represented. The Campbell ISD and community has provided facilities, equipment, and personnel to facilitate the extra-curricular program. The school administration has given lots of time in planning, organizing, and operating the extra-curricular activities. The school administration shall have full authority to admit and dismiss students from an extracurricular activity when it feels that the best interest of the pupil and school is being served. After the first two weeks of a sport, any athlete that quits or is removed from the sport by their parents or the coaching staff, shall not be permitted to participate in any other competitive sport of the athletic program until they have completed a required disciplinary procedure determined by the head coach of the sports and the Athletic Director. If an athlete refuses to be disciplined for due cause, by any coach, they will be excluded from competitive activity for a period of one year. The required discipline must be completed for reinstatement.

ATHLETE RE-ENTRY PROGRAM

This program is designed to help students re-enter the program after quitting or being removed from a sport/team/athletics program. It operates on a "3 strikes and you're out" system. The program keeps up with the student's behavior history and is divided Jr. High from High school. The "free" 2 week trial period for each sport, starts the first day the athlete attends practice and continues for 10 consecutive school days.

- First offense results in 15 miles in 5 consecutive days monitored and recorded by a coach.
- Second offense results in 20 miles in 7 consecutive days monitored/recorded by a coach.
- Third offense results in permanent removal from any athletics

All records of program results must/will be reported to the Athletic Director for documentation and filing for future reference. ALL coaches will follow this program or be subject to dismissal.

VII. ATHLETIC AWARD SYSTEM

Letter jackets are considered to be a major award for athletes who have made a commitment to the Campbell athletic program.

A. General requirements for receiving a jacket:

1. Must have met all lettering requirements of the athletic policies.
2. Must maintain a proper attitude as a student and athlete.
3. Must complete the season in good standing both in disciplinary and academic standards.
4. Must meet all grade level requirements.
5. All requirements may be waived by judgment of the coach and the athletic director concerning injuries, illness, marginal cases, etc....

B. Specific Requirements for a Varsity Sports Letter

<u>Football:</u>	Participation in one-half of the district games.
<u>Basketball:</u>	Participation in one-half of the district games.
<u>Track:</u>	Participation in one-half of the meets and the district meet
<u>Baseball:</u>	Participation in one-half of the district games.
<u>Softball:</u>	Participation in one-half of the district games.
<u>Golf:</u>	Participation in one-half of the meets and the district meet
<u>Cross Country:</u>	Participation in one-half of the meets and the district meet

C. Grade Level requirements for receiving Letter Jackets

1. 9th graders must letter in three varsity sports
2. 10th graders must have lettered in two varsity sports and participated in another sport.
3. 11th graders must have lettered in two varsity sports and participated in two other sports or have participated in the same sport three years and lettered once.
4. 12th graders must have lettered in a varsity sport and participated in another sport or have participated in the same sport for three or more years.

VIII. CONDUCT GUIDELINES

MINOR OFFENSES:

Players will not:

Use Abusive, Racist or Profane Language
Skip class or have excess absences or tardies
Zeros in the gradebook
Sent to the office for disciplinary reasons
Demonstrate Inappropriate Behavior
Dress Inappropriately
Demonstrate Poor Sportsmanship
Skip Practice or Contests
Failure for the Athlete (not parent) to Contact Their Coach When Absent or Tardy

The Following Responses May Be Used for Minor Offenses:

Conference with the Coach
Assigned Athletic Reminders [Make up Work, Extra Conditioning, Detention, Up-Downs, Bleachers, Log Rolls, Extra Weight Work-outs, Bear Crawls(Eggs), walruses, etc]
Suspension from Part of a Game or Competition

MAJOR OFFENSES:

Players will not:

- Violate the Student Handbook
- Sent to the office for disciplinary reason 3 times in a semester
- Defy School Authority
- Be Insubordinate
- Be Suspended from School
- Commit 10 Minor Offenses within a school year.

The Following Responses May Be Used for Major Offenses:

- Parent Conference
- 10 x gassers x # of days
- Bear Crawls/Log Rolls
- Suspension from Part or All of a Game
- Suspension from the Team

- Suspension for 1 Semester

SERIOUS OFFENSES:

- Stealing
- Fighting
- Hazing
- 3 Major Offenses
- Players Will Not Use, Possess or Deliver the Following Banned Substances:

- Tobacco
- Alcoholic Beverages
- Illegal Drugs

1st Offense- Subject to below responses

2nd Offense- Removed from Athletics for 1 school year

The Following Responses May Be Used for Serious Offenses:

- 10 x gassers x # of days
- Bear crawls/Log Rolls
- Suspension from a Contest
- Suspension from Part or All of the Season
- Suspension from All Activities for a Year
- Permanent Suspension from All Athletic Activities

We have read the Athletic Code and understand all of the provisions. We understand that to participate in the athletic program, the athlete must follow the guidelines that have been set forth in the code. We also understand that violations of the rules will result in the stated disciplinary action.

We agree to abide by the rules set forth in this Athletic Code.

Athlete's Signature _____ Date _____

Parent's Signature _____ Date _____



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/

PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

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.

<p>1. Have you had a medical illness or injury since your last check up or physical? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Have you been hospitalized overnight in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Have you ever had prior testing for the heart ordered by a physician? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever passed out during or after exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had chest pain during or after exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you get tired more quickly than your friends do during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had racing of your heart or skipped heartbeats? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you had high blood pressure or high cholesterol? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been told you have a heart murmur? <input type="checkbox"/> Yes <input type="checkbox"/> No Has any family member or relative died of heart problems or of sudden unexpected death before age 50? <input type="checkbox"/> Yes <input type="checkbox"/> No 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"/> Yes <input type="checkbox"/> No Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? <input type="checkbox"/> Yes <input type="checkbox"/> No Has a physician ever denied or restricted your participation in activities for any heart problems? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Have you ever had a head injury or concussion? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been knocked out, become unconscious, or lost your memory? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many times? _____ When was your last concussion? _____ How severe was each one? (Explain below) _____ Have you ever had a seizure? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have frequent or severe headaches? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had numbness or tingling in your arms, hands, legs or feet? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had a stinger, burner, or pinched nerve? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Are you missing any paired organs? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Are you under a doctor's care? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Have you ever been dizzy during or after exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Have you ever become ill from exercising in the heat? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12. Have you had any problems with your eyes or vision? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>13. Have you ever gotten unexpectedly short of breath with exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have asthma? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have seasonal allergies that require medical treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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"/> Yes <input type="checkbox"/> No</p> <p>15. Have you ever had a sprain, strain, or swelling after injury? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you broken or fractured any bones or dislocated any joints? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check appropriate box and explain below:</p> <table border="0"> <tr> <td><input type="checkbox"/> Head</td> <td><input type="checkbox"/> Elbow</td> <td><input type="checkbox"/> Hip</td> </tr> <tr> <td><input type="checkbox"/> Neck</td> <td><input type="checkbox"/> Forearm</td> <td><input type="checkbox"/> Thigh</td> </tr> <tr> <td><input type="checkbox"/> Back</td> <td><input type="checkbox"/> Wrist</td> <td><input type="checkbox"/> Knee</td> </tr> <tr> <td><input type="checkbox"/> Chest</td> <td><input type="checkbox"/> Hand</td> <td><input type="checkbox"/> Shin/Calf</td> </tr> <tr> <td><input type="checkbox"/> Shoulder</td> <td><input type="checkbox"/> Finger</td> <td><input type="checkbox"/> Ankle</td> </tr> <tr> <td><input type="checkbox"/> Upper Arm</td> <td><input type="checkbox"/> Foot</td> <td></td> </tr> </table> <p>16. Do you want to weigh more or less than you do now? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17. Do you feel stressed out? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Females Only</i></p> <p>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? _____</p> <p><i>Males Only</i></p> <p>20. Do you have two testicles? _____</p> <p>21. Do you have any testicular swelling or masses? _____</p>	<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip	<input type="checkbox"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Thigh	<input type="checkbox"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee	<input type="checkbox"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Shin/Calf	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle	<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Foot	
<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip																	
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<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle																	
<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Foot																		

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 _____



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





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 many, 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 certify that I have read and understand the above information.

Parent/Guardian Signature

Parent/Guardian Name (Print)

Date

Student Signature

Student Name (Print)

Date



University Interscholastic League



Parent and Student Agreement/Acknowledgement Form Anabolic Steroid Use and Random Steroid Testing

- Texas state law prohibits possessing, dispensing, delivering or administering a steroid in a manner not allowed by state law.
- Texas state law also provides that body building, muscle enhancement or the increase in muscle bulk or strength through the use of a steroid by a person who is in good health is not a valid medical purpose.
- Texas state law requires that only a licensed practitioner with prescriptive authority may prescribe a steroid for a person.
- Any violation of state law concerning steroids is a criminal offense punishable by confinement in jail or imprisonment in the Texas Department of Criminal Justice.

STUDENT ACKNOWLEDGEMENT AND AGREEMENT

As a prerequisite to participation in UIL athletic activities, I agree that I will not use anabolic steroids as defined in the UIL Anabolic Steroid Testing Program Protocol. I have read this form and understand that I may be asked to submit to testing for the presence of anabolic steroids in my body, and I do hereby agree to submit to such testing and analysis by a certified laboratory. I further understand and agree that the results of the steroid testing may be provided to certain individuals in my high school as specified in the UIL Anabolic Steroid Testing Program Protocol which is available on the UIL website at www.uiltexas.org. I understand and agree that the results of steroid testing will be held confidential to the extent required by law. I understand that failure to provide accurate and truthful information could subject me to penalties as determined by UIL.

Student Name (Print): _____ Grade (9-12) _____

Student Signature: _____ Date: _____

PARENT/GUARDIAN CERTIFICATION AND ACKNOWLEDGEMENT

As a prerequisite to participation by my student in UIL athletic activities, I certify and acknowledge that I have read this form and understand that my student must refrain from anabolic steroid use and may be asked to submit to testing for the presence of anabolic steroids in his/her body. I do hereby agree to submit my child to such testing and analysis by a certified laboratory. I further understand and agree that the results of the steroid testing may be provided to certain individuals in my student's high school as specified in the UIL Anabolic Steroid Testing Program Protocol which is available on the UIL website at www.uiltexas.org. I understand and agree that the results of steroid testing will be held confidential to the extent required by law. I understand that failure to provide accurate and truthful information could subject my student to penalties as determined by UIL.

Name (Print): _____

Signature: _____ Date: _____

Relationship to student: _____

School Year (to be completed annually) _____



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.

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