

# ACKNOWLEDGEMENT OF RULES

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

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Current School \_\_\_\_\_

## Parent or Guardian's Permit

I hereby give my consent for the above student to compete in University Interscholastic League approved sports, and travel with the coach or other representative of the school on my 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 all safe return of all athletic equipment issued by the school to the above-named student.

If judgement 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 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 the failure to provide accurate and truthful information on UIL forms could subject the student in question to penalties determined the UIL.

The UIL Parent Information Manual is located at [www.uiltexas.org/files/athletics/Manuals/parent-information-manual.pdf](http://www.uiltexas.org/files/athletics/Manuals/parent-information-manual.pdf)

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

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

- |  |                                   |  |  |
|--|-----------------------------------|--|--|
| <input type="checkbox"/> Baseball      | <input type="checkbox"/> Football | <input type="checkbox"/> Softball          | <input type="checkbox"/> Tennis        |
| <input type="checkbox"/> Basketball    | <input type="checkbox"/> Golf     | <input type="checkbox"/> Swimming & Diving | <input type="checkbox"/> Track & Field |
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Soccer   | <input type="checkbox"/> Team Tennis       | <input type="checkbox"/> Volleyball    |
| <input type="checkbox"/> Wrestling     | <input type="checkbox"/> Band     |  |  |

Date \_\_\_\_\_

**Signature of parent/guardian** \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_