



Dear Student:

The Superintendent would like to take this opportunity to welcome you to the Brownsville Independent School District. We hope this letter will aid in the process of completing all necessary health forms to participate in the University Interscholastic League, extracurricular programs, and/or the Brownsville Academic Center. For the 2017-2018 school year, any student participating in University Interscholastic League, extracurricular programs, and/or alternative educational programs, will be required to have a physical on file prior to participation which includes all practices. Physicals are valid for one school year. This packet includes the following forms:

### **Pre-Participation Medical History and Pre-Participation Physical**

The Medical History Form must be completed annually by parent and/or guardian and student in order for the student to participate. The questions are designed to determine if the student has developed any condition which would make it hazardous to participate. The Pre-Participation Physical Form must be on file for each student before the first day of participation. This physical **MUST** be completed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, or a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners. Examination forms signed by any other health care practitioner will not be accepted. The physician must sign and print their name in the space provided.

### **Physical Exam Providers**

Below are several options where you can take your child for a physical:

- Your family physician
- Valley Day & Night Clinics
- BISD Campus Care Centers at Clinica 22
- New Horizon Medical Center
- Operation Lone Star (Hanna ECHS: July 24-28, 2017)

For a list of additional providers, contact your coach, director, and/or program sponsor.

### **Immunizations**

Immunizations are required to assist in the health and well-being of student participation. The immunizations are required of all students and are consistent with the Texas Department of Health and local BISD policies. Refer to your designated campus nurse for updates on immunizations.

### **Emergency Information**

All sections must be completed. If you have a medical insurance plan that is an HMO/PPO and you are not from the Brownsville area, it is advised that you designate a local physician as your primary care physician. This will assist in the event a medical referral is necessary for an injury or illness.

### **Health Insurance**

Medical insurance is required of all students participating in University Interscholastic League, extracurricular programs, and/or the Brownsville Academic Center in case of injuries. If your insurance does not cover injuries during your participation, you will be financially responsible for any and all medical costs associated with any injuries. You must provide a photocopy of the front and back of your insurance card when you submit the packet. The District also provides affordable Student Accident Insurance which can be purchased at the families' expense. You may view the Voluntary Optional Student Accident insurance's coverage by visiting the Monarch Management Corporation website (<http://www.mmc-ins.com>) or calling the Employee Benefits / Risk Management Department at 956-548-8061.

### **Secondary Insurance Coverage**

The Brownsville Independent School District provides an insurance coverage for all students involved in University Interscholastic League and/or extracurricular programs for grades 6-12. The insurance coverage that is provided is supplemental to the student's personal insurance. Once the primary insurance has paid its benefits, the BISD insurance will pay at a **REASONABLE AND CUSTOMARY RATE** of the remaining balance. If the student has no insurance, then BISD insurance becomes primary and will pay at a **REASONABLE AND CUSTOMARY RATE UP TO POLICY LIMITS**. It must be understood that after reasonable and customary benefits have been met, there still may be a balance due that must be paid, unless the physician is a member of the network. Physicians within the network provide zero balance billing. Trainers will have a list of the in-network providers. **THE PARENT/GUARDIAN IS RESPONSIBLE FOR ALL COSTS NOT COVERED BY THE INSURANCE PROVIDED.** Charges for treatment of injuries shall not be charged to BISD or any employee of BISD. It is the responsibility of the parent/guardian to file with the insurance. It is also the responsibility of the parent/guardian to notify BISD Personnel regarding any and all medical services for injuries received by the participant. The Brownsville Independent School District **WILL NOT** be held responsible for medical or other costs related to injuries received by the participant except to provide the insurance coverage as outlined above.

**No student will be permitted to participate in any practices, University Interscholastic League approved sports, marching band, extracurricular programs, and/or alternative educational programs prior to all documents being on file with BISD.**

If you have any questions in regards to any of the information listed above, please contact your coach, director, and/or program sponsor. Best of luck to all of you!



**Brownsville Independent School District Participation Form for Secondary Programs**

Name of Student: \_\_\_\_\_ School ID#: \_\_\_\_\_ Grade: \_\_\_\_\_

Sex (circle one): M F    DOB: \_\_\_\_\_ School: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_ Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**Attention School Authorities:** This form and all other inserts that pertain to your program must be updated and signed annually by both the student and parent/guardian and be on file at your school before the student may participate in any practice session or contest before, during, or after school.

**Parents' or Guardians' Permit For Student Participation**

I hereby give my consent for the above student to participate in University Interscholastic League approved sports, marching band, extracurricular programs, and/or alternative educational programs. The student will be allowed to travel with the coaches, directors, or other representative of the school on any approved trips in which the student is eligible.

It is understood that even though precautionary measures are taken whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the Brownsville Independent School District assumes any responsibility in case an accident occurs.

I have read and understand the University Interscholastic League rules included in this packet and agree that my son/daughter will abide by all of the University Interscholastic League rules and/or program requirements.

The undersigned agrees to be responsible for the safe return of all athletic equipment and/or uniforms 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, 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 whosoever on account of such care and treatment of said student.

The UIL Athletic Parent Information Manual is located at [www.uil texas.org/files/athletics/manuals/parent-information-manual.pdf](http://www.uil texas.org/files/athletics/manuals/parent-information-manual.pdf).  
The UIL Music Resources are located at [www.uil texas.org/music/resources-forms](http://www.uil texas.org/music/resources-forms)

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.

**Circle any activity in which this student is allowed to participate:**

Baseball    Basketball    Cross Country    Football    Golf    Soccer    Softball    Swimming/Diving    Tennis    Track    Volleyball    Powerlifting  
Marching Band    Cheerleading    Dance Team    BAC

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date



Brownsville Independent School District  
Participation Form for Secondary Programs

**Pre-Participation Medical History Form**

Name of Student: \_\_\_\_\_ School ID#: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Sex (circle one): M F DOB: \_\_\_\_\_ School: \_\_\_\_\_  
 Name of Parent or Guardian: \_\_\_\_\_ Address: \_\_\_\_\_  
 Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
 Personal Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
**In case of emergency, contact:**  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (cell) \_\_\_\_\_ (other) \_\_\_\_\_

**Explain "Yes" answers in the box below\*\*.** Circle questions you don't know the answers to. Any "Yes" answers to questions 3-12 requires further medical evaluation. Written clearance from a physician, physician assistant, or nurse practitioner is required before any participation in any practices, University Interscholastic League approved sports, marching band, extracurricular programs, and/or alternative educational programs.

	Yes	No		Yes	No
1. Have you ever had a medical illness or injury since your last check up or physical?			27. Have you ever gotten unexpectedly short of breath with exercise?		
2. Have you been hospitalized overnight in the past year?			28. Do you have asthma?		
3. Have you ever passed out during or after exercise?			29. Do you have seasonal allergies that require medical treatment?		
4. Have you ever had a chest pain during or after exercise?			30. 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)?		
5. Have you ever had racing of your heart or skipped heartbeats?			31. Have you ever had a sprain, strain, or swelling after an injury?		
6. Do you get tired more quickly than your friends do during exercise?			32. Have you broken or fractured any bones or dislocated any joints?		
7. Have you had high blood pressure or high cholesterol?			33. Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? If yes, <b>circle</b> the areas and explain below.		
8. Have you ever been told you have a heart murmur?			Head Chest Elbow Hand Thigh Ankle		
9. Has any family member or relative died of heart problems or of sudden unexpected death before age 50?			Neck Shoulder Forearm Finger Knee Foot		
10. 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?			Back Upper Arm Wrist Hip Shin/Calf		
11. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?			34. Do you want to weigh more or less than you do now (circle one)?	More	Less
12. Has a physician ever denied or restricted your participation in physical activities for any heart problems?			35. Do you feel stressed out?		
13. Have you ever had a head injury or concussion?			36. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?		
14. Have you ever been knocked out, become unconscious, or lost your memory? If yes, how many times: When was the last concussion? How severe was each one (explain below)?			<b>For Females Only:</b> 37. When was your first menstrual period? _____ When was your most recent menstrual period? _____ How much time do you usually have from the start of one period to the start of another? _____ How many periods have you had in the last year? _____ What was the longest time between periods in the last year? _____		
15. Have you ever had a seizure?			<b>For Males Only:</b> 38. Do you have two testicles? _____ 39. Do you have any testicular swelling or masses? _____		
16. Do you have frequent or severe headaches?			An individual answering "Yes" to any question 3-12, relating to a possible cardiovascular health issue as identified on the form, should be restricted from further participation until the individual is examined and cleared by a physician, physician assistant, or nurse practitioner.		
17. Have you ever had numbness or tingling in your arms, hands, legs, or feet?			<b>**EXPLAIN "YES" ANSWERS IN THE AREA BELOW (attach another sheet if necessary):</b> _____ _____ _____ _____		
18. Have you ever had a stinger, burner, or pinched nerve?					
19. Are you missing any paired organs?					
20. Are you currently under a doctor's care?					
21. Are you currently taking any prescription or non-prescription (over the counter) medication or pills or using an inhaler?					
22. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?					
23. Have you ever been dizzy during or after exercise?					
24. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?					
25. Have you ever become ill from exercising in the heat?					
26. Have you had any problems with your eyes or vision?					

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

If, in the judgment of any representative of the school, the above student 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 a person on account of such care and treatment of said.

If, between this date and the beginning of participation, 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: \_\_\_\_\_

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

**For School Use Only:**

This Medical History Form was reviewed by: Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Brownsville Independent School District  
Participation Form for Secondary Programs

**Pre-Participation Physical Examination Form**

Student's Name: \_\_\_\_\_ Sex (circle one): M F Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ % Body Fat (optional): \_\_\_\_\_ Pulse: \_\_\_\_\_ BP: \_\_\_\_/\_\_\_\_ (\_\_\_\_/\_\_\_\_, \_\_\_\_/\_\_\_\_)  
Brachial blood pressure while sitting

Vision: R 20/\_\_\_\_ L 20/\_\_\_\_ Corrected Lenses (circle one): Yes No Contact Lenses (circle one): Yes No Pupils (circle one): Equal Unequal

**The Brownsville Independent School District requires any student participating in University Interscholastic League and/or extracurricular programs to have a physical examination annually.**

	NORMAL	ABNORMAL FINDINGS	INITIALS
<b>MEDICAL</b>			
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)			
<b>MUSCULOSKELETAL</b>			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

**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, or a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners. Examination forms signed by any other health care practitioners will not be accepted.**

Name (please print): \_\_\_\_\_ Date of Examination: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

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



### Emergency Information Form

\_\_\_\_\_  
Last Name                                      First Name                                      ID#                                      DOB                                      Teacher/Grade

\_\_\_\_\_  
Address

\_\_\_\_\_  
Mother/Guardian                                      Home/Cell Number                                      Work Number

\_\_\_\_\_  
Father/Guardian                                      Home/Cell Number                                      Work Number

Insurance Company: \_\_\_\_\_

Type of Coverage: Basic (circle one): Yes No                                      Major Medical (circle one): Yes No

Deductible (optional): \_\_\_\_\_                                      Policy/Group Number (optional): \_\_\_\_\_

Contact Lenses (circle one): Yes No

1. Is your child currently taking any medications prescribed by a doctor (circle one)? Yes No If yes, please list medications and reasons for taking them. \_\_\_\_\_  
\_\_\_\_\_

2. Does your child have any allergic reactions to any type of medication (circle one)? Yes No If yes, please list. \_\_\_\_\_  
\_\_\_\_\_

3. Does your child have any type of medical condition for which we should be notified (circle one)? Yes No If yes, please list. \_\_\_\_\_  
\_\_\_\_\_

### PARENT OF GUARDIAN'S PERMIT

*The parent herewith grants permission for school employees to secure medical services for the above named student if necessary. Permission is hereby granted to the attending physician to proceed with any above named student. In the event of surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is not able to communicate with me, the treatment necessary for the best interest of the above named student will be given.*

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_





### GENERAL INFORMATION FOR ATHLETICS

**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 campus (exception: See Section 1209 of the Constitution and Contest Rules (C & CR)).
- 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 FOR ATHLETES

**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 C & CR 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 to continue attending the school. Students placed by the Texas youth Commission are covered under Custodial Residence (see Section 442 of the C & CR).
- Have observed all provision 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 7-12 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, & 9 may attend one baseball, one basketball, one football, one soccer, one softball, and one volleyball camp in which a coach from the school district attendance zone is employed, for no more than 6 consecutive days where school personnel work with their own students may be held in Mary, 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 provision 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 participation 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 school 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.***

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

#### BISD ACKNOWLEDGEMENT OF RULES FOR ATHLETICS

Your son/daughter has expressed a desire to participate in the athletic program in the Brownsville Independent School District (BISD). It is the belief of the coaching staff of Brownsville ISD that athletics can do more for your son/daughter than teach him to play the sport he/she has chosen.

We believe athletics instill the desire to win, to attain personal goals insuring a maximum team effort, and to build strength of body and character. The latter of these qualities determines the success of the first three.

It is our belief that strength is the foundation upon which to build an individual. Athletes, as people in any specialized field, have a unique role to play. They are constantly being motivated by their peers, their teachers, and the community. By constantly being under this scrutiny, athletes must have strength of character and constantly be aware of the role they assumed. They must always be certain they present respect, sincerity, and honesty to their peers, teachers, and community.

We strongly believe that our athletes should possess these qualities. Because of this, we have established the following guidelines to be followed by all athletes.

All athletes, regardless of sport must:

1. Abide by all UIL rule specifications
2. Attend every practice session and athletic contest unless ill or in an emergency situation (parent or guardian must call if not attending practice).
3. At all times, on and off campus, respond to every situation as a young lady or gentleman

All athletes, regardless of sport must **NOT** at any time, on or off campus, break the following rules:

1. Smoke or use tobacco or snuff
2. Consume, possess, or distribute alcoholic beverages
3. Use or consume any type of drug (except for medical purposes) or narcotics
4. Misconduct which contains the elements of an offense under the Texas Penal Code.

Violations of these athletic policies will result in appropriate disciplinary actions being taken against the student and could result in his/her removal from the BISD Athletic Program. Therefore, we ask your cooperation in motivating your son/daughter to observe these rules so that he/she will receive the full benefits from the program.

***Your signature below acknowledges that you have read the rules and agree to the expectations of the athletic program.***

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date





## PARENT/STUDENT UIL MARCHING BAND ACKNOWLEDGEMENT FORM

No student may be required to attend practice for marching band for more than eight hours of rehearsal outside the academic school day per calendar week (Sunday through Saturday). This provision applies to students in all components of the marching band.

On performance days (football games, competitions and other public performances) bands may hold up to one additional hour of warm-up and practice beyond the scheduled warm-up time at the performance site. Multiple performances on the same day do not allow for additional practice and/or warm-up time.

Examples Of Activities Subject To The UIL Marching Band Eight Hour Rule.

- Marching Band Rehearsal (Both Full Band And Components)
- Any Marching Band Group Instructional Activity
- Breaks
- Announcements
- Debriefing And Viewing Marching Band Videos
- Playing Off Marching Band Music
- Marching Band Sectionals (Both Director And Student Led)
- Clinics For The Marching Band Or Any Of Its Components

The Following Activities Are Not Included In The Eight Hour Time Allotment:

- Travel Time To And From Rehearsals And/Or Performances
- Rehearsal Set-Up Time
- Pep Rallies, Parades And Other Public Performances
- Instruction And Practice For Music Activities Other Than Marching Band And Its Components

**NOTE:** An extensive Q&A for the Eight Hour Rule for Marching Band can be found on the Music Page of the UIL Web Site at: [www.uil.utexas.edu](http://www.uil.utexas.edu)

“We have read and understand the Eight-Hour Rule for Marching Band as stated above and agree to abide by these regulations.”

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

This form is to be kept on file by the local school district.