

**TOMBALL INDEPENDENT SCHOOL DISTRICT**  
**TOMBALL ATHLETIC TRAINING**  
**EMERGENCY FORM**  
**2009 - 2010**

Name \_\_\_\_\_ School \_\_\_\_\_  
 Grade \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex: M / F School ID # \_\_\_\_\_  
 Parent / Guardian's Names \_\_\_\_\_  
 Athlete Home Address \_\_\_\_\_  
 Home Phone Number \_\_\_\_\_  
 Father's Work Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_  
 Mother's Work Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_  
 Closest Relative's Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Closest Friend's Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Insurance Name \_\_\_\_\_ Policy & Group Numbers \_\_\_\_\_  
 Drug Allergies \_\_\_\_\_  
 Special Medical Problems \_\_\_\_\_  
 Date of Most Recent Tetanus / TB Booster \_\_\_\_\_

**•PLEASE CIRCLE THE SPORTS YOU WILL PLAY DURING THE SCHOOL YEAR•**

Football    Basketball    Cross Country    Soccer    Volleyball    Baseball    Softball    Track  
 Golf    Tennis    Swimming    Wrestling    ROTC    Powerlifting    Cheerleading    Drill Team

**PARENT OR GUARDIAN'S PERMIT**

I hereby give my consent for the above student to compete in UIL approved sports and school sponsored club activities, and to travel with the coach or other representatives of the school on any trips.

If in the judgment of any representatives of the school, the above student's needs immediate care and treatment as a result of 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 do hereby agree to indemnify and save harmless the school district and any school representative from any claim by any person whomsoever on account of such care and treatment of said student.

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

I realize this form does not abrogate or modify my rights as a parent / guardian of a minor child.

I will not hold the Tomball ISD or the school official(s) financially responsible for the emergency care and/or transportation of said child.

Parent / Guardian Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

**DRUG TESTING (Applies to high school students only)**

- I understand that my child may be asked to provide a urine sample for drug analysis and I consent to such testing conducted as part of the District's drug testing policy.
- I also understand that while my child cannot be compelled to produce a specimen, the giving of a specimen when requested by the District is a condition of my child's continued participation in extracurricular activities.
- In order to participate, I understand my child must have completed a Random Drug Testing Consent Form and have it on file in the appropriate administrator's office.
- A copy of the Tomball ISD's drug testing policy may be obtained from Central Office, Tomball High School, or via the internet at [www.tomballisd.net](http://www.tomballisd.net).

Parent / Guardian Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

## HEALTH INSURANCE

### Primary Insurance

Tomball ISD strongly encourages all UIL/extracurricular participants to carry primary health insurance due to the risk of accident or injury. Most primary insurance can be obtained through the parent/guardian's employer. If that is not an option, low cost student accident insurance may be purchased through School recommended Insurance Group. The information may be obtained at your child's school.

### Secondary Insurance

Tomball ISD provides secondary insurance for students who participate in UIL/extracurricular activities. *The parents' insurance is always primary, with the TISD insurance as secondary.* The policy pays per a schedule of benefits that covers injuries and not illness. It is the responsibility of the parent/guardian to file insurance claim within 90 days of the injury. The claim forms may be obtained in the Tomball High School Athletic Trainer's office.

### Medical Expenses

Any and all medical expenses are the responsibility of the parent/guardian of the injured student. Neither Tomball ISD nor any insurance company will pay 100% of the cost incurred from an injury. If you do not have personal medical insurance for your son/daughter, please consider purchasing a policy for them.

## HELMET DISCLAIMER

WARNING: No helmet can prevent all head and neck injuries a player might receive while playing sports. Students should not use a 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 the student and possible injury to the opponent.

## GENERAL INFORMATION

1) 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 Tomball Independent School District assumes any liability in case an accident occurs.

2) I have read the University Interscholastic League rules on this form and agree that my son/daughter will abide by all of those rules.

3) The undersigned agrees to be responsible for the safe return of all equipment issued by the school to my student.

4) Involvement in athletics includes a commitment to team that may require the athlete to participate on weekends and/or holidays.

5) Athletics is a privilege, not a right. Continued participation could be determined by the athlete's conduct both at school and out of school.

6) All athletes are required to have this form on file in the Athletic Trainer's office before they participate in any tryouts or practice, before, during or after school (both in-season and out-of-season) or games/matches.

7) It is the student athlete's responsibility to report all injuries and illnesses to the Athletic Trainer or Coach as soon as possible.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent / Guardian Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

**UIL**

Box 8028 - University Station  
Austin, Texas 78713-8028  
(512) 471--5883

**Parent and Student Notification/Agreement Form  
Illegal Steroid Use**

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 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 medical doctor 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 Dept. of Criminal Justice.

**HEALTH CONSEQUENCES ASSOCIATED WITH ANABOLIC STEROID ABUSE  
(source: National Institute on Drug Abuse)**

*In boys and men*, reduced sperm production, shrinking of the testicles, impotence, difficulty or pain in urination, baldness and irreversible breast enlargement (gynecomastia).

*In girls and women*, development of more masculine characteristics such as decreased breast size, deepening of the voice, excessive growth of body hair and loss of scalp hair.

*In adolescents of both sexes*, premature termination of the adolescent growth spurt. This could cause them to be permanently shorter than they might have been without use of the drugs.

*In males and females of all ages*, potentially fatal liver cysts and liver cancer; blood clotting, cholesterol changes and hypertension which can lead to heart attack and stroke along with acne. Although not all scientists agree, some evidence shows that anabolic steroid abuse (particularly in high doses) promotes aggression that can manifest itself in fighting and physical and sexual abuse, as well as criminal activities. Upon stopping anabolic steroids, some abusers may experience symptoms of depressed moods, fatigue, restlessness, loss of appetite, insomnia, headache, muscle and joint pain as well as the desire to return to steroid use.

*In injectors*, infections resulting from the use of shared needles or non-sterile equipment, including HIV/AIDS, hepatitis B and C and infective endocarditis (a potentially fatal inflammation of the inner lining of the heart). Bacterial infections can develop at the injection site causing pain and an abscess.

**Student Certification**

I have read the above information and agree that as a prerequisite of my participation in UIL athletic activities is that I refrain from illegal steroid use. As a prerequisite to participation, I agree that I will not use illegal steroids. I understand that failure to provide accurate and truthful information could subject me to penalties as determined by the UIL.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Parent/Guardian Certification**

I have read the above information and acknowledge that a prerequisite of my student's participation in UIL athletic activities, they refrain from illegal steroid use. I understand that failure to provide accurate and truthful information could subject the participant in question to penalties as determined by the UIL.

Parent / Guardian Signature X \_\_\_\_\_ Date \_\_\_\_\_

## 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 (exceptions: 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 6th class day of the current school year or have been in attendance for 15 calendar days immediately preceding a varsity contest.
- are full-time day students in a participant high school.
- 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, softball, 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 read the regulations cited above and agree to follow the rules:**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**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:**

Parent / Guardian Signature  \_\_\_\_\_ Date \_\_\_\_\_