

WIMBERLEY INDEPENDENT SCHOOL DISTRICT UIL PARTICIPATION FORM
THIS DOCUMENT MUST BE COMPLETED EACH YEAR BEFORE PARTICIPATION

Name: _____ Date of Birth: _____

Home Address: _____ City, Zip: _____

Home Phone: _____ E-mail address: _____

Grade (2007-2008): _____ Sports: _____

Mother's Name: _____ Work #: _____

Father's Name: _____ Work #: _____

Mom's Cell: _____ Dad's Cell: _____

Additional contact numbers (if parent or guardian cannot be reached):

Name: _____ Home #: _____ Work/Cell #: _____

ASSUMPTION OF RISK/RELEASE OF ALL CLAIMS: All athletes will be coached, instructed and conditioned to compete at the peak of their abilities. Along with competition and effort to acquire excellence is the possibility of injury. Despite efforts made by WISD coaches and personnel to provide proper conditioning, protective equipment and safety practices, not all injuries are preventable and severe injuries can occur during athletic participation. I hereby release and discharge the WISD employees and officers from all claims, demands, actions, judgments, and executions which I may have or executors or administrators may have or claim to have against the WISD employees, officers or parent-volunteers for all personal injuries, known or unknown, and to all known or unknown injuries to property, real or personal, caused by or arising out of participation in athletics including travel and related activities.

MEDICATIONS: The WISD Athletic Trainer is hereby given my consent to administer the non-prescription items listed below.

	Y	N		Y	N		Y	N
Acetaminophen (i.e. Tylenol)	_____	_____	Ibuprofen (i.e. Advil)	_____	_____	Antacids (i.e. Tums)	_____	_____
Anti-diarrheal (i.e. Immodium)	_____	_____	Naproxen (i.e. Aleve)	_____	_____	Gatorade	_____	_____
Antibiotic Ointment	_____	_____	Topical adrenocorticoids (Insect sting relief)	_____	_____			

*Any medication the athlete may require on a regular basis must be indicated on the physical.

* It is recommended that in the case of asthma, an extra inhaler be given to the athletic trainer.

DOCTOR REFERRAL PROCEDURE: I understand that if the above named student requires medical attention as a result of an athletic injury, a doctor referral or hospital/emergency room visit will be initiated by the Athletic Trainer. If, in the judgment of any representative of WISD the above named student requires immediate care and treatment as a result of an 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, trainer, nurse, hospital or school representative; and I do hereby agree to save harmless the district and any district representative from any claim by any person on account of such care and treatment of said student.

INJURY NOTIFICATION PROCEDURE: It is the athlete's and parent's responsibility to make the Athletic Trainer aware of any injury occurring in the athletic programs. Notification should be made **AT THE TIME OF INJURY** or within 48 hours, so proper medical attention is given. The Athletic Trainer is to be notified of any changes of condition that differs from the physical and medical screening, and is indicated by the means of **WRITTEN ORDERS BY THE DOCTOR** or medical facility. This notification includes limited practices, required treatments, etc.

I hereby certify that I fully understand the ASSUMPTION OF RISK, permit the above mentioned non-prescription drugs to be administered as needed, the DOCTOR REFERRAL PROCEDURE, and INJURY NOTIFICATION PROCEDURE statement for my son/daughter's participation in athletics for the Wimberley Independent School District (WISD).

Signature of Parent/Guardian: _____ Date: _____