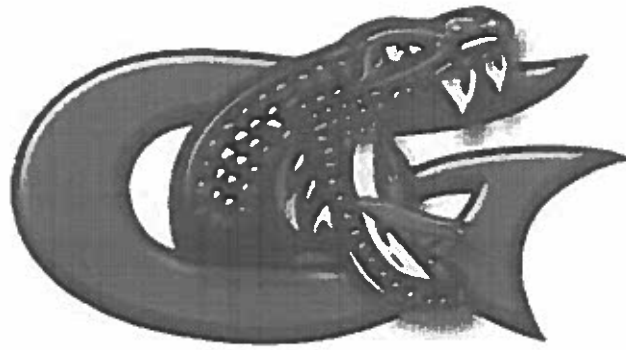




2018-2019

BLG Glimmers Tryouts

Required Documents

The attached documents must be completed and returned in a manila folder labeled with name and current grade level. Folders should be turned in to Shea Scott in Room 136 in the BLG Main Building by March 23th at 4:00PM. No late packets will be accepted after this time. Candidates will not be allowed to participate unless all forms are submitted and complete. Please have all forms in the following order:

1. Glimmers Application
2. Citizenship Evaluation Sheet
3. Athletic Emergency Form
4. Cheerleader & Drill Team Constitution Acknowledgement Form
5. Physical or Physical on File-Current SISD Athlete
6. Athletic Packet
 - a. Acknowledgement of Rules
 - b. General Eligibility Rules
 - c. Sudden Cardiac Awareness Form
 - d. Concussion Acknowledgement Form
 - e. Steroid Use & Random Steroid Testing
 - f. Insurance Form
 - g. Extracurricular Code of Conduct

B.L. GRAY JR. HIGH SCHOOL
Glimmers Application

Candidate Name: _____ Current Grade: _____ ID: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mother's Cell: _____

Father's Cell: _____ Candidate's Cell: _____

Mother's Employer: _____

Employer's Phone Number: _____

Father's Employer: _____

Employer's Phone Number: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Extra Curricular Activities: (please note any activities that may interfere with practice, games, and performances.)

***Please note that games are mandatory. Dates will be given with ample time for planning. It is important all parents and candidates understand the time demand Diamonds requires.*

Prior Cheer/Dance experience? Yes No If so, when? How Long? Where? _____

Do you have any injuries, allergies, illnesses that require medication, therapy, caution? If so, what are they and their medications/limitations?

It is acknowledged that dance is a privilege, not a right. Glimmers is an athletic activity that requires a high demand of time, physical ability, and financial responsibility. There is a risk of injury. Members must understand these risks and will not hold Sharyland ISD, its personnel, or contracted officials, responsible in the case of accident or injury at any time.

Parent/Guardian's Signature

Date

Sharyland ISD Glimmers Tryouts
Citizenship Evaluation Sheet

Directions: Candidate needs to fill in name, grade, and ID number and turn in with your completed packet. This form needs to be completed by an administrator.

Candidate Name: _____

ID #: _____

Current Grade Level: _____

Total Number of absences for 2017-2018 _____

Number of referrals w/o disciplinary action _____ x3= _____

Number of detentions _____ x5= _____

Days spent in ISS _____ x25= _____

Days in Home Suspension _____ x50= _____

Days suspended from extracurricular participation _____

AEP: no yes *if yes, ineligible to tryout*

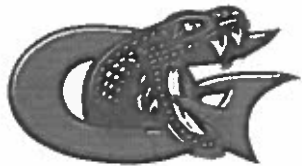
Total Citizenship Points Deducted: _____

Signature of Administrator

Date

Candidate's Signature

Date



B.L. GRAY JR. HIGH SCHOOL
Athletic Emergency Form – Please Print Clearly in Black Ink

Athlete's Name: _____ DOB: _____ Age: _____

Grade: _____ Sports: _____

Street Address: _____ City/State: _____ Zip: _____

Mailing Address if different: _____ City/State: _____ Zip: _____

Student Cell #: _____ Do you receive texts on your cell phone?: _____

Father's Name: _____ Work #: _____ Cell #: _____

Mother's Name: _____ Work #: _____ Cell #: _____

Friend/Relative: _____ Work #: _____ Cell #: _____

Name of other Health, Accident Insurance Plan (other than Athletic Insurance)

Insurance Co./Address: _____

Policy #: _____ Phone #: _____

Family Doctor: _____ Phone #: _____

Is your child Allergic to any Medicines/Drugs or Insect Bites, etc? YES NO
If yes, please indicate. _____

Does your child require an EPI-PEN for allergic reactions? YES NO

Does your child have a current medical illness/condition or has suffered from one in the past that could require emergency attention? (Conditions such as Asthma, Heart Problems, Concussions, Seizures, Diabetes, Etc.) YES NO
If yes, please list. _____

Is your child taking medications? YES NO
If yes, please list. _____

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 to said student by any physician, trainer, nurse, hospital, or school representative, and I do hereby agree to indemnify and save harmless the school any school representative from any claim by any person whomsoever on account of such care and treatment of said student.

Parent/Guardian Signature & Date



Sharyland ISD

Cheerleader & Drill Team Constitution and Discipline & Procedures

Acknowledgement Form

My child and I have received a copy of the Sharyland Independent School District Cheerleader and Drill Team Constitution and Sharyland ISD Spirit Group Discipline and Procedures for 2016-2017. I understand that the constitution contains information that my child and I may need during the school year and that all cheer/dance members will be held accountable for their attendance, appearance, and character and will be subject to the demerit system, along with disciplinary consequences outlined in Sharyland ISD's Student Code of Conduct, if applicable. If I have any questions regarding the constitution and/or the demerit system, I should direct those questions to the sponsor.

Printed Student Name

Signature of student

Date

Printed Parent Name

Parent Signature

Date

Physical

If the candidate is an athlete within Sharyland ISD for the 2017-2018 school year, and a physical is on file with the school, and the candidate plans on participating in a sport for the next school year, the candidate will not be required to have another physical completed until August. A copy of the athlete's current physical must be submitted in the tryout packet.

My child _____ is presently an athlete with _____ (school) and has a current physical on file. I understand that if my child has high enough scores and makes Glimmers, my child will be required to obtain a new physical and turn in completed forms for the 2017-2018 school year in August unless requirement changes.

Parent 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 athletic participation and again prior to first and third years of high school athletic 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 games/matches.

PREPARTICIPATION PHYSICAL EVALUATION — MEDICAL HISTORY

REVISED 12-4-14

This **MEDICAL HISTORY FORM** must be completed *annually* by parent (or guardian) and student in order for the student to participate in athletic activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an athletic 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.

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or sports physical?	☐	☐	13. Have you ever gotten unexpectedly short of breath with exercise?	☐	☐
2. Have you been hospitalized overnight in the past year?	☐	☐	Do you have asthma?	☐	☐
Have you ever had surgery?	☐	☐	Do you have seasonal allergies that require medical treatment?	☐	☐
3. Have you ever had prior testing for the heart ordered by a physician?	☐	☐	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)?	☐	☐
Have you ever passed out during or after exercise?	☐	☐	15. Have you ever had a sprain, strain, or swelling after injury?	☐	☐
Have you ever had chest pain during or after exercise?	☐	☐	Have you broken or fractured any bones or dislocated any joints?	☐	☐
Do you get tired more quickly than your friends do during exercise?	☐	☐	Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	☐	☐
Have you ever had racing of your heart or skipped heartbeats?	☐	☐	If yes, check appropriate box and explain below:		
Have you had high blood pressure or high cholesterol?	☐	☐	☐ Head	☐ Elbow	☐ Hip
Have you ever been told you have a heart murmur?	☐	☐	☐ Neck	☐ Forearm	☐ Thigh
Has any family member or relative died of heart problems or of sudden unexpected death before age 50?	☐	☐	☐ Back	☐ Wrist	☐ Knee
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?	☐	☐	☐ Chest	☐ Hand	☐ Shin/Calf
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	☐	☐	☐ Shoulder	☐ Finger	☐ Ankle
Has a physician ever denied or restricted your participation in sports for any heart problems?	☐	☐	☐ Upper Arm	☐ Foot	
4. Have you ever had a head injury or concussion?	☐	☐	16. Do you want to weight more or less than you do now?	☐	☐
Have you ever been knocked out, become unconscious, or lost your memory?	☐	☐	17. Do you feel stressed out?	☐	☐
If yes, how many times? _____			18. Have you ever been diagnosed with or treated for sickle cell trait or cell disease?	☐	☐
When was your last concussion? _____			<i>Females only</i>		
How severe was each one? (Explain below)			19. When was your first menstrual period? _____		
Have you ever had a seizure?	☐	☐	When was your most recent menstrual period? _____		
Do you have frequent or severe headaches?	☐	☐	How much time do you usually have from the start of one period to the start of another? _____		
Have you ever had numbness or tingling in your arms, hands, legs or feet?	☐	☐	How many periods have you had in the last year? _____		
Have you ever had a stinger, burner, or pinched nerve?	☐	☐	What was the longest time between periods in the last year? _____		
5. Are you missing any paired organs?	☐	☐	An individual answering in the affirmative to any question relating to a possible cardiovascular health issue (question three above), as identified on the form, should be restricted from further participation until the individual is examined and cleared by a physician, physician assistant, chiropractor, or nurse practitioner. **EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary): _____ _____ _____		
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)?	☐	☐			
11. Have you ever become ill from exercising in the heat?	☐	☐			
12. Have you had any problems with your eyes or vision?	☐	☐			

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 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 athletic competition, 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 OR CONTEST BEFORE, DURING OR AFTER SCHOOL.**

For School Use Only:

This Medical History Form was reviewed by: Printed Name _____ Date _____ Signature _____

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, 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.uillexas.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.

- | | | | |
|--|-----------------------------------|--|--|
| ☐ Baseball | ☐ Football | ☐ Softball | ☐ Tennis |
| ☐ Basketball | ☐ Golf | ☐ Swimming & Diving | ☐ Track & Field |
| ☐ Cross Country | ☐ Soccer | ☐ Team Tennis | ☐ Volleyball |
| ☐ 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 _____



SUDDEN CARDIAC ARREST AWARENESS FORM

Name of Student: _____

Revised February 2015

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?

- Conditions present at birth
 - *Inherited (passed on from parents/relatives) conditions 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 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 are inherited.
 - *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. 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/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.



SUDDEN CARDIAC ARREST AWARENESS FORM

Revised February 2015

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/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.
- Additional screening using an electrocardiogram and/or an echocardiogram is readily available to all athletes, but is not mandatory.

Where can one find information on additional screening?

- Check the Health & Safety page of the UIL website (<http://www.uiltexas.org/health>) or do an internet search for "Sudden Cardiac Arrest".

Parent/Guardian Signature _____

Date _____

Parent/Guardian Name (Print) _____

Student Signature _____

Date _____

Student Name (Print) _____



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: Head ache, appears to be dazed or stunned, tinnitus (ringing in the ears), fatigue, slurred speech, nausea or vomiting, dizziness, loss of balance, blurry vision, sensitive to light or noise, feel foggy or groggy, memory loss, or confusion.

Oversight - Each district shall appoint and approve a Concussion Oversight Team (COT). The COT shall include at least one physician and an athletic trainer if one is employed by the school district. Other members may include: Advanced Practice Nurse, neuropsychologist or a physician's assistant. The COT is charged with developing the Return to Play protocol based on peer reviewed scientific evidence.

Treatment of Concussion - The student athlete shall be removed from practice or competition immediately if suspected to have sustained a concussion. Every student-athlete suspected of sustaining a concussion shall be seen by a physician before they may return to athletic participation. The treatment for concussion is rest. Also avoid external stimulation such as watching television, music, use of computer, and bright lights. When all signs and symptoms of concussion have cleared and the student has received written clearance from a physician, the student-athlete may begin their district's Return to Play protocol as determined by the Concussion Oversight Team.

Return to Play - According to the Texas Education Code, Section 38.157:

A student removed from an interscholastic athletics practice or competition under Section 38.156 may not be permitted to practice or compete again following the force or impact believed to have caused the concussion until:

- (1) the student has been evaluated, using established medical protocols based on peer-reviewed scientific evidence, by a treating physician chosen by the student or the student's parent or guardian or another person with legal authority to make medical decisions for the student;
- (2) the student has successfully completed each requirement of the return-to-play protocol established under Section 38.153 necessary for the student to return to play;
- (3) the treating physician has provided a written statement indicating that, in the physician's professional judgment, it is safe for the student to return to play; and
- (4) the student and the student's parent or guardian or another person with legal authority to make medical decisions for the student to return to play;
- (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 _____



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-texas.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.uil-texas.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) _____

INSURANCE INFORMATION

- Sharyland ISD has purchased a limited benefit accident-only insurance policy that covers all student athletes while participating in UIL-supervised activities including travel, games, in-season after-school practices, and out-of-season school hour practices. Personal illnesses, heart conditions, legions, skin conditions, etc. will not be covered. You may contact the athletic trainers for specific coverage.
- The insurance coverage is "secondary", meaning it is designed to pay those expenses not paid or payable by any other insurance. Therefore, you will be required to file first with your personal insurance.
- The policy is a limited benefit plan. It will not pay 100% of the bills. It is coordinated with any personal coverage you may have. Your personal insurance is the primary carrier and this policy is the secondary carrier.
- If parent/guardian does not have a primary insurance policy, the school insurance policy will still provide limited benefits. However, out-of-pocket expenses may be greater.
- Any bills not paid by your personal carrier or the school insurance will be the responsibility of the parent/guardian.
- Sharyland ISD is not responsible for any medical bills.
- Parent/Guardian must notify the athletic trainer prior to non-emergency doctor visits or insurance benefits may be forfeited. It is the responsibility of the parent/guardian to mail in the secondary insurance claims and all accompanying bills and explanations of benefits from their primary insurance to the school's insurance company. Failure to do so can result in increased out-of-pocket expenses. This is NOT the school's responsibility.
- Any athletic that is injured away from a school sponsored event (car wrecks, sports injuries from club sports, etc.), as described in item 1 above, must have a clearance slip from a doctor before they will be allowed to return to athletic participation. All return to play notes must be from a licensed doctor in the United States.
- I have read and understand the insurance policies.

Parent/Guardian Signature _____

Date _____

INFORMACIÓN SOBRE LOS SEGUROS

- El Distrito Escolar Independiente de Sharyland (Sharyland ISD) ha comprado una póliza de seguro de beneficios limitados que paga beneficios solamente en los casos de accidentes. La póliza cubre todos los atletas estudiantiles mientras participan en actividades atléticas supervisadas (UIL), inclusive los viajes, los partidos, las prácticas después de la escuela durante la temporada del deporte, y las prácticas durante las horas de la escuela cuando no es la temporada del deporte. Las enfermedades personales, las enfermedades del corazón, los alergias, los problemas de la piel, etc. no están cubiertos. Hable a los "athletic trainers" (asistentes médicos de la escuela) para más información.
- Esta póliza de seguros es secundaria, lo cual significa que el propósito de la póliza es de pagar los gastos que otro seguro no paga o no debe de pagar. Por eso, usted primero tiene que aplicar con la agencia de seguro personal.
- La póliza es una póliza de beneficios limitados: no pagará cien por ciento de los gastos médicos, se coordinará con cualquier póliza personal que usted pueda tener, su póliza de seguro personal es la póliza principal y la póliza de la escuela es la póliza secundaria.
- Si el padre/guardián no tiene una póliza principal de seguros, la póliza de la escuela pagará algunos beneficios limitados.
- Pero los gastos que los padres mismos tendrán que pagar pueden ser de alto costo.
- El padre/guardián tiene la responsabilidad de pagar los gastos que no son pagados por su seguro personal o por el seguro de la escuela.
- El padre/guardián tiene que avisarle al "athletic trainer" antes de llevar al estudiante al médico para una consulta que no sea urgente. Si no avisan al "athletic trainer" antes, es posible que no reciban los beneficios del seguro de la escuela.
- El padre/guardián tiene la responsabilidad de manejar a la agencia de seguros escolares las solicitudes, las formas de gastos médicos, e información sobre los beneficios de su póliza de seguro principal. Si no sigue este proceso, los gastos que los padres tienen que pagar pueden resultar de alto costo.
- Un atleta lesionado de alguna manera que no sea relacionada con una actividad escolar (accidentes de automóvil, heridas que resultan de deportes que no son de la escuela "club sports") mencionado en el número 1 tiene que tener una carta de su médico dándole de alta antes de poder volver a participar en las actividades atléticas. Todas las cartas que dicen que un atleta puede volver a jugar deben que ser firmadas por un médico licenciado en los Estados Unidos.
- He leído y comprendo esta información sobre los seguros.

Firma del padre/guardián _____

Fecha _____

To: Sharyland I.S.D. Parents/Guardians and Students
From: Sharyland I.S.D.
RE: Extracurricular Code of Conduct

Your child has expressed a desire to participate in an extracurricular activity at Sharyland ISD. It is the belief of our district that participation in extracurricular activities can give students direction in the development of self-discipline, responsibility, pride, leadership, teamwork, respect for authority, and healthy living habits.

Participation in the regular curriculum is a right afforded to each student; however, participation in the extracurricular program is a privilege that carries additional expectations for acceptable conduct. Because participation in extracurricular activities is a privilege not a right, SISD is authorized to set higher standards for participants of these activities.

Sharyland ISD has established the following set of guidelines to be followed by all extracurricular participants:

1. Abide by all UIL rule specifications (for UIL/TEA sanctioned activities);
2. Attend every practice session and contest unless ill or in emergency situations. (Parent or guardian must call coach/sponsor if not attending practice);
3. At all times, on and off campus, respond to every situation as a young lady or gentleman.

All students, regardless of activity, must not:

1. Use tobacco products;
2. Consume, possess or distribute alcoholic beverages, drugs, or narcotics (except for prescribed medical purposes);
3. Participate in inappropriate behavior recorded or transmitted on any electronic media or the internet;
4. Participate in misconduct unbecoming of a lady or gentleman. This includes but is not limited to any conduct which contains the elements of an offense under the Texas Penal Code.

Sharyland ISD will enforce the above rules with all students participating in extracurricular activities:

- regardless of whether school is in session;
- regardless of whether the offense occurs on or off school property or at a school-related event;
- regardless of whether the student is directly involved with the extracurricular activity at the time the prohibited conduct occurs;
- regardless of whether the extracurricular activity is in season; and
- regardless of where or when the conduct occurs.

CONTRACT FOR SUCCESS

Students that violate any of the above rules could be suspended from participation in any activity for up to 18 weeks, and could be subject to removal from participation.

STUDENTS:

As an extracurricular participant representing Sharyland ISD, I (Student) understand my responsibilities as stated above. I agree to abide by this policy, and I pledge to help my classmates do the same.

PARENTS:

I have read the information presented above, and I will support my son/daughter in his/her commitment to this policy.

PARENT/GUARDIAN SIGNATURE _____

Board approved: 11/27/07