

**Student Athlete's Name:** \_\_\_\_\_

**Student Athlete's Grade:** \_\_\_\_\_

# **GRANDVIEW ZEBRAS**



# **ATHLETIC PACKET**

**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

# 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.

Furthermore, as a condition of participation and for the purpose of ensuring compliance with University Interscholastic League (UIL) rules, I consent to the disclosure of personally identifiable information, including information that may be subject to the Family Educational Rights and Privacy Act (FERPA), regarding the above named student between and among the following: the high school or middle school where the student currently attends or has attended; any school the student transfers to; the relevant District Executive Committee and the UIL. I further understand that all information relevant to the student's UIL eligibility and compliance with other UIL rules may be discussed and considered in a public forum. I acknowledge that revocation of this consent must be in writing and delivered to the student's school and the UIL.

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.uiltexas.org/files/athletics/manuals/parent-information-manual.pdf](http://www.uiltexas.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.

- |  |                                   |  |  |
|--|-----------------------------------|--|--|
| <input type="checkbox"/> Baseball      | <input type="checkbox"/> Football | <input type="checkbox"/> Softball          | <input type="checkbox"/> Tennis        |
| <input type="checkbox"/> Basketball    | <input type="checkbox"/> Golf     | <input type="checkbox"/> Swimming & Diving | <input type="checkbox"/> Track & Field |
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Soccer   | <input type="checkbox"/> Team Tennis       | <input type="checkbox"/> Volleyball    |
| <input type="checkbox"/> Wrestling     |                                   |  |  |

Date \_\_\_\_\_

Signature of parent or guardian \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_



## 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.uiltexas.org](http://www.uiltexas.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.uiltexas.org](http://www.uiltexas.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) \_\_\_\_\_



# SUDDEN CARDIAC

# ARREST (SCA) AWARENESS FORM

## The Basic Facts on

## Sudden Cardiac Arrest

### Website Resources:

American Heart Association:  
[www.heart.org](http://www.heart.org)

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and Benjamin Levine, MD

**Additional Reviewers:** UHL Medical  
Advisory Committee

Revised 2016

### 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?

- Inherited (passed on from family) conditions present at birth 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 present at birth 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 run in families.

**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. This is 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 or 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.

### 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 and 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 UHL Pre-Participation Physical Evaluation – Medical History Form** includes ALL 14 of these important cardiac elements and is mandatory annually.

**What are the current recommendations for screening young athletes?**

The University Interscholastic League requires use of the specific Preparticipation Medical History form on a yearly basis. This process begins with the parents and student-athletes answering questions about symptoms during exercise (such as chest pain, dizziness, fainting, palpitations or shortness of breath); and questions about family health history.

It is important to know if any family member died suddenly during physical activity or during a seizure. It is also important to know if anyone in the family under the age of 50 had an unexplained sudden death such as drowning or car accidents. This information must be provided annually because it is essential to identify those at risk for sudden cardiac death.

The University Interscholastic League requires the Preparticipation Physical Examination form prior to junior high athletic participation and again prior to the 1<sup>st</sup> and 3<sup>rd</sup> years of high school participation. The required physical exam includes measurement of blood pressure and a careful listening examination of the heart, especially for murmurs and rhythm abnormalities. If there are no warning signs reported on the health history and no abnormalities discovered on exam, no additional evaluation or testing is recommended for cardiac issues/concerns.

**Are there additional options available to screen for cardiac conditions?**

Additional screening using an electrocardiogram (ECG) and/or an echocardiogram (Echo) is readily available to all athletes from their personal physicians, but is not mandatory, and is generally not recommended by either the American Heart Association (AHA) or the American College of Cardiology (ACC). Limitations of additional screening include the possibility (~10%) of "false positives", which leads to unnecessary stress for the student and parent or guardian as well as unnecessary restriction from athletic participation. There is also a possibility of "false negatives", since not all cardiac conditions will be identified by additional screening.

**When should a student athlete see a heart specialist?**

If a qualified examiner has concerns, a referral to a child heart specialist, a pediatric cardiologist, is recommended. This specialist may perform a more thorough evaluation, including an electrocardiogram (ECG), which is a graph of the electrical activity of the heart. An echocardiogram, which is an ultrasound test to allow for direct visualization of the heart structure, may also be done. The specialist may also order a treadmill exercise test and/or a monitor to enable a longer recording of the heart rhythm. None of the testing is invasive or uncomfortable.

**Can Sudden Cardiac Arrest be prevented just through proper screening?**

A proper evaluation (Preparticipation Physical Evaluation - Medical History) should find most, but not all, conditions that could cause sudden death in the athlete. This is because some diseases are difficult to uncover and may only develop later in life. Others can develop following a normal screening evaluation, such as an infection of the heart muscle from a virus. This is why a medical history and a review of the family health history need to be performed on a yearly basis. With proper screening and evaluation, most cases can be identified and prevented.

**Why have an AED on site during sporting events?**

The only effective treatment for ventricular fibrillation is immediate use of an automated external defibrillator (AED). An AED can restore the heart back into a normal rhythm. An AED is also life-saving for ventricular fibrillation caused by a blow to the chest over the heart (commotio cordis).

Texas Senate Bill 7 requires that at any school sponsored athletic event or team practice in Texas public high schools the following must be available:

- > An AED is in an unlocked location on school property within a reasonable proximity to the athletic field or gymnasium
- > All coaches, athletic trainers, PE teacher, nurses, band directors and cheerleader sponsors are certified in cardiopulmonary resuscitation (CPR) and the use of the AED.

> Each school has a developed safety procedure to respond to a medical emergency involving a cardiac arrest.

The American Academy of Pediatrics recommends the AED should be placed in a central location that is accessible and ideally no more than a 1 to 1 1/2 minute walk from any location and that a call is made to activate 911 emergency system while the AED is being retrieved.

**Student & Parent/Guardian Signatures**

I authorize that I have read and understand the above information.

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

Parent/Guardian Name (Print) \_\_\_\_\_

Date \_\_\_\_\_

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

Student Name (Print) \_\_\_\_\_

Date \_\_\_\_\_



# 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: Headache, 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/cheerleader shall be removed from practice or participation immediately if suspected to have sustained a concussion. Every student-athlete/cheerleader suspected of sustaining a concussion shall be seen by a physician before they may return to athletic or cheerleading participation. The treatment for concussion is cognitive rest. Students should limit external stimulation such as watching television, playing video games, sending text messages, 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/cheerleader 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 (including per UIL rule, cheerleading) under Section 38.156 may not be permitted to practice or participate 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:
  - (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

## GRANDVIEW ISD ATHLETIC GUIDELINES

Participation in the **Grandview ISD Athletic Program** is a privilege. What an athlete does at home under the jurisdiction of his/her parent(s) or legal guardian(s) is between the athlete and his/her parent(s) or legal guardian(s). What an athlete does on school premises, during any school related activity (regardless of its location), or on school related activities becomes a reflection on the Athletic Program; therefore, we expect the athlete to act accordingly. The emphasis of the Athletic Program is to provide student athletes with direction in developing responsibility, teamwork, competitiveness, accountability, respect for authority, and adherence to rules. The head coach of each sport at **Grandview ISD** has the authority to suspend or revoke the privilege of participation in the Athletic Program when Athletic Guidelines are not followed. The Athletic Guidelines are in place for **ALL** students involved in the **Grandview Athletic Program**, grades 7-12, and **ALL** athletes are expected to adhere to the following:

- Student athletes have the responsibility to give their best effort, strive for excellence both on and off the field, and exhibit good conduct and character in a manner that is a positive example to team members, fellow students, and the community.
- Student athletes will abide by all rules set forth by the coaches, and be coachable at all times.
- Student athletes will demonstrate respect for their coaches, teammates, teachers, staff, administrators, fellow classmates, sports officials, and maintain a good attitude with each.
- Student athletes are to serve as positive representatives of their team, coaches, and school district during competitions and interactions with rivals.
- Student athletes are expected to keep their grades above passing. Failing one class makes an athlete ineligible for athletic competition. Failing more than one class can result in an athlete being put on Athletic Probation, then suspended if the athlete fails a class while on probation.

### Junior High School

A Junior High School student athlete who loses his/her privilege to participate in our Athletic Program during his/her 8<sup>th</sup> grade year or doesn't participate in athletics at all in the 8<sup>th</sup> grade, will be allowed to rejoin athletics in High School at the beginning of his/her freshman year only if he/she is granted permission from the head coach of the sport he/she is seeking participation in. If permission is granted, the athlete can rejoin at the beginning of the school year. If permission is not granted, the athlete must wait until the first grading period of his/her freshman year is complete before they can rejoin, provided they are passing all of their classes and adhere to the **Grandview Athletic Guidelines** during this time period.

### Sportsmanship

Student athletes are expected to exhibit good sportsmanship both on and off the field or court. During competitions, students will display respect for officials and leave the resolution of any conflicts to their coaches. Student athletes should demonstrate the ability to accept defeat as well as be gracious winners.

### School Equipment

Students will be issued proper equipment for workouts and games to the extent applicable to each particular sport. In the event that all equipment and/or uniform(s) issued are not returned, the student athlete will be required to reimburse the athletic department for the replacement cost(s). Per UIL rules, no equipment or uniforms may be given to students to keep on a permanent basis.

### Practice Expectations / Off Season

Students are responsible for the following:

- Notifying a coach of an absence prior to practices or off-season workouts.
- Being coachable, obeying all rules established by the coach, and getting along with teammates.
- Attending all practices for all activities, including those that occur during school holidays.
- Displaying a strong work ethic.
- Taking good care of all athletic equipment



## **Travel**

Students traveling as a part of a team will be expected to arrive at the designated location prior to the scheduled departure time. Student athletes will travel to and from an athletic event on the bus with the team. At the discretion of the coach in charge, an athlete may be given the opportunity to ride home with his/her parent or guardian **ONLY**. An athlete cannot ride home with anyone other than his/her parent or guardian. A signed post activity release request must be given to the coach by the parent/guardian before dismissal from the event. Injured athletes may or may not be allowed to travel with the team. This decision is also at the discretion of the coach in charge of that particular team.

## **Awards / Lettering Policy**

Each varsity sport has criteria for earning a varsity letter jacket. The head coach of each sport will be responsible for the lettering criteria. Earned letter jackets are purchased by the school district and may be denied in the event a student athlete violates the Athletic Guidelines. Varsity athletes are eligible to receive one letter jacket while in high school, provided they meet the criteria for lettering in a varsity sport.

## **Participation**

Each varsity head coach sets the criteria for participation in each sport. The chance to participate in a school sponsored sport may require a try-out period. Some sports have a limited roster number therefore try-outs are required to get the proper number of participants. Student athletes are expected to participate in all practices and/or games for school sponsored activities that occur during school holidays. Student-athletes must have a completed and current physical examination form on file prior to participation in practices. Also, a medical history form and the **Grandview Athletic Packet** must be on file prior to participation in games. If an athlete quits a sport, he/she may return to that sport for a second chance with the approval of the head coach, provided the athlete has not violated Athletic Guidelines prior to returning to that particular sport. Again, the chance to participate may require a try-out period.

## **In School Multi-Sport Participation**

Participation in multiple sports at **Grandview ISD** will be strongly encouraged. A student-athlete must complete sport # 1's season before he/she can move on to sport # 2. If an athlete chooses to participate in two in-season sports *at the same time*, he/she will be allowed to do so. *At the same time* means an athlete would miss more than half of sport # 2's schedule if he/she waited until the end of sport # 1 to begin sport # 2.

## **Outside of School Participation**

Student athletes currently involved in a sport at **Grandview ISD** will be allowed to participate in or attend another sport, camp, or athletic related activity outside of school sponsored sports as long as it **DOES NOT** interfere with the school sponsored sport in any way. This includes club sports, camps, AAU, and all other athletic related activities. All school sponsored practices, games, and other school related athletic events at **Grandview ISD** take priority over all outside sporting events, camps, and other sporting activities. This guideline is in place for all student athletes representing **Grandview ISD**. A violation of the "outside of school participation" guidelines can result in disciplinary action, up to and including Athletic Probation and/or Suspension.

## **Injuries**

Injuries should be reported to a coach as soon as possible. Unless the injury is an extreme circumstance, please contact one of our coaches prior to visiting a doctor. All student athletes are expected to adhere to treatment recommendations when recovering from injuries and will not be allowed to participate in a practice and/or game without the approval of the head coach and/or a physician. Middle school student athletes should report injuries to a coach as well. **Student Insurance** can be purchased by going to the Grandview ISD website. For more information, go to the website's home page and click on "Parents and Community", then scroll down and click on Student Insurance under "Parents". Enrollment is done online and only takes a few minutes. Go to [www.K12StudentInsurance.com](http://www.K12StudentInsurance.com) and follow the instructions. The accident coverage is underwritten by Mutual of Omaha Insurance Company, Omaha, Nebraska.

## **Strength and Conditioning**

All student-athletes will participate in strength and conditioning activities as a part of in-season and off-season training during the school year. A student athlete's attendance in a summer strength and conditioning program shall be voluntary, limited to a maximum of one session per day, Monday thru Thursday only and shall not be required in order to try out for or participate in any school sponsored sport.

## **Communication / Parents' Role**

It's important that coaches maintain open communication with the parents and/or guardians of the student athletes. Parents and/or guardians are expected to communicate any questions or concerns they might have to the appropriate coach. Our expectation is that all athletes seek resolution of issues or concerns with their coach first before taking it home to the parent/guardian. Coaches are employed to make decisions concerning strategies, procedures, playing time, evaluation of student performance, and to determine what is best for the team. Playing time will not be discussed with parents/guardians. Playing time is based on competition and every student athlete will benefit from being in the **Grandview ISD Athletic Program** regardless of how much playing time he/she receives. We ask that parents/guardians show positive support for your son/daughter and the athletic program in general. Your son/daughter should be encouraged to talk to his/her coach first about an issue or concern before talking to anyone else. These concerns should be expressed directly to the head coach of a sport. Also, please notify the appropriate coach of any injury, illness, or family emergency in a timely manner.

### **Protocol for meeting with a coach about a question or concern**

- Concerns should be resolved at the level closest to the issue or problem.
  - Call the athletic office for the best way to contact the appropriate coach.
  - Contact the coach; most concerns can be resolved over the phone.
  - If requested, a meeting place and time can be arranged.
- \*NEVER** confront a coach before, during, or after a practice or game.

### **If your question or concern is not answered or resolved**

- Contact the Athletic Coordinator or Athletic Director as appropriate.
- If needed, a meeting place and time can be arranged.

\*If concerns are not resolved after the steps outlined above are taken, then a parent or guardian can follow the District grievance policy as outlined in Board Policy FNG (LOCAL).

## **Fundraising**

Athletes may be asked to help with a fundraiser for their particular sport. In **NO** way will an athlete be forced to help raise money. They will be encouraged to do so, but not forced, and in **NO** way will there be any consequences for an athlete that can't help or chooses not to help in the fundraising process.

## **Grandview ISD Student Athlete Expectations**

- Keep all grades above passing. One failing grade makes an athlete ineligible for competition. Athletes are still expected to make all practices while ineligible but cannot travel to or participate in UIL contests.
- No trash talk. Represent **Grandview ISD** with class.
- Be coachable and keep a positive attitude at all times. The same expectation applies to the classroom with all teachers and with the principals of each campus.
- Hazing will not be tolerated. Hazing is defined as any activity intentionally taken for the purpose of initiation in which any student(s) humiliates, degrades, or physically or mentally abuses any other student. Such action can cause an athlete to be put on athletic probation.
- Being in electronic possession of or electronically transmitting inappropriate material or information is prohibited. Such action can cause an athlete to be put on athletic probation.
- Stealing from another **Grandview ISD** athlete while representing the **Grandview Athletic Department** will not be tolerated. Such action can cause an athlete to be put on athletic probation.
- It is strongly recommended that athletes **NOT** bring any valuables to the dressing rooms. If they are brought into the dressing rooms, keep them locked up in your locker, or they can be brought to a coach and we will keep them secure for the athletes. It is up to each student athlete to make sure **ALL** valuables are in a secure place at **ALL** times.

## CONSEQUENCES FOR DISCIPLINARY VIOLATIONS

The consequences for disciplinary violations for students involved in athletics has been developed in conjunction with the Code of Conduct but with increased requirements due to the role assumed by students involved in the **Grandview Athletic Program**. **FAILURE TO ABIDE BY THE GRANDVIEW ISD ATHLETIC GUIDELINES CAN RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING ATHLETIC PROBATION AND/OR SUSPENSION.** These actions are at the discretion of the head coach of each sport.

### Athletic Probation and Suspension

The **Grandview Athletic Department** will use Athletic Probation and Athletic Suspension when dealing with all student athletes. Athletic Probation states that an athlete has violated Athletic Guidelines, and that he/she will be placed on Athletic Probation for a 4 week calendar period. The probation period begins with the date the athlete violated Athletic Guidelines. Under probation, the athlete will remain in our Athletic Program, and his/her participation and grade will not be affected. If the athlete is in violation of **Grandview Athletic Guidelines** while on probationary status, he/she will be placed on Athletic Suspension and lose his/her privilege to participate in the **Grandview Athletic Program** for a 4 week calendar period. The suspension period begins with the date the athlete violated Athletic Guidelines, while on probation. While on Athletic Suspension, the student athlete must be passing all classes, maintain a good attitude, stay out of ISS, Alternative School, etc. and adhere to our Athletic Guidelines for the entire length of the Suspension before he/she can regain his/her privilege to participate in athletics again.

If an athlete quits a sport twice, has been suspended twice, or a combination of the two, he/she will **NOT** be permitted to participate in athletics again (at Grandview JH for Junior High Athletes and at Grandview HS for High School Athletes). If an athlete has been suspended once and comes back for his/her second chance, he/she comes back to that particular sport on Probation for a 4 week calendar period, meaning a violation of Athletic Guidelines during this probationary period will result in his/her second suspension. The probation period begins with the date the athlete returns to that particular sport.

\*Student athletes who are placed on Probation/Suspension during the final 4 weeks of the school calendar year will remain on Probation/Suspension for the remainder of the current school year and throughout the first part of the following school calendar year until a full 4 week period is served.

Students assigned to In School Suspension (ISS) are expected to participate in practices during the assignment but will **NOT** be allowed to participate in any UIL sanctioned event until the assignment is completed. Students assigned to Alternative School are prohibited from participating in or attending any school sponsored athletic event or practice until the assignment is completed.

### Grandview Athletic Guidelines and Consequences for Disciplinary Violations

I have read and understand all sections of the **Grandview Athletic Guidelines**. I have retained a copy for my records. As a **Grandview ISD** student athlete and parent/guardian, we agree to abide by the above stated guidelines of the **Grandview Athletic Department**.

Student  
Printed Name \_\_\_\_\_

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

Date: \_\_\_\_\_

Parent/Guardian  
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*
<b>MEDICAL</b>			
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)			
<b>MUSCULOSKELETAL</b>			
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: \_\_\_\_\_

**PREPARTICIPATION PHYSICAL EVALUATION — MEDICAL HISTORY**

2017

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?	<input type="checkbox"/>	<input type="checkbox"/>	13. Have you ever gotten unexpectedly short of breath with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been hospitalized overnight in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had prior testing for the heart ordered by a physician?	<input type="checkbox"/>	<input type="checkbox"/>	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)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	15. Have you ever had a sprain, strain, or swelling after injury?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you broken or fractured any bones or dislocated any joints?	<input type="checkbox"/>	<input type="checkbox"/>
Do you get tired more quickly than your friends do during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, check appropriate box and explain below:		
Have you had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip
Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Thigh
Has any family member or relative died of heart problems or of sudden unexpected death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> 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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Shin/Calf
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle
Has a physician ever denied or restricted your participation in sports for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Foot	
4. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	16. Do you want to weight more or less than you do now?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>	17. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how many times? _____			18. Have you ever been diagnosed with or treated for sickle cell trait or cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>	When was your most recent menstrual period? _____		
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	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?	<input type="checkbox"/>	<input type="checkbox"/>	How many periods have you had in the last year? _____		
Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	What was the longest time between periods in the last year? _____		
5. Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>	<i>Males Only</i>		
6. Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>	20. Do you have two testicles? _____		
7. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>	21. Do you have any testicular swelling or masses? _____		
8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>			
9. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>			
10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>			
11. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>			
12. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>			

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):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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.**

