

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"/>	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.		
9. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	**EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):		
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"/>	_____		

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

If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student.

If, between this date and the beginning of athletic competition, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful responses could subject the student in question to penalties determined by the UIL.

Student Signature: _____ Parent/Guardian Signature: _____ Date: _____

Any Yes answer to questions 1, 2, 3, 4, 5, or 6 requires further medical evaluation which may include a physical examination. Written clearance from a physician, physician assistant, chiropractor, or nurse practitioner is required before any participation in UIL practices, games or matches. THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.

For School Use Only:

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

GENERAL INFORMATION

School coaches may not:

- Transport, register, or instruct students in grades 7-12 from their attendance zone in non-school baseball, basketball, football, soccer, softball, or volleyball camps (exception: See Section 1209 of the Constitution and Contest Rules).
- Give any instruction or schedule any practice for an individual or a team during the off-season except during the one in school day athletic period in baseball, basketball, football, soccer, softball, or volleyball
- Schools and school booster clubs may not provide funds, fees, or transportation for non-school activities.

GENERAL ELIGIBILITY RULES

According to UIL standards, students could be eligible to represent their school in interscholastic activities if they:

- are not 19 years of age or older on or before September 1 of the current scholastic year. (See Section 446 of the Constitution and Contest Rules for exception).
- have not graduated from high school.
- are enrolled by the sixth class day of the current school year or have been in attendance for fifteen calendar days immediately preceding a varsity contest.
- are full-time students in the participant high school they wish to represent.
- initially enrolled in the ninth grade not more than four years ago.
- are meeting academic standards required by state law.
- live with their parents inside the school district attendance zone their first year of attendance. (Parent residence applies to varsity athletic eligibility only.) When the parents do not reside inside the district attendance zone the student could be eligible if: the student has been in continuous attendance for at least one calendar year and has not enrolled at another school; no inducement is given to the student to attend the school (for example: students or their parents must pay their room and board when they do not live with a relative; students driving back into the district should pay their own transportation costs); and it is not a violation of local school or TEA policies for the student to continue attending the school. Students placed by the Texas Youth Commission are covered under Custodial Residence (see Section 442 of the Constitution and Contest Rules).
- have observed all provisions of the Awards Rule.
- have not been recruited. (Does not apply to college recruiting as permitted by rule.)
- have not violated any provision of the summer camp rule. Incoming 10-12 grade students shall not attend a baseball, basketball, football, soccer, or volleyball camp in which a seventh through twelfth grade coach from their school district attendance zone, works with, instructs, transports or registers that student in the camp. Students who will be in grades 7, 8, and 9 may attend one baseball, one basketball, one football, one soccer, one softball, and one volleyball camp in which a coach from their school district attendance zone is employed, for no more than six consecutive days each summer in each type of sports camp. Baseball, Basketball, Football, Soccer, Softball, and Volleyball camps where school personnel work with their own students may be held in May, after the last day of school, June, July and August prior to the second Monday in August. If such camps are sponsored by school district personnel, they must be held within the boundaries of the school district and the superintendent or his designee shall approve the schedule of fees.
- have observed all provisions of the Athletic Amateur Rule. Students may not accept money or other valuable consideration (tangible or intangible property or service including anything that is usable, wearable, salable or consumable) for participating in any athletic sport during any part of the year. Athletes shall not receive valuable consideration for allowing their names to be used for the promotion of any product, plan or service. Students who inadvertently violate the amateur rule by accepting valuable consideration may regain athletic eligibility by returning the valuable consideration. If individuals return the valuable consideration within 30 days after they are informed of the rule violation, they regain their athletic eligibility when they return it. If they fail to return it within 30 days, they remain ineligible for one year from when they accepted it. During the period of time from when students receive valuable consideration until they return it, they are ineligible for varsity athletic competition in the sport in which the violation occurred. Minimum penalty for participating in a contest while ineligible is forfeiture of the contest.
- did not change schools for athletic purposes.

I understand that failure to provide accurate and truthful information on UIL forms could subject the student in question to penalties determined by the UIL.

I have read the regulations cited above and agree to follow the rules.

Date

Signature of student



SUDDEN CARDIAC ARREST (SCA) AWARENESS FORM

The Basic Facts on Sudden Cardiac Arrest

Website Resources:

American Heart Association:
www.heart.org

Lead Author: Arnold Fenrich, MD
and Benjamin Levine, MD

Additional Reviewers: UIL 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-compact 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 **UIL Pre-Participation Physical Evaluation – Medical History form** includes ALL 14 of these important cardiac elements and is mandatory annually.



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



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. 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. 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) _____

**Previous Athletic Participation Form
University Interscholastic League**

Eligibility Questionnaire for New Student Athletes in Grades 9-12

This Form Must be on File with School Before Participation at any Level in Grade 9-12
(To be filled out by the student and/or parent and filed with the school.)

For UIL Use Only

Name of Student (print) _____ Grade _____ Birthdate _____ Age _____
 Student's Current Address: _____ City _____ State _____ Zip Code _____
 New School: _____ City _____ Public Charter Private School
 Last School of Participation: _____ City _____ State _____ Public Charter Private School
 Date of enrollment in new school: _____ Date of withdrawal from previous school: _____
 Has the student been continuously enrolled in the new school for one calendar year? Yes No

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has the student ever practiced or participated in extracurricular athletic activities (before school, after school or during an athletic period) at another school in the United States or Mexico in grades 8-12? If yes, the student must complete page 2 in addition to page 1 and both pages must be sent to the District Executive Committee Chairperson. <u>If no, the student must complete page 1 and file with the school and/or athletic department ONLY.</u>
<input type="checkbox"/>	<input type="checkbox"/>	2. Has the student ever enrolled or participated in a Magnet program, Charter school, Open/Choice Enrollment (within the ISD) or International Baccalaureate (IB) program in grades 9-12? If yes, please provide the name of the school _____ and school year _____.
<u>PARENT RESIDENCE RULE:</u> *QUESTIONS IN THIS SECTION ARE REFERRING TO BIOLOGICAL PARENTS. REFERENCE C&CR SECTION 440(b) & 442.		
<input type="checkbox"/>	<input type="checkbox"/>	3. Does the student live with <input type="checkbox"/> one parent <input type="checkbox"/> both parents <input type="checkbox"/> guardian <input type="checkbox"/> foster parent(s)? If the student lives with a GUARDIAN or FOSTER PARENT(S) , a UIL Parent Residence waiver may be required. You MUST contact the district Athletic Director/Coordinator then contact the UIL Athletics Department at (512) 471-5883.
<input type="checkbox"/>	<input type="checkbox"/>	4. Are the parents of the student <input type="checkbox"/> married <input type="checkbox"/> never married <input type="checkbox"/> married- living apart <input type="checkbox"/> divorced <input type="checkbox"/> deceased? If the parents are MARRIED-LIVING APART or MARRIED and the student is LIVING WITH ONE PARENT , a UIL Parent Residence waiver may be required. You MUST contact the district Athletic Director/Coordinator then contact the UIL Athletics Department at (512) 471-5883.
<input type="checkbox"/>	<input type="checkbox"/>	5. Does the parent(s) of the student reside outside the attendance zone of the school the student wishes to represent? If yes, a UIL Parent Residence waiver may be required. You MUST contact the district Athletic Director/Coordinator then contact the UIL Athletics Department at (512) 471-5883.
<input type="checkbox"/>	<input type="checkbox"/>	6. Is there a change in schools but no change in address? If yes, please attach an explanation.
<input type="checkbox"/>	<input type="checkbox"/>	7. Is more than one residence owned, rented or maintained by the parents? If yes, please attach an explanation.
<input type="checkbox"/>	<input type="checkbox"/>	8. Are any members of the family still residing at the previous residence? If yes, it should be investigated prior to participation on the varsity level.
<input type="checkbox"/>	<input type="checkbox"/>	9. Are there other family members in grades K-12 attending a different school district other than the school district the student is now attending? <u>FULL TIME STUDENT RULE:</u> REFERENCE C&CR SECTION 403.
<input type="checkbox"/>	<input type="checkbox"/>	10. Is the student enrolled in less than an average of four hours per day of instruction for either state or local high school credit? <u>FOUR YEAR RULE AND AGE RULE:</u> REFERENCE C&CR SECTION 400 & 405(FOUR YEAR) & 440(c), 446 (AGE).
<input type="checkbox"/>	<input type="checkbox"/>	11. Did the student first enroll in the 9th grade more than 4 years ago? The first date of enrollment in 9th grade. _____
<input type="checkbox"/>	<input type="checkbox"/>	12. Has the student ever repeated a grade since first entering the 7th grade? If yes, please attach an explanation.
<input type="checkbox"/>	<input type="checkbox"/>	13. Will (or was) the student 19 years of age on or before September 1 of the current school year? <u>FOREIGN EXCHANGE RULE:</u> REFERENCE C&CR SECTION 468(3).
<input type="checkbox"/>	<input type="checkbox"/>	14. Is the student a foreign exchange student? If yes, a Foreign Exchange Waiver is required for Varsity athletic participation. <u>AMATEUR ATHLETIC RULE:</u> REFERENCE C&CR SECTION 441.
<input type="checkbox"/>	<input type="checkbox"/>	15. Has the student done anything to jeopardize their amateur athletic status? <u>ASSIST IN DETERMINING IF STUDENT CHANGED SCHOOLS FOR ATHLETIC PURPOSES:</u> REFERENCE C&CR SECTION 443.
<input type="checkbox"/>	<input type="checkbox"/>	16. Did anyone from the new school contact the student prior to their enrollment in the new school?
<input type="checkbox"/>	<input type="checkbox"/>	17. Was the student ever prohibited from participation at the previous school? If yes, please attach an explanation.
<input type="checkbox"/>	<input type="checkbox"/>	18. Did the student play on a non-school team and is transferring to the school where members of the non-school team attend?

TO BE COMPLETED BY STUDENT, PARENT AND ADMINISTRATOR OF NEW SCHOOL

It shall be the responsibility of each school to have on file the following required annual forms for each student who participates in any practice (before school, after school or during an athletic period), scrimmage or game: Preparticipation Physical Examination (for students in their first and third year of high school participation), Medical History Form, Illegal Steroid Use and Random Steroid Testing, Parent and Student Notification/Agreement Form, Acknowledgement of Rules Form, Concussion Acknowledgement Form and Sudden Cardiac Arrest Awareness Form. Incorrect or untrue information provided by the parent or student could cause ineligibility and could result in the forfeiture of contests in which the student has participated in addition to other penalties. The following signatures certify that to the best of your knowledge, all information presented on this form is true and correct.

_____ Signature of Student	_____ Date	_____ Signature of Parent/Guardian	_____ Date
_____ Signature of New School Coach	_____ Date	_____ Signature of New School Administrator	_____ Date
_____ New School Coach Name	_____ Coach's Email Address	_____ Sport	

Previous Athletic Participation Form - Page 1
(Eligibility Questionnaire for New Student Athletes in Grades 9-12)

The questions below will assist the UIL/school administrators in making decisions in reference to the Varsity Athletic Parent Residence Rule, Full-Time Student Rule, Age Rule, Four-Year Rule, Foreign Exchange, Amateur Athletic Status, and Changing Schools for Athletic Purposes.

Question 1 - determines whether or not the student needs to complete page 2 of the Previous Athletic Participation Form.

****Question 2** - a 'yes' answer will require further investigation to determine the student's first opportunity to enroll or a subsequent transfer back to the student's home attendance zone school.

Varsity Athletic Parent Residence Rule

Question 3 - a check mark in the box for 'guardian' or 'foster parents' means a waiver of the residence rule is more than likely required for varsity athletic participation. Based on the answers above, contact the UIL office to discuss prior to allowing the student to participate at the varsity level in athletics.

Question 4 - a check mark in the box for 'married - living apart' or 'married and the student is living with one parent' means a waiver of the residence rule is likely required for varsity athletic participation.

Question 5 - a 'yes' answer means a waiver of the residence rule may be required for varsity athletic participation, if the student has NOT been continuously enrolled at that school for the previous calendar year.

Questions 6, 7, 8 and 9 - a 'yes' answer to any or all of these questions needs to be investigated by the school to find out the circumstances and how they might or might not impact varsity athletic eligibility.

RESIDENCE IN SCHOOL DISTRICT AND ATTENDANCE ZONE

This section applies to the first calendar year of attendance in grades 9-12. Parent(s) in the context of this rule means parents or adoptive parents who adopted the student prior to the student's first entry in the ninth grade.

PRESUMPTION OF RESIDENCE OF STUDENT, PARENT (S), SPOUSE. The residence of a single, divorced or widowed student is presumed to be that of the parents of the student. The residence of a married student is presumed to be that of his or her spouse.

GUARDIAN OF PERSON. If a student's parents are alive but a guardian of his or her person was appointed by appropriate authority and recorded in the county clerk's office more than one year ago, the residence of the student is presumed to be that of the guardian if the student has continuously resided with the guardian for a calendar year or more. *If no legal guardianship has been taken out, three years' residence with and support of a contestant establishes guardianship within the meaning of this rule.* (Power of Attorney is NOT a recognized document for participation in varsity athletic contest.)

GUARDIAN. If a student's parents are dead and a guardian of his or her person has been appointed by appropriate authority, the residence of the student is presumed to be that of the guardian.

RELATIVE; SUPPORTER. If a student's parents are dead and a guardianship of his or her person has not been appointed, the residence of the student is presumed to be that of the grandparent, aunt, uncle, adult brother or sister or other person with whom the student is living and by whom the student is supported.

CUSTODIAL. The residence of a student assigned by appropriate authority to a foster home or a home licensed by the state as a childcare boarding facility, or placed in a home by the Texas Youth Commission, is presumed to be at the home. If a student's parent(s) move the student to a foster home in another school district, the student is not eligible, but may apply for a waiver.

Previous Athletic Participation Form - Page 2

If the student is NOT living with parents at the new school it is more than likely a waiver of the parent residence is required for varsity athletic participation. Contact the UIL Office.

Section I - Eligibility Certification

- If the former address of parent/guardian is the same as the current address, a letter of explanation is REQUIRED to explain the change in schools with no change in address.
- If the status of previous residence is 'vacant' or 'still own', further investigation is needed.
- Parent/Guardian signature is required, and if witnessed by the new school administrator, notarization is not required.

Section II - New School Certification

- The new school superintendent or designated administrator signature signifies to his/her knowledge the student is not changing schools for athletic purposes.

Section III - Former School Certification and Release

- Questions 1-6 will help determine if the student is changing schools for athletic purposes.
- If any of questions 1-6 is answered 'yes,' a District Executive Committee hearing is required.
- If a hearing is required, testimony from the previous school, the student/parent and new school can be given to assist in determining eligibility. Please document the date of the hearing in this section.
- If questions 3, 4 or 5 are answered 'yes' an attachment of explanation from the previous school is required to the District Executive Committee.
- This section requires two signatures (former superintendent or designated administrator and former principal or coach).
- A student is ineligible for varsity competition until the District Executive Chair has signed the Previous Athletic Participation form.

Section IV - District Executive Committee Approval

- Check the level of approval for competition. If approved for 'Varsity' level in one sport, the student is approved for 'Varsity' level for all sports.
- Check and sign the level of approval for sub-varsity if the student does not meet varsity eligibility requirements.
- Complete the District Executive Chairman's school, conference and district.
- A signature of the District Executive Committee Chairman is required before the student is eligible for varsity competition, if the level of approval is 'Varsity'.
- The District Executive Committee Chairman sends one copy to the student's current school and the other copy (with supporting documentation) to the University Interscholastic League.