

NOTICE TO PARENTS / GUARDIANS

Dear Parent / Guardian:

This packet of forms is a requirement for participation in athletics at Waxahachie High School, Waxahachie Ninth Grade Academy, Howard 8th Grade Center, and Finley 7th Grade Center. Your son or daughter **will not be allowed to participate or travel** with an athletic team unless these forms are on file with their coach and athletic trainer.

Please read carefully and sign on all required spaces. The signing of this packet of forms without reading or understanding will create complications should an injury occur. It is strongly suggested that you make a copy of each of these forms for your own records.

NOTICE:

This packet must be completed and returned prior to the first practice. Forgery of this packet and / or forms may result in removal from the athletic program and / or other disciplinary action.

**** Please complete the packet carefully as some items have changed. ****

WAXAHACHIE INDEPENDENT SCHOOL DISTRICT

MEDICAL CONSENT FORM

Student-Athlete _____ Grade _____ Age _____

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examinations, diagnostic examinations, and immunizations for the above named student-athlete. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is not able to communicate with me, the treatment necessary for the best interest of the above named student-athlete may be given. Major emergency surgery will not be preformed unless the medical opinion of another licensed physician concurring in the necessity for such surgery is obtained prior to the performance of such surgery.

In the event that an emergency arises during a practice session or game, an effort will be made to contact the parents or guardians as soon as possible. Permission is also granted to the Head Athletic Trainer and the Assistant Athletic Trainer to provide the needed emergency treatment and first aid to the above named student-athlete prior to his/her referral to the attending physician or admission to a medical facility. In the case of absence of the Athletic Trainers, the head coach of the sport is given permission to provide basic first aid and emergency care.

Permission is hereby granted to the Head Athletic Trainer and the Assistant Athletic Trainer to dispense **any of the following** over-the-counter medications to my child:

- | | |
|-------------------------------|------------------------------------|
| _____ Aspirin | _____ Pepto-Bismol |
| _____ Tylenol (Acetaminophen) | _____ Antacid Tablets |
| _____ Advil (Ibuprofen) | _____ Mediproxen (Aleve) |
| _____ Immodium A/D (Liquid) | _____ Decorel Forte (Decongestant) |
| _____ Fosfree (Electrolyte) | _____ Loradamed (Anti-histamine) |
| _____ Cough drops | _____ Ms-AID / Cramp Tabs (Midol) |

_____ I **DO NOT** wish any medications to be given to my child.

Current Medical Concerns: _____
(allergies, asthma, etc.)

Current Medications: _____

DATE SIGNATURE OF PARENT/GUARDIAN

PHONE:(H)_____ (W)_____ (Other)_____

FAMILY PHYSICIAN:_____ PHONE:_____

**Waxahachie Independent School District
Standard Helmet Release**

Name _____ Age _____ Grade _____

This is to certify that I have fully read and understand the warning label(s) attached to the inside or outside of the football, softball, or baseball helmet, which has been checked out by my child from Waxahachie High School or Waxahachie Junior High School. The label reads:

Football Helmets:

WARNING: Do not strike an opponent with any part of this helmet or facemask. This is a violation of football rules and may cause you to suffer severe brain or neck injury, including paralysis or death. Severe brain or neck injury may also occur accidentally while playing football. NO HELMET CAN PREVENT ALL SUCH INJURIES. USE THIS HELMET AT YOUR OWN RISK. Or,

WARNING: No helmet can prevent all head or any neck injuries a player might receive while participating in football. Do not use this helmet to butt, ram, or spear an opposing player. This is in violation of the football rules and such use can result in severe head or neck injuries, paralysis or death to you and possible injury to your opponent.

(<http://www.nocsae.org/standards/pdfs/Standards%20'06/ND002-98m05.pdf>)

Softball & Baseball Helmets:

WARNING: Do not use this helmet if the shell is cracked or deformed; or if the interior padding is deteriorated. Severe head or neck injury, including paralysis or death may occur to you despite using this helmet. No helmet can prevent all head injuries or neck injuries a player might receive while participating in baseball or softball.

(<http://www.nocsae.org/standards/pdfs/Standards%20'06/ND022-03m04.pdf>)

I understand that football, softball, and baseball are potentially injurious sports and agree to accept the risk of injury associated with these sports. I also fully understand that no helmet can prevent injuries from occurring. I, therefore, accept the risk and allow my child to participate in football, softball, and / or baseball, and agree that I will not hold any of the Waxahachie Independent School District's Board of Trustees, its coaches, athletic trainers, teachers or administrators responsible for any injury which my child might suffer while participating in football, softball, and / or baseball. I hereby release the Waxahachie Independent School District, its Board of Trustees, and all of the personnel named above from any liability in connection with any injury that my child might obtain from participation in the sports of football, softball, and / or baseball.

Parent/Guardian Signature _____ Date _____

Student Athlete Signature _____ Date _____

Witness Signature _____ Date _____

ADDITIONAL STUDENT INSURANCE

Dear Parent / Guardian,

The Waxahachie ISD has a BLANKET insurance policy for those students taking part in our various UIL athletics and activities programs. This policy is designed to help offset deductibles and co-insurance. It is NOT STRUCTURED to pay all medical costs.

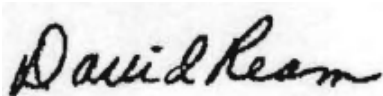
However, special arrangements have been made with some medical facilities to take full assignment on your insurance and that which the district provides. For a list of these facilities, you may go to the Texas Athletic Network website and search through their directory.

(www.texasathleticnetwork.com)

There are also VOLUNTARY policies that you can take out in addition that will also be included for those who do not have any traditional coverage on their children. If you have any questions, please call Texas Kids First toll-free at 800-388-5620, or visit their website: www.texaskidsfirst.com.

Please sign this form and have your child return it to the athletic training room as soon as possible. Failure to do so forfeits your child from participating in the first athletic event.

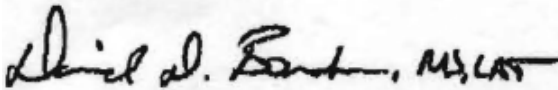
Sincerely,



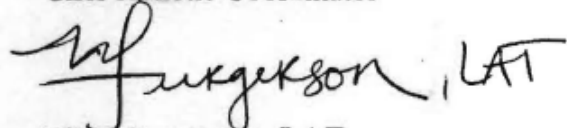
David Ream
Boys Athletic Coordinator



Sandy Faussett-Stoops
Girls Athletic Coordinator



David D. Bowdoin, MS, LAT
Head Athletic Trainer



Nikki Furgerson, LAT
Assistant Athletic Trainer

I have read and understand the insurance coverage the school provides for my child and have been given the opportunity to purchase insurance coverage. This coverage would help defray the costs of any injury my child may sustain while participating in athletics within the Waxahachie ISD.

Name of Student

Parent / Guardian Signature

Date

**THE WISD EXTRACURRICULAR STUDENT CODE OF CONDUCT AND SUBSTANCE
ABUSE POLICY & GUIDELINES ARE LOCATED ONLINE AT
www.waxahachieindians.com**

If you do not have internet access or would like a hard copy of this policy for your records, please contact your head coach, sponsor, or the staff athletic trainers.

Please read the guidelines stated in the Extracurricular Student Code of Conduct, sign, and return this acknowledgement to the appropriate sponsor or coach of the activity in which you are participating. For athletics, this acknowledgement will be on file in the athletic training room after it is turned in to the appropriate coach.

I have read, understand, and agree to abide by the guidelines stated within the WISD Extracurricular Student Code of Conduct and the WISD Substance Abuse Policy & Guidelines.

Student's Signature

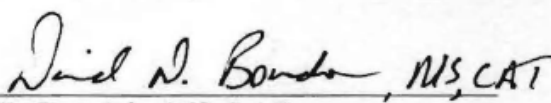
Date

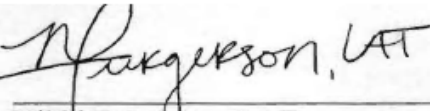
Parent/Guardian/Managing Conservator Signature

Date

INDIAN ATHLETIC TRAINING ROOM RULES

1. No cleats. Leave them outside the front door.
2. Unless otherwise directed, arrive for treatment in appropriate workout gear.
3. No food or drink is allowed at any time inside the athletic training room.
4. The athletic training room opens up at these times during school:
 - a. 6:30 am during football season.
 - b. 7:30 am after football season has been completed.
5. Arrive for treatment on time. Tardiness and absences will be reported to your coach.
6. Weekend treatment times may be scheduled as needed throughout the year. Check with the staff athletic trainers as to scheduled weekend treatments.
7. Injuries occurring during athletics should be reported to the coach and to the athletic trainers. Injuries not reported in this manner may not be covered by athletic insurance.
8. All ice machines in the athletic training rooms and the fieldhouse are off-limits to athletes.
9. No horseplay or profanity is tolerated.
10. A negative attitude will not be tolerated.
11. The athletic training room is here for you and your care. Please be appreciative of the care you receive. Disrespect of any kind toward staff or student athletic trainers will not be tolerated and will result in immediate disciplinary action.
12. Every athlete must have a physical and an athletic packet signed every year and on file in the athletic training room in order to participate in athletics.


David D. Bowdoin, MS, LAT
Head Athletic Trainer


Nikki Furgerson, LAT
Assistant Athletic Trainer

I have read and received the above rules and understand that my child must abide by them when receiving care in the athletic training room.

Parent / Guardian: _____ **Date** _____

I have read the above rules and understand that I must abide by them when I am receiving care in the athletic training room.

Student: _____ **Date** _____

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.

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, 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 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.

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

- | | | | | | |
|---|--|-----------------------------------|--|--|------------------------------------|
| To the Parent: | <input type="checkbox"/> Baseball | <input type="checkbox"/> Football | <input type="checkbox"/> Softball | <input type="checkbox"/> Tennis | <input type="checkbox"/> Wrestling |
| Check any activity in which this | <input type="checkbox"/> Basketball | <input type="checkbox"/> Golf | <input type="checkbox"/> Swimming & Diving | <input type="checkbox"/> Track & Field | |
| student is allowed to participate. | <input type="checkbox"/> Cross Country | <input type="checkbox"/> Soccer | <input type="checkbox"/> Team Tennis | <input type="checkbox"/> Volleyball | |

Date _____

Signature of parent or guardian _____

Street address _____

City/State/Zip _____

Home area code and telephone _____

Business telephone _____

The student's signature is required on the reverse side of this form.

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.
- **I have been provided the UIL Parent Information Manual regarding health and safety issues 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.**

I have read the regulations cited above and agree to follow the rules.

Date

Signature of student



**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: _____