

2016 - 2017

ROCK RUGBY INC PLAYER PACKET



www.rockrugby.net

rockrugbyinc@gmail.com



Facebook

Rock Rugby Inc



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@rockrugbyinc



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rockrugbyinc



Periscope

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ROCK RUGBY INC MISSION STATEMENT

Rock Rugby club is committed to honoring the game of Rugby in Round Rock, Texas and the surrounding community. Creating a team environment that teaches our athletes the fundamentals of rugby, strength training and fitness. Pursuant to the tradition of the sport for cultivating confident young men and women of strong ethical character; while instilling values of good sportsmanship, accountability, self-respect and respect of others which allows us to compete responsibly at the highest levels.

Coaching Staff

Head Coach: Paul McCartney (Coach Rock) 512.771.5085 drrock@rockchiro.com

Coach: Todd Knight 512.965.2370 todd@legendchiropractic.com

Coach: Stan Cagle 512.576.4243 stancagle@att.net

Coach: Lee Balandran 512.418.6514 leebalandran@hotmail.com

Coach: Justin Flood flood@hargray.com

Coach: Jil Yong jilyong8@gmail.com

Board

President: Dr. Paul McCartney

Vice President: Dr. Todd Knight

Treasurer: Sheri Knight

Secretary: Leigh Smolen

Alisha Marley

Dani LeMasters

Alison Jones

Parent Club

Chair: Alison Jones 512.547.0278

Concessions: Kristin Lester 512.417.7683

Jill Bartlow 512.779.1022

Disciplinary: Nate Stallings 512.574.9424

Field: Will Jones 512.547.0277

Steve Matthews 512.825.6455

Fundraising/Sponsorship: Katherine Stallings 512.656.2111

Photography: Sally Grambusch 512.506.1907

Recruiting/Volunteering: Chip & Ruth Walker 508.954.7497

Social Media: Dave Fecker 512.940.2566

Spirit Wear: Becky Means 512.680.1659

Faculty Sponsors

Stony Point: Robert Lloyd robert_lloyd@roundrockisd.org

Cedar Ridge: Michelle Langloss michelle_langloss@roundrockisd.org

Round Rock: Lynne Albright lynne_albright@roundrockisd.org

Hutto: Ed Vogelpohl vogelpohl@hotmail.com

PARENT CLUB

Rock Rugby Inc Parent Club provides financial support for and assists the team with fundraising activities to support the costs of equipment, uniforms, referees and other associated expenses.

The Club is also responsible for:

- Securing practice and playing fields
- Securing transportation to games when deemed necessary
- Maintaining team uniforms, equipment and shed
- Preparing field for home games
- Scheduling appropriate volunteer staff for all home games including medical personnel
- Ordering equipment, uniforms and custom team apparel
- Assisting the Head Coach with coordinating the season game schedule with the SPS/CRHS and RRISD Athletic departments in order to secure fields
- Scheduling all Club meetings and working with the faculty sponsors to secure meeting space

FACULTY SPONSORS

The team currently has Faculty Sponsors. Rugby is defined as an extracurricular program, as opposed to a UIL Sport, and as such is required to have a faculty sponsor. The faculty sponsor works with the club to make sure the Club and Team are compliant with all Rock Rugby Inc and RRISD rules and regulations – including No Pass, No Play and the Extracurricular Code of Conduct. The Faculty Sponsors communicate any individual academic insufficiencies to the coaches for the purpose of enforcing No Pass, No Play. The Club is required to have a sponsor at all home games and Parent Club Meetings when possible.

INFORMATIVE RUGBY LINKS

USA Rugby – This is the National Rugby organization website where sign up is conducted to become a USA Rugby member and get your CIPP #. This must be done before your son will be eligible to play or receive his official Rugby uniform and equipment. CIPP dues are good for an entire year and include a new insurance benefit. Information can be found on the USA Rugby website. Once the player has CIPP #, a copy of the USA Rugby (Minor) Medical Insurance Agreement and USA Rugby Rules Acknowledgement form will need to be printed and signed. Once signed it must be turned in to the Parent Club. All Clubs are required to maintain the signed waivers & releases in their possession to provide to USA Rugby at any time upon request.

<https://webpoint.usarugby.org/wp/Memberships/Join.wp>

Texas Rugby Union - The governing body and membership association for Rugby teams above the high school level in Texas.

<http://texasrugbyunion.com/>

Rugby Texas – Rugby Texas is the governing body and membership association for Rugby teams at the high school level in Texas.

<https://www.rugbytexas.org>

Rock Rugby – This is the official website for the Rock Rugby team. It contains the most up to date information from Coaches and Parent Club. It will have the game schedule and directions, game pictures, etc.

<http://www.rockrugby.net>

Rock Rugby Inc Face Book Page (Closed Group) – Sign up for up to date information about practices, games and other events. This is a closed group so you will need to request permission to access the page. The page is for parents of players, coaches and players only.

<http://www.facebook.com/>

To purchase additional Rugby merchandise you can try the following vendors:

<http://www.worldrugbyshop.com/>

<https://www.redrhino.com/>

<http://www.rugbyimports.com/>

You can also try Amazon.com; sometimes they have a lot of merchandise from these sites in one.

WHAT DO MY DUES PAY FOR?

High school rugby in the State of Texas is a club sport. It is not governed by UIL and it is not funded by the school districts. As such, each club is responsible for ALL of its expenses. See the list below to get a more detailed picture of where the money goes.

Dues schedule for the 2016 - 2017 Season

<i>If paid by:</i> (football players add 1 month)		
November 30, 2016	\$250.00	
December 01, 2016	\$300.00	
After December 31, 2016	\$350.00	**payment plan options**
Discount for two players or more in the same family	\$50.00 per player	

Dues must be paid in **FULL** to play in the first game. (Or have signed up and kept up to date with payment plan.) \$150 must be paid before kit bag is ordered.

Scholarship Info:

Scholarships may be available for reduced or sponsored dues. You must contact the Parent Club to request an application and it must be filled out before consideration of a scholarship. If approved the parents and/or guardians are required to participate in volunteering for the club. Scholarships are decided by the Board of Directors.

*Fundraisers are necessary to continue to keep the cost of dues down.

These are seasonal expenses:

- Team dues to USA Rugby and Rugby Texas
- Officials
- Fields for practices and games
- Banquet
- Tournaments
- Practice equipment
- Coaching Shirts
- Balls
- Field Paint
- Awards
- Miscellaneous- ice, tape, cups, first aid supplies, copies

In the past four seasons we have also been able to acquire equipment that is essential to having a team:

- Uniforms
- Field stripers
- Water Bottles and coolers
- Cones
- Banner
- Balls
- Shed
- Scrum sled and Pads
- First-Aid kit (Certified Advanced Airway) and an AED
- Water Jugs

To Play Rugby, please complete and return the following documents:

☐ **CIPP Registration with USA Rugby Receipt**

☐ **2016-2017 Registration Packet**

- ☐ Registration Form
- ☐ Release of Liability
- ☐ Player Responsibilities
- ☐ Rules and Policies
- ☐ Volunteer Form
- ☐ Travel Release Waiver
- ☐ Photography & Social Media Release
- ☐ Payment Agreement Contract
- ☐ USA Rugby Medical Questionnaire
- ☐ RRISD Physical Athletic Form

REGISTRATION IS NOT COMPLETE UNTIL YOU HAVE CHOSEN A PLACE TO VOLUNTEER

ROCK RUGBY HIGH SCHOOL RUGBY PROGRAM
2016 - 2017 REGISTRATION FORM

Player's Full Name:

Date of Birth:

Player's Email:

Address:

City: State: Zip:

Player's cell/phone no:

Emergency Contact: Phone Number:

Parent/Guardian Name: Phone Number:

Email:

Parent/Guardian Name: Phone Number:

Email:

Shirt Size: Short Size:

CIPP Number:

CIPP

Player will not participate if CIPP is not completed by the first day they report to practice.

****NO EXCEPTIONS****

It is the responsibility of each player/parent to access the USA Rugby Website and register for Rock Rugby Boys or Girls Club. Please return the signed waiver from USA Rugby with your completed registration packet.

RELEASE OF LIABILITY

I, for myself, and my parent/guardian, assigns, heirs, next of kin acknowledge and agree that I understand the nature of rugby activities and that I am qualified, in good health, and in proper physical condition to participate in such activities. I further agree and warrant that if at any time I believe these conditions to be unsafe, I will immediately discontinue further participation in these activities. I fully understand that rugby involves risks and dangers of serious bodily injury, including permanent disability, paralysis and death. I understand that these risks and dangers may be caused by my own actions or inactions, the actions or inactions of others and/or the condition in which the activities take place. I understand that there may be risks and social and economic losses either not known to me or not readily foreseeable at this time and I fully accept and assume all risks and responsibility for losses, costs and damages that I may incur as a result of the participation in the activities. I hereby release, discharge and hold harmless Rock Rugby Inc, RRISD, administrators, directors, agents, officers, members, volunteers, Coaches, other participants, sponsors and advertisers from all liability, claims, demands, losses and/or damages caused, or alleged to be caused, in whole or in part by me or by my assigns, heirs, next of kin, and those under my guardianship. Furthermore, I will indemnify, save and hold harmless Rock Rugby Inc from any litigation expenses, attorney fees, loss, liability, damage, or costs which maybe incurred as the result of such a claim. I understand that this form does not serve as a medical release. Furthermore, I also agree that participation grants Rock Rugby Inc and its agents the right to take and utilize photographs without legal or financial obligation. I have read this agreement, fully understand its terms and have signed it freely and without inducement. Shall any portion of this agreement be held to be invalid the balance, notwithstanding, shall continue in full force and effect.

I agree to comply with RRISD Student Athlete/Code of Conduct: (see the RRISD Parent Student Handbook).

I also accept full responsibility for equipment, uniforms etc. issued to me by Rock Rugby Inc for use in these athletic activities. I assume liability for any damage/loss of these items in excess of that incurred by normal use and will see to the return of or reimbursement for such items.

Player Name: _____

Player Signature: _____ Date _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date _____

PLAYER RESPONSIBILITIES

1. Attendance

- Player will notify Coach Rock about all missed practices or games one day prior to the practice or game (unless an emergency occurs).
- For all practices missed (doctors, tutoring, etc.) player will provide a note from respective doctor or teacher.
- Injured players are expected to continue to attend practice and participate within the limits of the written limitations from their physician.
- Unexcused absences can result in loss of playing time. If you don't practice, you DON'T PLAY!
- Academically ineligible players are expected to attend practice throughout the ineligible period.

2. Ineligibility

- Should a player become ineligible for any portion of the season, the player will notify the coach immediately upon knowledge of ineligibility. It is the player's responsibility to monitor his academic progress and notify his coach on the last day of the marking period if he has become academically ineligible.
- A weekly grade check system is being implemented. It is the player's responsibility to have all teachers or substitutes sign the grade check sheet. The weekly grade checks sheets are mandatory. If the player does not turn in a sheet, he will be ineligible for practices until such time as one is turned in.

3. Tutorials

- Rock Rugby firmly supports the academics first, sports second philosophy. Tutorials are an important part of the student/athlete's success in the classroom which permits them the opportunity to be on the field. That being said, most tutorials are offered before and after school at times that do not conflict with practice time (M-F before school and T and TH after school). In the unusual event when a player cannot find a tutorial time that does not conflict with practice, they will be expected to bring a note from that teacher verifying their attendance and that the tutorial is only offered at that time. Successful student/athletes need to learn to be good time managers.

4. Pick Up/Drop Off

- Players and parents will make the best effort to drop off and pick up players at scheduled times. Coaches cannot leave the site until all the players have been picked up. This requires all players to coordinate their rides accordingly. Players should not wait until practice concludes to call their ride. Practice times are scheduled and should rarely run late. Please have rides ready at end of practice.

Player Name: _____

Player Signature: _____ Date _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date _____

RULES AND POLICIES FOR PARTICIPATION

Coach Rock has some policies that must be adhered to, the most important:

All Club Members must be active in the club and organization activities.

- Parents and players are expected to be actively involved in the Rugby Club
- A Player must practice to be able to play
- Any Player that has a job after school will have to find work that will not conflict with the team's practice or game schedule

Family emergencies or academic obligations will take priority over rugby games and practices but you must notify Coach Rock.

Parent/Coach Relationship

Parenting and Coaching are extremely difficult vocations. By establishing an understanding of each position, we are better able to accept the actions of the other and provide greater benefit to our student-athletes. As parents, when your player becomes involved in our program, you have the right to understand what expectations are placed on your child. This begins with clear communication from the coach of your player's team.

Communication you should expect from your player's Coach

- Philosophy of the Coach
- Expectations the Coach has for your player as well as other players on the team
- Locations and times of all practices and contests/travel information

Communication Coaches expect from Parents

- Advance notification of any schedule conflict
- Specific concerns in regard to Coaches' expectations or philosophy

As the player becomes involved in the athletic program, they will experience some of the most rewarding moments in their life. However, there will be times when your player encounters adverse situations that may affect their attitude. It is at these times that we encourage you to speak with the Coach.

Appropriate concerns to discuss with the Coaches

- Ways to help your player improve
- Concerns about your player's behavior or academic progress
- The mental or physical treatment of your player

It is extremely difficult to accept that your player is not playing as much as you may hope. Coaches are professionals; they make judgement decisions based on what they believe to be in the best interest for the team and your player. Coach Rock has requested that if you need to talk to him to wait 24 hours after a game before meeting with him.

Concerns not appropriate to discuss with Coaches

- Playing Time
- Team Strategy
- Play Calling
- Other Student-Athletes

There may be situations that require a conference between the Coach and Parent. These are to be encouraged. It is important that both parties involved have a clear understanding of the other's positions. When these conferences are necessary, the procedures listed below should be followed to help promote a resolution of the issue or concern.

If you or your player has a concern to discuss with a coach, the procedure listed below should be followed:

- First, have your player speak with the Coach
- If the issue has not been resolved, make an appointment to meet with the Coach
- Please do not attempt to confront a Coach before or after a contest or practice. These can be emotional times for both the Parent and Coach.

What can a Parent do if the meeting with the Coach did not provide a satisfactory resolution?

- Call and set up an appointment with the Parent Club to discuss the situation

Since research indicates a student involved in athletics has a greater chance for success during adulthood, Rock Rugby strongly supports the athletic program. Many of the character traits required to be a successful student-athlete are exactly those that will promote a rewarding life after high school. We trust the information provided within this manual makes both your player's and your experience with the Rugby program more enjoyable and less stressful.

Player Name: _____

Player Signature: _____ Date _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date _____

VOLUNTEER FORM

HOW DO I GET INVOLVED WITH ROCK RUGBY CLUB?

The club operates solely because of volunteers. The coaching staff donates 100% of their time. We cannot function without volunteers. There is a wide variety of tasks that need to be accomplished for a successful season each year.

Please read the descriptions for each type of volunteer. Please put an X by each area you would be able to assist with. This form is required for registration.

_____ **Field Crew:** Need 2-3 people. Responsible for staking out and lining the practice and competition fields at the beginning of the season and as needed throughout the season.

_____ **Medical Staff:** You attend home games to assess any injuries for Rock Rugby and the visiting team. Need to be CPR, AED and emergency First Aid certified. (Every home game)

_____ **Fundraising:** It is mandatory for all players to participate in fall and spring fundraising events. In an effort to be sensitive to the financial burden that dues can place on some families there are opportunities to “buy down” dues by participating in designated fundraisers. While dues finance the majority of the budget they do not cover it 100%. Fundraising is necessary to meet all the financial obligations of the program and to keep the dues down. Sponsorship brochures are also available if your company would like to participate.

_____ **Photography/Video:** Need 2-3 people. Communicate with local media, send box scores to local papers and take player and game photos for website and distribution to media, film game for coaches.

_____ **Game Announcer:** Energetic personality and knowledge of rugby (or willing to learn)

_____ **Merchandise/Concessions:** 3-5 volunteers needed to sell merchandise, concessions and assist with preparing home game meals.

*We will make every effort to ensure that you are not working while your child is playing. We understand the importance of cheering in the stands.

Name: _____

Contact Phone Number: _____

Email Address: _____

TRAVEL RELEASE WAIVER

FOR: _____ Grade: _____
(print student name)

Parent/Guardian:

I give my consent for my player to compete in the Rock Rugby High School Program and as a participant, to travel with the Coach or other school representatives to an athletic rugby match or practice. I release the Coach, administration, and the school from any liability resulting from injury suffered by him during an athletic rugby match or practice. It is understood that the parent/guardian's private insurance will cover any charges incurred.

Insurance Company: _____

Policy #: _____

Please attach a copy of the insurance card.

I also give my consent that my player may travel on team trips if and when necessary, driven by coaches and/or parents. I understand that Rock Rugby provides supervision for this activity but does not assume responsibility for accidents or injuries which might be sustained while traveling to, from or during activity.

By signing, I agree to all statements on this document.

Player Name: _____

Player Signature: _____ Date _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date _____

PHOTOGRAPHY & SOCIAL MEDIA RELEASE FORM

We hereby grant permission to Rock Rugby Inc. as well as any of its representatives therein, to take and use any photographs or video that the undersigned may be in for any lawful purpose including, but not limited to, publication on the official Rock Rugby Inc. website content on Facebook as well as any other online social media publications, marketing materials, illustrations, advertising in print &/or electronically.

We hereby release and hold harmless Rock Rugby Inc. as well as any of its representatives therein from any reasonable expectation of privacy or confidentiality associated with the images noted above.

We further acknowledge that participation is voluntary and that no financial compensation of any type associated with the taking or publication of these photographs or videos will be made. We acknowledge that publication of any photographs or videos confers no rights of ownership or royalties whatsoever.

We have read and understand the above:

Athlete's Authorization:

Printed Name: _____

Signature: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Parental Authorization:

Printed Name: _____

Signature: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

PAYMENT AGREEMENT CONTRACT

Our goal is to make rugby available to everyone who might wish to participate. With this in mind, we have created a payment system to allow a more affordable way to pay dues.

Club Dues for 2016-2017 Season are \$350.00 (not including CIPP) through November 30, 2016.

Dues must be paid in **FULL** to play in the first game and to receive a player kit bag.

By this contract, _____ agrees to make payments to **Rock Rugby Inc.**, by the following schedule. This payment schedule allows the player full participation. If the agreement is not met, the player can no longer participate and must return the kit bag with all items.

By this agreement, it is agreed that a payment of _____ (**amount**) will be paid to Rock Rugby every _____ (**interval**) until the total of the payment required, which is **\$350.00** has been delivered.

The payment plan will take the following form:

DATE OF PAYMENT(S)	AMOUNT
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.

By signing this agreement, all parties agree to the terms as described above. Alterations to this agreement can only be made by both parties and must be placed in writing. Both parties will receive a printed copy of this agreement, and will be responsible for upholding its terms.

Player: _____

Player Signature: _____ Date: _____

Payee: _____

Payee Signature: _____ Date: _____

RRISD Athletic Department Athletic Participation

School Year: _____ Sport(s): _____

Physical Examination & Participation Forms

Beginning with the 2002-2003 sports seasons, all athletic participants will be required to obtain a yearly physical examination prior to participation in games, practices, try-outs, workouts (in-season or out-of-season).

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

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

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

Last Name	First Name	MI	Date of Birth	Gender	Student ID	Grade
Street Address (No P.O. Boxes)			City	Zip code	Home Telephone Number	
Male Guardian's Name	Employer	Work Telephone	Cell Phone	Relationship to Student		
Female Guardian's Name	Employer	Work Telephone	Cell Phone	Relationship to Student		
Emergency Contact Name (Other than Parent/Guardian)	Home Telephone Number		Cell Phone	Relationship to Student		

E-mail address of Parent/Guardian _____

Non-Prescription Authorization

I hereby give my consent to RRISD staff and Physicians to administer the non-prescription items to my child as checked below.

____ Acetaminophen (i.e. Tylenol) ____ Antibiotic Ointment ____ Antacids ____ Ibuprofen (i.e. Advil) ____ Electrolyte Drinks ____ Electrolyte Tablets
(To help prevent heat illness and cramps)

Parent (Guardian) Permit

I hereby give my consent for the above named student to compete in UIL/RRISD approved athletic sports and travel with the coach or other school representative on any trips. I have read and understand the UIL Rules listed in this document and agree that my child will abide by all UIL, school and team rules. I also agree to be responsible to the safe return of all athletic equipment issued by the school and will pay for any and all lost, stolen or damaged equipment.

Assumption of Risk & Release of All Claims

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

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

Athletic Insurance Coverage

The RRISD Athletic Department does not provide athletic insurance for athletes. However, RRISD does provide catastrophic insurance for major injuries (claims totaling more than \$25,000.00). The Athletic Department and RRISD recommends that each athlete have their own insurance. The District contracts with an insurance agent to provide various insurance coverage policies that can be purchased by individuals. The policy pays according to a schedule of benefits set by the insurance provider. I understand that RRISD will not provide insurance for my child while in athletics and that any injury sustained by my child will be my sole financial responsibility.

Medical History

I hereby agree my answers to the questions on the Medical History Form are complete and correct to the best of my knowledge. If between this date and the beginning of athletic participation or anytime during the school year, any illness or injury should occur that may limit this student's participation I agree to notify by written doctor's orders the school authorities of such illness or injury. The medical history form is to be completed yearly.

Corrective Vision

It is recommended that athletes requiring corrective lens use polycarbonate lens (CR-39) with non-breakable, non-metal frames such as "Rec Specs" or contact lens. Use of other types of corrective lens may increase the incident and/or severity of injury to the eyes or face.

PREPARTICIPATION PHYSICAL EVALUATION – MEDICAL HISTORY

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. 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.

	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 passed out during or after exercise?	<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 had chest pain 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"/>
Do you get tired more quickly than your friends do during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you broken or fractured any bones or dislocated any joints?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had racing of your heart or skipped beats?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, check the 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 <input type="checkbox"/> Ankle		
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 <input type="checkbox"/> Chest		
Has any family member been diagnosed with enlarged heart, hypertrophic cardiomyopathy, long QT syndrome, Marfan's syndrome, or abnormal heart rhythm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shoulder <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"/> Upper Arm <input type="checkbox"/> Finger <input type="checkbox"/> Foot		
Has a physician ever denied or restricted your participation in sports for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	16. Do you want to weigh more or less than you do now?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	Do you lose weight regularly to meet weight requirements for your sport?	<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? _____ When was the last concussion? _____			18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
How severe was each one? (Explain below)			Females Only		
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	19. When was your first menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	When was your most recent menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had numbness or tingling in your arms, hands, legs, or feet?	<input type="checkbox"/>	<input type="checkbox"/>	How much time do you usually have from the start of one period to the start of another?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	How many periods have you had in the last year?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>	What was the longest time between periods in the last year?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>			
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"/>			
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 needed):

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: _____

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 _____

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.*

MEDICAL	NORMAL	ABNORMAL FINDINGS	INITIALS*
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)			

Above examination completed by: _____

MUSCULOSKETAL	NORMAL	ABNORMAL FINDINGS	INITIALS*
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 either 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.



MEDICAL HISTORY QUESTIONNAIRE

PLAYER INFORMATION:

First Name: _____ Last Name: _____

Date of Birth: ____/____/____ Age: _____ Sex: _____ Phone: (____) _____

Email: _____

Emergency Contact: _____ Relationship: _____ Phone: (____) _____

PLEASE CIRCLE NO OR YES AND LIST DETAILS AS REQUESTED. ALL INFORMATION WILL REMAIN CONFIDENTIAL AND APPLIED ONLY TO EMERGENCY CARE SITUATIONS.

NO/YES Do you have any allergies? (Foods, medications, etc.) Please list: _____

NO/YES Do you regularly take any over the counter and/or prescription medication? Please list and provide reasons: _____

NO/YES Have you ever been told that you have (had) asthma or exercise induced asthma? List medications: _____

Have you ever been diagnosed with any major diseases or conditions? (diabetes, epilepsy, heart disease, etc.) List: _____

NO/YES Do you have or have you ever had a hernia or rupture? List dates if repaired: _____

NO/YES Have you ever been knocked out or had a concussion or other closed head injury? List dates: _____

NO/YES Have you ever injured the bones, ligaments, nerves, or discs of your neck and back that disabled you for a week or longer? List injury/dates: _____

NO/YES Have you ever had a broken bone or fracture? **Right or Left** List bones/dates: _____

NO/YES Have you ever had a shoulder/elbow or wrist injury that disabled you for a week or longer? **R or L** List injury/dates: _____

NO/YES Have you ever injured the ligaments in your knee? **Right or Left** List injury/dates: _____

NO/YES Have you ever had an ankle injury that disabled you for a week or longer? (dislocation, sprain, separation, etc.) **Right or Left** List injury/dates: _____

NO/YES Do you presently have a rod, pin, screw, or plate anywhere in your body? Where: _____ List injury/dates: _____

NO/YES Do you wear contact lenses or removable dental appliances while participating in your sport? List items: _____

NO/YES Have you experienced any major surgery? List: _____

NO/YES Are you current on all immunizations? List special considerations: _____

NO/YES Do you have any other conditions you wish to make us aware? Please specify and give details: _____

THE ABOVE QUESTIONS HAVE BEEN ANSWERED COMPLETELY AND TRUTHFULLY TO THE BEST OF MY KNOWLEDGE. SIGNING THIS DOCUMENT RELEASES ALL INFORMATION TO ASSIST IN THE APPLICATION OF NECESSARY EMERGENCY CARE.

PLAYER NAME SIGNATURE DATE

PARENT/LEGAL GUARDIAN NAME SIGNATURE DATE