# Advantage Academy Athletics Physical Packet Check List 2020-2021

- ☐ Athlete Information Sheet
  Parent/Guardian's signature at the bottom of the page

- ☐ UIL Acknowledgement of Rules Form
  Signed by Parent/Guardian and Student-Athlete

- ☐ UIL Medical History Form
  Signed by Parent/Guardian and Student-Athlete

- ☐ UIL Physical Form
  Physician's signature and date of physical
  Must be dated AFTER April 15th, 2019

- ☐ UIL Steroid Testing Form
  Signed by Parent/Guardian and Student-Athlete
  To be completed by all Student-Athletes (Grades 6-12)

- ☐ Student-Athlete Emergency Forms
  Both Cards Completed and Signed by Parent/Guardian

- ☐ Advantage Academy Code of Conduct
  Signed by Parent/Guardian and Student Athlete

- ☐ UIL Concussion Acknowledgement Form
  Signed by Parent/Guardian and Student Athlete

- ☐ Sudden Cardiac Arrest Awareness Forms

**ADVANTAGE ACADEMY – ATHLETE INFORMATION 2020-2021 SCHOOL YEAR**

**Name:** _____**Birthdate:** _____ **Gender:** Male Female

**Grade (2020-2021):** _____ **School:** WAX GP ND **Student ID:** _____

**Current Address**_____

Please indicate medical alerts such as allergies, contact lenses, asthma, etc.: _____

_____

## PARENT/GUARDIAN'S INFORMATION:

Parent/Guardian's Name: _____ Relationship to Student: _____

Daytime/Work Phone: _____ Cell Phone: _____ E-Mail: _____

## PARENT/GUARDIAN'S INFORMATION:

Parent/Guardian's Name: _____ Relationship to Student: _____

Daytime/Work Phone: _____ Cell Phone: _____ E-Mail: _____

## EMERGENCY CONTACT INFORMATION (Other than Parent/Guardian)

Emergency Contact's Name/Relationship to Student: _____Phone: _____

**RELEASES AND WAIVERS**

***Signify your approval of the following items by signing your name in the space provided.***

I hereby give my consent for the student-athlete to compete in University Interscholastic League approved sports, and travel with the coach or other representative of the school on any trips.

In the event of an injury or illness to the above-named student, I hereby authorize a representative of Advantage Academy Schools to secure emergency medical treatment for the above-named student from any healthcare provider.

In addition, I understand that I will be financially responsible, either with personal health insurance or other means, for medical treatment needed by my child.

I hereby authorize the release of medical records and information to the health care providers as needed for treatment of injuries and illnesses to my child.

I have read and understand the information in the UIL Acknowledgement of Rules Form, the Advantage Academy Athletic Code of Conduct and Concussion Management Policy and I agree to follow all policies and procedures.

I certify that the information provided on this form is true and correct to the best of my knowledge.

**Parent/Guardian Signature:_____Date:_____**

## ACKNOWLEDGEMENT OF RULES

***Attention School Authorities:*** This form must be signed yearly by both the student and parent/guardian and be on file at your school before the student may participate in any practice session, scrimmage, or contest. A copy of the student's medical history and physical examination form signed by a physician or medical history form signed by a parent must also be on file at your school.

Student's Name _____Date of Birth _____
Current School _____

**Parent or Guardian's Permit**

I hereby give my consent for the above student to compete in University Interscholastic League approved sports, and travel with the coach or other representative of the school on any trips.

It is understood that even though protective equipment is worn by the athlete whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the high school assumes any responsibility in case an accident occurs.

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

The undersigned agrees to be responsible for the safe return of all athletic equipment issued by the school to the above named student.

If, in the judgment 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 Website below 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.

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

**To the Parent: Check any activity in which this student is allowed to participate.**

___Baseball ___Softball ___ Basketball ___Flag Football
___Track & Field ___Volleyball ___ Soccer ___Tennis

Date_____ Signature of Parent/Guardian_____
Work/Cell Number_____

## 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 | Parent Signature |

# PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

**REVISED 12-4-14**

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

Student's Name: (print) _____Sex _____ Age_____Date of Birth _____
Address _____Phone_____
Grade_____ School _____
Personal Physician _____Phone_____
*In case of emergency, contact:*
Name _____Relationship _____Phone (H) _____(W) _____

**Explain "Yes" answers in the box below**.**

| | YES | NO |
|---|---|---|
| 1. Have you had a medical illness or injury since your last check up or sports physical? | ☐ | ☐ |
| 2. Have you been hospitalized overnight in the past year? | ☐ | ☐ |
| Have you ever had surgery? | ☐ | ☐ |
| 3. Have you ever had prior testing for the heart ordered by a physician? | ☐ | ☐ |
| Have you ever passed out during or after exercise? | ☐ | ☐ |
| Have you ever had chest pain during or after exercise? | ☐ | ☐ |
| Do you get tired more quickly than your friends do during exercise? | ☐ | ☐ |
| Have you ever had racing of your heart or skipped heartbeats? | ☐ | ☐ |
| Have you had high blood pressure or high cholesterol? | ☐ | ☐ |
| Have you ever been told you have a heart murmur? | ☐ | ☐ |
| Has any family member or relative died of heart problems or of sudden unexpected death before age 50? | ☐ | ☐ |
| Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelpathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm? | ☐ | ☐ |
| Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? | ☐ | ☐ |
| Has a physician ever denied or restricted your participation in sports for any heart problems? | ☐ | ☐ |
| 4. Have you ever had a head injury or concussion? | ☐ | ☐ |
| Have you ever been knocked out, become unconscious, or lost your memory? | ☐ | ☐ |
| If yes, how many times?_____ | | |
| When was the last concussion?_____ | | |
| How severe was each one? (Explain below) | | |
| Have you ever had a seizure? | ☐ | ☐ |
| Do you have frequent or severe headaches? | ☐ | ☐ |
| Have you ever had numbness or tingling in your arms, hands, legs, or feet? | ☐ | ☐ |
| Have you ever had a stinger, burner, or pinched nerve? | ☐ | ☐ |
| 5. Are you missing any paired organs? | ☐ | ☐ |
| 6. Are you under a doctor's care? | ☐ | ☐ |
| 7. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler? | ☐ | ☐ |
| 8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? | ☐ | ☐ |
| 9. Have you ever been dizzy during or after exercise? | ☐ | ☐ |
| 10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? | ☐ | ☐ |
| 11. Have you ever become ill from exercising in the heat? | ☐ | ☐ |
| 12. Have you had any problems with your eyes or vision? | ☐ | ☐ |
| 13. Have you ever gotten unexpectedly short of breath with exercise? | ☐ | ☐ |
| Do you have asthma? | ☐ | ☐ |
| Do you have seasonal allergies that require medical treatment? | ☐ | ☐ |
| 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)? | ☐ | ☐ |
| 15. Have you ever had a sprain, strain, or swelling after injury? | ☐ | ☐ |
| Have you broken or fractured any bones or dislocated any joints? | ☐ | ☐ |
| Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? | ☐ | ☐ |

If yes, check appropriate box and explain below:

| | | |
|---|---|---|
| ☐ Head | ☐ Elbow | ☐ Hip |
| ☐ Neck | ☐ Forearm | ☐ Thigh |
| ☐ Back | ☐ Wrist | ☐ Knee |
| ☐ Chest | ☐ Hand | ☐ Shin/Calf |
| ☐ Shoulder | ☐ Finger | ☐ Ankle |
| ☐ Upper Arm | ☐ Foot | |

| | | |
|---|---|---|
| 16. Do you want to weigh more or less than you do now? | ☐ | ☐ |
| Do you lose weight regularly to meet weight requirements for your sport? | ☐ | ☐ |
| 17. Do you feel stressed out? | ☐ | ☐ |
| 18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease? | ☐ | ☐ |

***Females Only***

19. When was your first menstrual period? _____
When was your most recent menstrual period? _____
How much time do you usually have from the start of one period to the start of another? _____
How many periods have you had in the last year? _____
What was the longest time between periods in the last year? _____

**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.**

***For School Use Only:*** This Medical History Form was reviewed by: Printed Name_____ Date_____ Signature_____

***THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.***

**PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION**

Student's Name _____ Sex _____ Age _____ Date of Birth _____

Height _____ Weight_____ % Body fat (optional) _____ Pulse _____ BP____/____ (____/____, ____/____)

Brachial blood pressure while sitting

Vision R 20/_____ L 20/_____ Corrected: ☐Y ☐ N Pupils: ☐ Equal ☐Unequal

As a minimum requirement, this Physical Examination Form must be completed prior to junior high athletic participation and again prior to first and third years of high school athletic participation. It must be completed if there are yes answers to specific questions on the student's MEDICAL HISTORY FORM on the reverse side. *** Local district policy may require an annual physical exam.**

| | NORMAL | ABNORMAL FINDINGS | INITIALS* |
|---|---|---|---|
| **MEDICAL** | | | |
| Appearance | | | |
| Eyes/Ears/Nose/Throat | | | |
| Lymph Nodes | | | |
| Heart-Auscultation of the heart in the supine position. | | | |
| Heart-Auscultation of the heart in the standing position. | | | |
| Heart-Lower extremity pulses | | | |
| Pulses | | | |
| Lungs | | | |
| Abdomen | | | |
| Genitalia (males only) | | | |
| Skin | | | |
| Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis) | | | |

**MUSCULOSKELETAL**

| | | | |
|---|---|---|---|
| Neck | | | |
| Back | | | |
| Shoulder/Arm | | | |
| Elbow/Forearm | | | |
| Wrist/Hand | | | |
| Hip/Thigh | | | |
| Knee | | | |
| Leg/Ankle | | | |
| | | | |

*station-based examination only

**CLEARANCE**

☐ Cleared

☐ Cleared after completing evaluation/rehabilitation for:

_____

_____

☐ Not cleared for:_____ Reason:_____

Recommendations:_____

_____

*The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner, will not be accepted.*

Name (print/type) _____ Date of Examination:_____

Address:_____

Phone Number: _____

Signature:_____

Must be completed before a student participates in any practice, before, during or after school, (both in-season and out-of-season) or games/matches.

# Parent Permit to Travel / Emergency Treatment Card

Name:_____ D.O.B. _____Sex: ☐Male ☐ Female Sport (s)_____

SSN:_____-_____-_____ Grade: _____ Address:_____

**PARENT/GUARDIAN'S INFORMATION:**

Parent/Guardian's Name: _____ Relationship to Student: _____

Daytime/Work Phone: _____ Cell Phone: _____ E-Mail: _____

## PARENT/GUARDIAN'S INFORMATION:

Parent/Guardian's Name: _____ Relationship to Student: _____

Daytime/Work Phone: _____ Cell Phone: _____ E-Mail: _____

## EMERGENCY CONTACT INFORMATION (Other than Parent/Guardian)

Emergency Contact's Name: _____Phone: _____/_____

Relationship to student: _____

I hearby give my consent for the above student to complete in University Interscholastic League approved sports and travel with the coach or other representative of the school on any trips. It is understood the though protective equipment is won by the athletic whenever needed, the possibility of an accident still exists. Neither the University Interscholastic League nor the school district assumes any responsibility in case an accident occurs.

If, in the judgment of any representative of the school, the above student needs immediate care and treatment as a result of any injury or sickness, I do hearby request, authorize and consent to such care and treatment as many be given to said student by any physician, athletic trainer, nurse, emergency medical technician, hospital, or school representative; and I do hereby agree to indemnify and save harmless the school and any school representative of any claim by any person whomsoever on account of such care and treatment of said student.

Parent / Guardian Signature: _____ Date: _____

**Medical History**:

| Does your student have previous history of: | Yes | No |
|---|---|---|
| Bone/joint injury or disease? | ☐ | ☐ |
| Neck injury? | ☐ | ☐ |
| Being unconscious or passed out? | ☐ | ☐ |
| Seizures or convulsions? | ☐ | ☐ |
| Frequent headaches? | ☐ | ☐ |
| Bleeding or blood disorder? | ☐ | ☐ |
| Heat illness? | ☐ | ☐ |
| Allergies (seasonal / environmental)? | ☐ | ☐ |
| Allergies (medicine)? | ☐ | ☐ |
| Heart disease? | ☐ | ☐ |
| High Blood Pressure? | ☐ | ☐ |
| Heart murmur? | ☐ | ☐ |
| Viral infection (mono)? | ☐ | ☐ |
| Eye or vision problems? | ☐ | ☐ |
| Wears contacts or glasses? | ☐ | ☐ |
| Missing/non-functioning limbs/organs? | ☐ | ☐ |
| Asthma? | ☐ | ☐ |
| Emotional disturbance? | ☐ | ☐ |
| Regular medication? | ☐ | ☐ |
| Had surgery in the past? | ☐ | ☐ |
| Currently under a physicians care? | ☐ | ☐ |

Date of most recent immunizations:

Tetanus:_____

Hepatitis:_____

### Insurance Information

My student is covered under the insurance policy of:

☐Father ☐Mother ☐ None ☐Other

Insured's Name: _____

Insurance Company: _____

Insurance Co. Address: _____

_____

_____

Insurance Co. Phone Number: ( )_____

Group Number: _____

Policy Number: _____

Explain any "Yes" answers here: _____

_____

_____

_____