KISD Athletic Department Athletic Participation

School Year: 2011-2012

----------Physical Examination & Participation Forms ----------

All athletic participants are required to obtain a yearly physical examination prior to participation in games, practices, try-outs, workouts (in-season or out-of-season).

The physical examination is to be completed by either a Physician as licensed by the Texas Medical Examiners Board (M.D. or D.O.), a Physician Assistant licensed by a State Board of Physician Assistant Examiners, or a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners.

Also, the *Athletic Participation, UIL Rules, Medical History, Steroid Use/Testing forms and Emergency Information Card* are to be completed and on file yearly prior to participation in games, practices, try-outs, and workouts (in-season or out-of-season). Including all Athletic Periods

Please *PRINT* all information in BLUE OR BLACK INK ONLY – other ink colors, pencil, or "trace over" will not be accepted.

_____

Last Name First Name MI Date of Birth Gender Grade

----------Assumption of Risk & Release of All Claims----------

All athletes will be coached, instructed and conditioned to compete at the peak of their abilities. Along with competition and effort to acquire excellence is the reality of possible injury. Each coach is aware of the dangers and will make every effort to prevent injuries with proper conditioning, protective equipment and safety practices. However, not all injuries are preventable and SEVERE INJURIES OR EVEN DEATH CAN OCCUR DURING ATHLETIC PARTICIPATION. Neither the UIL nor the KISD assumes any responsibility in case an accident occurs.

I understand the possible risk of injury present in the athletic participation. I hereby release and discharge KISD, its agents, employees and officers from any and all claims, demands, actions, judgments and executions which I may have or which my heirs, executors, administrator or assigns may have or claim to have against the KISD, its agents, employees, officers, parent-volunteer, successors in interest or assigns for all personal injuries, known or unknown, and to all known or unknown injuries to property, real or personal, caused by or arising out of participation in athletics including travel and related activities.

----------Athletic Insurance Coverage----------

The KISD Athletic Department **does not** provide athletic insurance for athletes. The Athletic Department and KISD recommends that each athlete have their own insurance. The District has information on various insurance coverage policies that can be purchased by individuals. The policy pays according to a schedule of benefits set by the insurance provider. I understand that KISD will not provide insurance for my child while in athletics and that any injury sustained by my child will be my sole financial responsibility.

_____ _____

Parent/Guardian Signature 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.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: _____