



BISD Athletics Physical Form

Athlete's Full Name: _____ Date of Birth: _____
 Campus: _____ Sex: Male \ Female
 Emergency Contact: Name _____ Phone# _____ Relation _____
 Emergency Contact: Name _____ Phone# _____ Relation _____
 Known Medical Conditions/Allergies: _____ Medication Taking _____

Acknowledgement of Rules

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.

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 or 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 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.uil-texas.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: CIRCLE ANY ACTIVITY IN WHICH THIS STUDENT IS ALLOWED TO PARTICIPATE.

Baseball Football Softball Tennis Basketball Golf Track & Field Cross Country Soccer Powerlifting Volleyball

Consent to Administer Medication

The Bastrop Independent School District Trainers have at their disposal a variety of NON PRESCRIPTION oral medication in their training rooms. These medications can be purchased over-the counter at drug stores and supermarkets and pharmacies. They include **Aspirin, Advil, Motrin, Tylenol, Excedrin, Pepto-Bismol, Alka-Seltzer, along with electrolyte tablets and solution (Fosfree, Powerade)**. These medications are distributed judiciously by staff trainers and/or a doctor.

By checking "YES" you agree to allow the administration of over the counter oral medication to your child. By checking "NO" you are not allowing the administration of over the counter oral medication to your child.

___ YES ___ NO

Consent to Treat

If, in the judgment of any representative of the school, the above named student requires immediate care and treatment as a result of any injury or sickness; I do hereby, authorize, and consent to such care and treatments may be given to said student by a physician, athletic trainer, nurse, hospital, or school representative.

Parent Signature _____ Date _____

By signing at the bottom of each page you are acknowledging and agreeing to its contents



Bastrop
Independent School District
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.

Parent Signature _____ Date: _____

Student Signature _____ Date: _____

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SUDDEN CARDIAC ARREST AWARENESS FORM

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.

-Non-Inherited (not passed on from the family, but still present at birth) conditions:

- **Coronary Artery Abnormalities** – abnormality of the blood vessels that supply blood to the heart muscle. This is the second most common cause of sudden cardiac arrest in athletes in the U.S.
- **Aortic valve abnormalities** – failure of the aortic valve (the valve between the heart and the aorta) to develop properly; usually causes a loud heart murmur.
- **Non-compaction Cardiomyopathy** – a condition where the heart muscle does not develop normally.
- **Wolff-Parkinson-White Syndrome** – an extra conducting fiber is present in the heart’s electrical system and can increase the risk of arrhythmias. Conditions not present at birth but acquired later in life:
- **Commotio Cordis** – concussion of the heart that can occur from being hit in the chest by a ball, puck, or fist. Myocarditis – infection or inflammation of the heart, usually caused by a virus

Recreational/Performance Enhancing drug use

- Idiopathic: Sometimes the underlying cause of the Sudden Cardiac Arrest is unknown, even after autopsy.

What are the symptoms/warning signs of Sudden Cardiac Arrest?

Fainting/blackouts (especially during exercise), Dizziness, Unusual fatigue/weakness, Chest pain, Shortness of breath, Nausea/vomiting, Palpitations (heart is beating unusually fast or skipping beats), Family history of sudden cardiac arrest at age < 50 **ANY of these symptoms and warning signs that occur while exercising may necessitate further evaluation from your physician before returning to practice or a game.**

Parent Signature _____ Date: _____

Student Signature _____ Date: _____

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SUDDEN CARDIAC ARREST AWARENESS FORM

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**

What are the current recommendations for screening young athletes?

The University Interscholastic League requires use of the specific Preparticipation Medical History form on a yearly basis. This process begins with the parents and student-athletes answering questions about symptoms during exercise (such as chest pain, dizziness, fainting, palpitations or shortness of breath); and questions about family health history. It is important to know if any family member died suddenly during physical activity or during a seizure. It is also important to know if anyone in the family under the age of 50 had an unexplained sudden death such as drowning or car accidents. This information must be provided annually because it is essential to identify those at risk for sudden cardiac death. The University Interscholastic League requires the Preparticipation Physical Examination form prior to junior high athletic participation and again prior to the 1st and 3rd years of high school participation. The required physical exam includes measurement of blood pressure and a careful listening examination of the heart, especially for murmurs and rhythm

abnormalities. If there are no warning signs reported on the health history and no abnormalities discovered on exam, no additional evaluation or testing is recommended for cardiac issues/concerns.

Are there additional options available to screen for cardiac conditions?

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

When should a student athlete see a heart specialist?

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

Can Sudden Cardiac Arrest be prevented just through proper screening?

A proper evaluation (Preparticipation Physical Evaluation – Medical History)

should find most, but not all, conditions that could cause sudden death in the athlete. This is because some diseases are difficult to uncover and may only develop later in life. Others can develop following a normal screening evaluation, such as an infection of the heart muscle from a virus. This is why a medical history and a review of the family health history need to be performed on a yearly basis. With proper screening and evaluation, most cases can be identified and prevented. Why have an AED on site during sporting events The only effective treatment for ventricular fibrillation is immediate use of an automated external defibrillator (AED). An AED can restore the heart back into a normal rhythm. An AED is also life-saving for ventricular fibrillation caused by a blow to the chest over the heart (commotio cordis). Texas Senate Bill 7 requires that at any school sponsored athletic event or team practice in Texas public high schools the following must be available:

- An AED is in an unlocked location on school property within a reasonable proximity to the athletic field or gymnasium
- All coaches, athletic trainers, PE teacher, nurses, band directors and cheerleader sponsors are certified in cardiopulmonary resuscitation (CPR) and the use of the AED.
- Each school has a developed safety procedure to respond to a medical emergency involving a cardiac arrest. The American Academy of Pediatrics recommends the AED should be placed in a central location that is accessible and ideally no more than a 1 to 1 1/2 minute walk from any location and that a call is made to activate 911 emergency system while the AED is being retrieved.

Parent Signature _____ Date: _____

Student Signature _____ Date: _____

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CONCUSSION ACKNOWLEDGEMENT FORM

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 shall be removed from practice or completion immediately if suspected to have sustained a concussion. Every student-athlete suspected of sustaining a concussion shall be seen by a physician before they may return to athletic 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 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 under Section 38.156 may not be permitted to practice or 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 Signature _____ **Date:** _____

Student Signature _____ **Date:** _____

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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: _____

For School Official Use Only:

This UIL Completed Form was reviewed by:

 Printed Name Date ATC Signature



Parent/Student BISD Drug Testing Consent

Form I _____ (Parent/Guardian) of _____,
 (Print) (Print Name of Student)

Give my consent for BISD to randomly drug test my child. I understand the rules and penalties for a positive test and understand that the entire policy is located on the BISD website. The penalties for a positive test are listed below. Failure to return this form will make the student ineligible until returned.

- **First Offense:**
 - The student and parents/guardians will participate in a mandatory meeting required with the campus principal and/or Athletic Director, Athletic Coordinator or group sponsor.
 - The student will be suspended from participating in sponsored activities for three (3) weeks. (Student may practice with group, but not play). The student will retest during the next two (2) random testing periods.
 - Student must complete a drug and alcohol certified counseling class o Submit to a drug test from a certified drug facility
 - ALL requirements will be at the student/parent/guardian expense
- **Second Offense:**
 - The student will be suspended from all activities for the period of one calendar school year.
 - The student must successfully complete, at the parent's/guardian's expense, an approved education/counseling
 - Suspension from all extra-curricular activities for a period of one calendar year. After the one year period, a campus committee, composed of the head coach, campus coordinator and one additional coach will determine reinstatement. Committee will review such things as academic record, attendance, behavior record and any other information the committee deems appropriate. Suspended student, at his/her expense, must turn in a passing drug and alcohol test, prior to being reinstated.
- **Third Offense:**
 - The student will no longer be eligible to participate in High School activities. A student may appeal permanent removal from extra-curricular activities under this policy to the Superintendent by filing a written notice within five (5) school days of the positive report of drug use. The student will remain ineligible pending the appeal. The Superintendent will conduct a hearing to determine whether the original finding and suspension were justified. The Superintendent's decision may be appealed in accordance with existing school policy.
- **Refusal to test:** Each time a student refuses to take a drug/alcohol test, after having signed the permission slip, will be treated as a positive test.

 Parent/Guardian Signature

Date: _____

 Student Signature

Date: _____



Formulario de Consentimiento para Prueba de Droga de BISD Padre/Estudiante

Yo _____ (Padre/Tutor) de _____
(su nombre) (nombre del estudiante)

Doy mi consentimiento para una prueba seleccionado al azar de drogas a mi hijo/a del distrito. Entiendo las reglas y sanciones para una prueba positiva y entiendo que toda la póliza se encuentra en el sitio web de BISD. Las sanciones de una prueba positiva se enumeran a continuación. Si no se regresa esta forma hará que su hijo/a no sea elegible hasta que se regrese la forma.

- **Primer Ofensa:**

- El estudiante y los padres/tutores participarán en una reunión obligatoria requerida con el director de la escuela y/o Director Atlético, Coordinador Atlético
- el patrocinador del grupo.
- El estudiante será suspendido de participar en actividades de patrocinados por tres (3) semanas. (El estudiante puede practicar con el grupo, pero no jugar). El estudiante volverá a ser probado durante los próximos dos (2) períodos de prueba seleccionado al azar.
- El estudiante debe tomar un clase de asesoría certificado de drogas y alcohol.
- Someterse a una prueba de drogas de un local certificado de drogas.
- Todos los requisitos serán pagados por estudiante/padre/tutor

- **Segunda Ofensa:**

- El estudiante será suspendido de todas las actividades por un período de un año calendario.
- El estudiante debe completar con éxito, pagado por los padres/tutor, una educación/asesoría aprobada
- La suspensión de todas las actividades extra-curriculares por un período de un año calendario. Después del período de un año, un comité de la escuela, compuesto por el entrenador en jefe, coordinador de la escuela y un entrenador adicional determinarán reincorporación. El comité examinará las cosas tales como el expediente académico, la asistencia, registro de comportamiento y cualquier otra información el comité estime conveniente. Estudiante suspendido, a su costo, debe pasar una prueba de drogas y alcohol, antes de ser reintegrado.

- **Tercera Ofensa:**

- El estudiante ya no será elegible para participar en actividades de secundaria. Un estudiante puede apelar la eliminación permanente de actividades extracurriculares bajo esta póliza al Superintendente mediante la presentación de una notificación por escrito dentro de los cinco (5) días escolares del informe positivo del consumo de drogas. El estudiante permanecerá inelegible en espera de la apelación. El Superintendente llevará a cabo una audiencia para determinar si el hallazgo y la suspensión original estaban justificadas. La decisión del Superintendente puede ser apelada de acuerdo con la póliza de la escuela existente.

- **Negarse a la Prueba:** Cada vez que un estudiante se niega a tomar una prueba de drogas/alcohol, después de haber firmado la hoja de permiso, será tratada como una prueba positiva.

_____ Fecha: _____ Fecha: _____

Firma del padre/tutor

Firma del estudiante



BISD ATHLETIC GUIDELINES AND CODE OF CONDUCT

School athletics does have a tremendous potential for meeting the needs of our youth. Both competition and cooperation have long been prized by our American culture and both are fostered by well conducted and competently directed athletic games. An intensive, well-balanced program of interscholastic sports should therefore be offered to all students. Interscholastic athletics for the physically gifted represents an area of great potential for practicing the pursuit of excellence.

It is therefore the goal of the athletic program to offer this opportunity of participation to every student who has the ability and desire to do so. However, no student is obligated to take part in athletics, nor is this required for graduation.

Sponsors of student clubs and performing groups such as the band, choir, and drill and athletic teams may establish standards behavior—including consequences for misbehavior—that are stricter than those for students in general. If a violation is also a violation of school rules, the consequences specified by the Student Code of Conduct or by board policy will apply in addition to any consequences specified by the organization's standards of behavior.

Student athletes and parents/guardians must understand that it is a PRIVILEGE to participate in Bastrop's Interscholastic athletic program. Therefore, all athletes are expected to adhere to the following:

- Athletes will be tough competitors in the athletic arena, but outside of the competitive area they are expected to conduct themselves as gentlemen and ladies at all times, demonstrating respect and integrity for their administrators, teachers, fellow students, and themselves.
- Athletes are to model/display behaviors associated with positive leaders both in the school and in the community.
- Athletes are to exhibit good citizenship at all times.
- Athletes are to serve as positive representatives for their team, coaches, school, district, and community during competitions and interactions with rivals.
- Athletes are expected to strive for academic excellence and to adhere to the Board approved Student Code of Conduct as well as the Athletic Code of Conduct and Guidelines.

As athletes in Bastrop ISD, Students have a responsibility to exhibit positive leadership characteristics. Participation in the athletic program and/or University Athletic League contests is a **PRIVILEGE, NOT A RIGHT**. All students participating in athletics and expected to comply with all guidelines and with the Board approved Student Code of Conduct. Failure to do so may result in disciplinary consequences and/or removal from the athletic program.



General Guidelines

On the Field or Court – Student athletes are expected to exhibit good sportsmanship, both on and off the field or court. During competitions, students-athletes will display respect for officials, opposing players, demonstrate the ability to accept defeat as well as to be gracious winners.

Personal Appearance and Grooming – All students participating in extracurricular activities are expected to adhere to the dress code in the District’s Student Code of Conduct and the higher standards set forth in this manual.

- Earrings and facial piercings of any type are not allowed on male student-athletes while in the athletic facilities, during travel to/from athletic events, during home games or practices, or while a spectator during athletic events or banquets.
- The UIL does not permit jewelry during any competitions
- Assume responsibility for bringing the appropriate equipment.
- Dress in a neat and appropriate manner that complies with all dress and grooming guidelines or as directed by the coach.
- Demonstrate and model appropriate behavior and good citizenship from the time of departure to the return to campus.
- Travel and return on the bus unless a prior written request has been made by a parent or guardian for the athlete to be released to their custody at the completion of the activity. All athletes must ride the bus to the event and no athlete will be released to anyone other than a parent/guardian at the conclusion of the event, unless prior written approval has been granted.
- High school athletes with vehicles will need to fill out a travel release form signed by their parent/guardian, in order to drive to off-campus BISD facilities.

Quitting a Sport—Athletes wishing to quit or withdraw from a team after the first contest:

- Will meet with their coach and express his/her desire to discontinue participation in that sport.
- Will have his/her parent/guardian meet with the coach to acknowledge their awareness of their child’s decision to discontinue participation.
- Will forfeit any award for the sport.
- Will be ineligible for participation in another sport until the end of the season of the sport from which they have withdrawn, unless the head coaches of both sports agree to the release.

Prohibited Items or Actions – Athletes will refrain from:

- Attending or remaining at an activity or function where the student knows drugs and/or alcohol are being consumed illegally.
- Postings on Social Media or communicating comments and photos that bring negative attention to or are disruptive to the team, a coach, a teammate, or the school. (twitter, Facebook, Instagram included) ****Examples—** Obscene language or images, profanity, nudity, pictures at parties with alcohol, references to drugs, sex, illegal activities, derogatory comments regarding another school, athlete, coach, fighting, academic dishonesty or hazing.
- Posting or communicating any information that is sensitive or personal in nature or is proprietary to the Athletic Dept or school which is not public information. ****Examples** – Tentative or future team schedules/plans, athlete injury status, athlete eligibility status.
- Participating in academic dishonesty, plagiarism, or cheating.



Placement in Alternative School: Any athlete placed in “Alternative School” setting must wait 15 calendar days before returning to competitive play. (if allowed by head coach after conference with athlete and parents).

Failed Drug Test: If student/athlete is serving a “failed drug” Test suspension, that student/athlete is not allowed to compete, tryout or represent the school in any way. No special arrangements will be made to rectify the situation.

Athletic Code of Conduct—The discipline code for student-athletes has been developed in compliance with the District’s Board-approved Student Code of Conduct, but with increased requirements due to the higher standards that are expected of student-athletes as leaders. It is the intent of the athletic staff of Bastrop ISD to emphasize the self-discipline and integrity are integral and essential components of any successful academic and athletic programs. Specific information regarding the levels of discipline, violations, and consequence can be found in the Board-approved Student Code of Conduct. Student-consequences under the Athletic Code of Conduct:

- Coach/Athlete/Parent Conference
- Additional sport-appropriate conditioning activities or assignments
- Community service hours
- Probation
- Suspension
- Dismissal

When guilt or innocence is established, re-admission to the athletic program will be determined based on that outcome. In cases where the campus has jurisdiction to take disciplinary action, the student must complete any campus-level sanctions before consideration for reinstatement to the athletic program. Likewise, students on deferred adjudication will need to complete the probationary period specified by the judge prior to consideration for reinstatement to the athletic program.

Appeals—

- Level 1 – Head Coach
 - Conference with student and/or parent
 - Suspension of activity
 - Dismissal from activity
 - Other appropriate action (example: Community Service)
 - Request for appeal must be done within 5 school days
- Level 2 – Campus Athletic Coordinator and/or Campus Principal
 - Accept appeal and reduce action
 - Deny the appeal
 - Add to action/consequences
 - Other appropriate action
 - Request for appeal must be done within 5 school days



- Level 3 – District Coordinator of Athletics
 - Accept appeal and reduce action
 - Deny the appeal
 - Add to action/consequences
 - Other appropriate action
 - Request for appeal must be done within 5 school days
- Level 4 – Deputy Superintendent
 - Only appeals of a permanent removal from the extracurricular activity may reach this level of the process
 - Accept appeal and reduce action
 - Deny the appeal
 - Add to action/consequences
 - Other appropriate action
 - Cannot appeal this final decision

Athletic/Parent/Coach Communication Process-- Before the start of each sport, the head coach will conduct a mandatory parent meeting regarding rules, regulations, and additional team rules will be distributed at that time.

Athletic Passes – Each athlete will be given an athletic pass to be able to get into high school and middle school games only. **This does not include tournaments and track meets.** When getting into the game student must show his/her student ID and/or license. The athlete can pick up the athletic pass from the athletic secretary. If the athlete loses the pass, he/she must pay \$5.00 fee to be issued another. Additionally, Student athletes must perform 2 hours of community services.

Guidelines for an injured athlete: An athlete who has been injured will follow the following rules:

1. Report for treatment prior to school (8am – 8:35am), during athlete’s athletic period, and after school.
2. Report for practice. The Athletic Trainer will brief the coach with what drills the player can or cannot participate in. If the player is to be held out of the week’s game, he will spend that time in treatment and/or rehabilitation.
3. An injured player is expected to be at practices, unless at rehab or treatment.
4. An injured player that does not report for treatment or call in is considered absent.
5. An injured player that does not follow rules 1 & 2 will not play in the week’s game.
6. Middle School parents, with an injured player, can bring their son/daughter to be evaluated by the athletic trainer before school and after school before taking him/her to the doctor for a suspected minor injury.
7. BISD Athletic Trainer are also available to evaluate middle school athletes during their athletic periods. If a parent is requesting the athletic trainer to evaluate an athlete during athletic period, please contact either the boys or girls middle school coordinator prior to the school day. They will contact the athletic trainer to set up the evaluation that day. It’s important that the coach not be handed the request as the athlete period is beginning. Contact must be made prior to the beginning of the school day.
8. BISD athletic trainers are here for the safety and well-being of the athletes and to get them competing as soon as they are able. Contact the athletic trainers with any issues and/or questions that you may have.
9. Parent notes are not accepted to hold a player out due to a parent diagnosed injury. The athletic trainers and/or
10. A parent note requesting an athlete to not participate in class or practice can only be related to sickness and not injury. The parent note is only good for one calendar day. After 2nd consecutive parent notes, a doctor’s note is required.
11. After the 3rd parent note in a 6 week time frame, the athletic trainers may revoke the physical on file and request a new physical to be filed with the district. Failure to do so in a timely manner will result in removal from the athletic period.

****All athletes are strongly encouraged to shower following practices to combat staph infections which can be serious. This could change to mandatory if a problem arise.**



Important

Upon review of the Bastrop ISD Student Athletic Handbook for 2018-2019, Please print and complete the information below, sign and return.

I have access the Bastrop ISD Student Athletic Handbook for 2018-2019 and will abide by the guidelines and procedures of the district.

My signature certifies that I have read the Bastrop ISD Student Athletic Handbook for 2018-2019

(Print student/athlete name)

(Student Signature)

(Date)

(Parent Signature)

(Date)

Campus

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.

| | 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 weigh 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 sickle cell disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| When was your last concussion? _____ | | | <i>Females Only</i> | | |
| How severe was each one? (Explain below) | | | 19. When was your first menstrual period? _____ | | |
| Have you ever had a seizure? | <input type="checkbox"/> | <input type="checkbox"/> | When was your most recent menstrual period? _____ | | |
| Do you have frequent or severe headaches? | <input type="checkbox"/> | <input type="checkbox"/> | How much time do you usually have from the start of one period to the start of another? _____ | | |
| Have you ever had numbness or tingling in your arms, hands, legs or feet? | <input type="checkbox"/> | <input type="checkbox"/> | How many periods have you had in the last year? _____ | | |
| Have you ever had a stinger, burner, or pinched nerve? | <input type="checkbox"/> | <input type="checkbox"/> | What was the longest time between periods in the last year? _____ | | |
| 5. Are you missing any paired organs? | <input type="checkbox"/> | <input type="checkbox"/> | <i>Males Only</i> | | |
| 6. Are you under a doctor's care? | <input type="checkbox"/> | <input type="checkbox"/> | 20. Do you have two testicles? _____ | | |
| 7. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler? | <input type="checkbox"/> | <input type="checkbox"/> | 21. Do you have any testicular swelling or masses? _____ | | |
| 8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 9. Have you ever been dizzy during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 11. Have you ever become ill from exercising in the heat? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 12. Have you had any problems with your eyes or vision? | <input type="checkbox"/> | <input type="checkbox"/> | | | |

An individual answering in the affirmative to any question relating to a possible cardiovascular health issue (question three above), as identified on the form, should be restricted from further participation until the individual is examined and cleared by a physician, physician assistant, chiropractor, or nurse practitioner.

****EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):**

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

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

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

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

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

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

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.*

| | 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 | | | |
| Foot | | | |

*station-based examination only

CLEARANCE

- Cleared
- Cleared after completing evaluation/rehabilitation for: _____

Not cleared for: _____ Reason: _____

Recommendations: _____

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

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

Address: _____

Phone Number: _____

Signature: _____

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.