

2008 -2009 FISD/UII CERTIFICATE FOR ATHLETICS INSTRUCTIONS PAGE

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

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

2008/2009 Grade Level _____ Year of Graduation _____

PLEASE CIRCLE

BASEBALL
BASKETBALL
CHEERLEADING
CROSS-COUNTRY
DRILL TEAM

FOOTBALL
GOLF
GYMNASTICS
LACROSSE
SOCCER

SOFTBALL
SWIMMING/DIVING
TENNIS
TRACK
VOLLEYBALL

WATER POLO
WRESTLING

PLEASE READ AND FOLLOW ALL INSTRUCTIONS

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

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

Forms turned in after October 17th, will not be accepted.

All original forms for athletes grades 7-12 are to be turned in to the FHS High School Athletic Training Room.

Fax copies of these forms may not be accepted.

Forms from previous school years will not be accepted.

To avoid lost or misplaced forms and to ensure delivery to the proper location, please return the completed form to the FHS Athletic Trainers only. The Athletic Training Room is located in The Walter Wilson Field House (where the basketball games are played) at the back of the building.

Or original forms may be mailed to:

**THE FRIENDSWOOD HIGH SCHOOL ATHLETIC TRAINING ROOM
ATTENTION: MEGAN DUNCAN
702 GREENBRIAR
FRIENDSWOOD, TX 77546**

If this form is not returned to the FHS Athletic Training Room, FISD and the FHS Sports Medicine Program 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.

Physicals done prior to May 24, 2008 will not be accepted as this physical is to clear your son or daughter for participation in athletics for the 2008-2009 school year.

If you are new to FISD, you may be required to complete a Previous Athletic Participation Form (PAPF). Please contact the athletic director's secretary for more information.

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

2008-2009 FISD/UIL CERTIFICATE FOR ATHLETICS

DEMOGRAPHIC INFORMATION

Student's Name _____

Date Of Birth _____ (Last) / _____ (First) / _____ (Middle) Age _____ Sex M F

2008/2009 Grade Level _____ Year of Graduation _____

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

Parent/Guardian Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Parent/Guardian Email _____

Parent/Guardian Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Parent/Guardian Email _____

Emergency Contact #1 _____

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Contact #2 _____

Home Phone _____ Work Phone _____ Cell Phone _____

List Any Drug Allergies _____

List Any Other Allergies _____

List Any Current Medications _____

Any Other Medical Concerns _____

Physician _____ Phone _____

Primary Health Insurance Company _____

Phone _____ Policy Number _____

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

Secondary Health Insurance Company _____

Phone _____ Policy Number _____

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

PARENT/GUARDIAN CONSENT

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

It is understood that even though protective equipment is worn by the athlete whenever needed, the possibility of an accident still remains. Neither UIL nor FISD assumes any responsibility in the event of an accident.

The undersigned agrees to be responsible for the safe return of all athletic equipment issued by FISD.

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 illness, I do hereby request, authorize and consent to such treatment as may be given by any physician, athletic trainer, nurse, hospital or school representative. I do hereby agree to indemnify and save harmless the school and any school representative from any claim by any person on account of such care and treatment of said student.

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

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 changes occur in the information provided, I agree to notify school officials, including the athletic trainer(s), of such changes.

Student Signature _____ **Date** _____

Parent Signature _____ **Date** _____

**2008-2009 FISD/UII CERTIFICATE FOR ATHLETICS
PARENT AND STUDENT
AGREEMENT/ACKNOWLEDGEMENT FORM
ANABOLIC STEROID USE AND RANDOM STEROID TESTING**

- Texas state law prohibits possessing, dispensing, delivering or administering a steroid in a manner not allowed by state law.

- Texas state law also provides that body building, muscle enhancement or the increase in muscle bulk or strength through the use of a steroid by a person who is in good health is not a valid medical purpose.

- Texas state law requires that only a licensed practitioner with prescriptive authority may prescribe a steroid for a person.

- Any violation of state law concerning steroids is a criminal offense punishable by confinement in jail or imprisonment in the Texas Department of Criminal Justice.

STUDENT ACKNOWLEDGEMENT AND AGREEMENT

As a prerequisite to participation in UIL athletic activities, I agree that I will not use anabolic steroids as defined in the UIL Anabolic Steroid Testing Program Protocol. I have read this form and understand that I may be asked to submit to testing for the presence of anabolic steroids in my body, and I do hereby agree to submit to such testing and analysis by a certified laboratory. I further understand and agree that the results of the steroid testing may be provided to certain individuals in my high school as specified in the UIL Anabolic Steroid Testing Program Protocol which is available on the UIL website at www.uil.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: _____

2008-2009 FISD/UII CERTIFICATE FOR ATHLETICS

ACKNOWLEDGEMENT OF RULES

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: school coaches may hold one 6-day camp in their school district for incoming 7th, 8th and 9th grade students),
- 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 are 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 504 handicapped 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 day students in a participant high school.
- initially enrolled in the ninth grade not more than four calendar 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 represented a college in a contest.
- 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 allow 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.fisd12.net. I have read and understood The Friendswood Independent School District's Certificate For Athletics. By signing, I agree to abide by all rules as set forth by the Friendswood 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 FISD.

Student Signature _____ **Date** _____

Parent Signature _____ **Date** _____

2008-2009 FISD/UII CERTIFICATE FOR ATHLETICS HAZING NOTICE

Friendswood ISD, Friendswood Junior High and Friendswood High School clubs and organizations including Athletic Teams, Band, Cheerleaders, and Wranglerettes, do not condone, sanction or otherwise support or allow hazing, harassment or initiations (including shaving heads or cutting hair). This applies to all Friendswood Junior High and High School students including those entering the 7th Grade. This policy is in effect for 365 days a year.

School Board Policy and Texas State Law defines “hazing” as any intentional, knowing, or reckless act occurring on or off the campus of an educational institution directed against a student, by one person alone or acting with others, that endangers the mental or physical health or safety of a student for the purpose of pledging, being initiated into, affiliating with, holding office in, or maintaining membership in any organization whose members are or include other students.

Personal Hazing Offense

A person commits an offense on or off school property if the person:

1. Engages in hazing;
2. Solicits, encourages, directs, aids, or attempts to aid another in engaging in hazing;
3. Intentionally, knowingly, or recklessly permits hazing to occur;
4. Or has firsthand knowledge of the planning of a specific hazing incident involving a student in an educational institution, or first hand knowledge that a specific hazing incident has occurred, and knowingly fails to report said knowledge in writing to an administrator, coach, or sponsor.

Sec 4.45 Consent Not A Defense

It is not a defense to the prosecution for the offense under this subchapter that the person against whom the hazing was directed consented to or acquiesced in the hazing activity.

Violation of hazing and depending on the seriousness of the offense, students will be punished. The consequences may include possible suspension or removal from the team or organization

StudentSignature _____ **Date** _____

Parent Signature _____ **Date** _____

2008-2009 FISD/UII CERTIFICATE FOR ATHLETICS MEDICAL HISTORY FORM – PAGE 1

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, hypertrophic cardiomyopathy, long QT syndrome, 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)?		

Continued On Next Page

2008-2009 FISD/UIL CERTIFICATE FOR ATHLETICS MEDICAL HISTORY FORM- PAGE 2

		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;"> Head Neck Back Chest Shoulder Upper Arm Elbow Forearm Wrist </div> <div style="display: flex; justify-content: space-between; text-align: center;"> Hand Finger Hip Thigh Knee Shin/Calf Ankle Foot </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** _____

2008-2009 FISD/UII CERTIFICATE FOR ATHLETICS PREPARTICIPATION PHYSICAL EVALUATION/EXAM

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			
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 _____