Commerce Athletic Training

To: Commerce ISD Returning Student-Athletes and Parents

From: Amanda Herron MS, ATC, LAT
Head Athletic Trainer

Subject: Student-Athlete Pre-Season Forms

Attached are the instructions to complete the medical paperwork for participation in any athletic activities for the 2021-2022 athletic year. **ALL STUDENT-ATHLETES must have a physical prior to the start of your season to compete each year**. Please keep in mind that this form is confidential and is for your benefit.

Physical Exam: Needs to be completed by a Medical Doctor. The physical form is attached. Complete Authorization to treat form. Physicals will be provided during the school day this spring free of charge. All forms must be completed prior to receiving a physical exam.

Returning Users Profile Update Instructions:

1. GO TO: commerceisd2.atsusers.com to enter the Athlete Portal
2. Enter your **Athlete ID** and **Password**. (Database: atscommerceisd)
   a. If you forgot your ID or Password – ASK!!
3. Click on Athlete Information
4. **UPDATE** Phone numbers, addresses, Insurance, Contact information, and Major Medical conditions.

Return FORMS by **March 28th**th to:
Amanda Herron at CHS.
Head Athletic Trainer
Office: 903.886.3756
Fax: 903.886.6209
Email: amanda.herron@commerceisd.org

Commerce ISD Insurance Statement:
Commerce ISD provides student accident insurance coverage free of charge for students who participate in U.I.L. activities. This coverage acts as a supplement (secondary) to any coverage that you may have. The individual's insurance coverage is primary. Once your primary insurance has paid, then the remaining expenses, up to the maximum benefits allowed, will be paid by the supplemental policy. If the individual does not have primary insurance coverage, the school insurance will only pay the maximum benefits allowed. Claims for the Commerce ISD insurance must be filed within 90 days and treatment must commence within 90 days from the date of injury. **There is no guarantee that all medical expenses will be covered. The Parent/Guardian is responsible for any remaining expenses left uncovered or unpaid.** Only athletic related accidents occurring while an athlete is representing the Commerce ISD in a formal athletic-sponsored activity will be covered (i.e. practice or game) unless approved by the Commerce ISD Athletic Administration.

2021-2022 UIL Athletic Participation Packet **Commerce ISD**

Grade (2021-2022): ________ Gender:(circle) Female Male	**Fill out completely in <u>Blue or Black ink ONLY</u>. Turn completed packet into the HS Front Office or Athletic Trainer. Please direct any questions to <u>amanda.herron@commerceisd.org</u>**
Must Turn in the packet and complete the ONLINE UPDATE to be eligible for participation	

BACKGROUND INFORMATION

Athlete Name:____ SPORTS: ____________________________________

Cell Phone: ____ Date of Birth: _________________________________

Home Address: ______________________________________ City: _______________________ Zip: ____________

Parent/Guardian 1 Name: ______________________________ Cell Phone: ___________________________________

Email Address: _______________________________________ Work Phone: __________________________________

Parent/Guardian 2 Name: ______________________________ Cell Phone: ___________________________________

Email Address: _______________________________________ Work Phone: __________________________________

EMERGENCY INFORMATION (Other persons to call in case of emergency and parents cannot be reached.)

Name: _____________________________________ Phone: ___________________________ Relationship: __________________

Name: _____________________________________ Phone: ___________________________ Relationship: __________________

Family Physician: __________________________ Phone: _____________________ Hospital Preference: ___________________

Allergies to medicine or other: Please list ____

Any medicine taking regularly OR other medical concerns: ____

Have you ever tested Positive for Sickle Cell Anemia, Sickle Cell Trait or any other blood disorder? **YES NO**

Have you ever tested Positive for COVID-19? **YES NO** If YES, Date of last Positive Test: ___________

ACKNOWLEDGEMENT OF RULES & GUIDELINES

The parent/legal guardian and the student must have read all the following regulations and sections and agree to follow the rules and sign below attesting to the fact: Background, emergency information and medical consent for Treatment, UIL General Eligibility Rules, UIL Concussion Acknowledgement, CISD Extracurricular Handbook, UIL Parent or Guardian Permit, UIL Steroid Agreement, UIL Sudden Cardiac Arrest Awareness, and UIL Medical History and Physical Exam, and I permit my child to participate under these conditions. 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. As guardian, I take full responsibility for reading and completing UIL forms with my child. I have completed the information to the best of my knowledge and ability. If, between this date and the beginning of athletic competition, if any illness should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury. *The above student may receive a provided physical examination during school hours by a licensed provider unaccompanied by parent or guardian.*

____ ____

Parent/Guardian Signature **Date** **Student Signature** **Date**

MEDICAL CONSENT FOR TREATMENT

I, the undersigned, the parent/guardian of ____________________________________ (**name of minor**), a minor, do hereby authorize the Commerce ISD District Staff as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of and licensed physician/surgeon, whether such diagnosis or tremens is rendered at the office of said physician/surgeon or at a hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provided authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital which has provided treatment to the above-named minor to surrender physical custody of such minor to (my) (our) above-named agent(s) upon the completion of treatment.

____ ______________________________________

Parent/Guardian Signature **Date** **Phone Number**

MEDICAL DOCTOR VISITS

By signing below, we state that we understand that ANY assessment by a medical doctor will remove the athlete from participation until cleared by the treating doctor. We will inform the athletic trainer of any scheduled doctors visits and provide required documentation for each visit. The athlete MUST be released to **participate in athletics,** not just return to school.

______________________________ ______________________________

Parent/Guardian Signature **Date** **Student Signature** **Date**

MEDICATION DISTRIBUTION

All Medications will be administered in a single pre-packaged dose per medication directions.

As parent/ legal guardian of my child, I have read the policies pertaining to school personnel administering mediation and this is your permission to administer mediation to my child. I understand and agree that my signature on this form constitutes a waiver of liability. I further acknowledge and agree that when the above medication(s) is administered, I waive any claim I might have against CISD and its employees arising out of administration of said medication. In addition, I agree to hold harmless and indemnify CISD and its employees, either jointly or severally, form and ageists any and all claims, damages, causes of action or injuries incurred or resulting from the administration of said medication(s).

**Please provide the athletic trainer with an extra inhaler/epi-pen if needed during physical activity.

Circle Yes or No for each medication:

Pepto Bismol	YES	NO	Advil	YES	NO
Tums	YES	NO	Tylenol Cold	YES	NO
Tylenol	YES	NO	Benedryl	YES	NO
Ibuprofen	YES	NO	Midol	YES	NO
Alieve	YES	NO			

Circle one of the following: Administer Medication as needed | Call before administering medication

______________________________ ______________________________

Parent/Guardian Name **Cell Phone Number**

____

Parent/Guardian Signature **Date**

HEALTH INSURANCE

Policy Holder Name: ______________________________ **DOB**: ____________

Insurance Company: ______________________________ **Member ID #:** ____________

Group Number: ______________________________ **Plan/Network ID#:** ____________

PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

2020

This **MEDICAL HISTORY FORM** must be completed ***annually*** by parent (or guardian) and student in order for the student to participate in activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an 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.

	Question	Yes	No
1.	Have you had a medical illness or injury since your last check up or physical?	☐	☐
2.	Have you been hospitalized overnight in the past year?	☐	☐
	Have you ever had surgery?	☐	☐
3.	Have you ever had prior testing for the heart ordered by a physician?	☐	☐
	Have you ever passed out during or after exercise?	☐	☐
	Have you ever had chest pain during or after exercise?	☐	☐
	Do you get tired more quickly than your friends do during exercise?	☐	☐
	Have you ever had racing of your heart or skipped heartbeats?	☐	☐
	Have you had high blood pressure or high cholesterol?	☐	☐
	Have you ever been told you have a heart murmur?	☐	☐
	Has any family member or relative died of heart problems or of sudden unexplained death before age 50?	☐	☐
	Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelpathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm?	☐	☐
	Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	☐	☐
	Has a physician ever denied or restricted your participation in activities for any heart problems?	☐	☐
4.	Have you ever had a head injury or concussion?	☐	☐
	Have you ever been knocked out, become unconscious, or lost your memory?	☐	☐
	If yes, how many times? __________		
	When was your last concussion? __________		
	How severe was each one? (Explain below)		
	Have you ever had a seizure?	☐	☐
	Do you have frequent or severe headaches?	☐	☐
	Have you ever had numbness or tingling in your arms, hands, legs or feet?	☐	☐
	Have you ever had a stinger, burner, or pinched nerve?	☐	☐
5.	Are you missing any paired organs?	☐	☐
6.	Are you under a doctor's care?	☐	☐
7.	Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?	☐	☐
8.	Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	☐	☐
9.	Have you ever been dizzy during or after exercise?	☐	☐
10.	Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	☐	☐
11.	Have you ever become ill from exercising in the heat?	☐	☐
12.	Have you had any problems with your eyes or vision?	☐	☐
13.	Have you ever gotten unexpectedly short of breath with exercise?	☐	☐
	Do you have asthma?	☐	☐
	Do you have seasonal allergies that require medical treatment?	☐	☐
14.	Do you use any special protective or corrective equipment or devices that aren't usually used for your activity or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	☐	☐
15.	Have you ever had a sprain, strain, or swelling after injury?	☐	☐
	Have you broken or fractured any bones or dislocated any joints?	☐	☐
	Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	☐	☐
	If yes, check appropriate box and explain below:		

☐ Head	☐ Elbow	☐ Hip
☐ Neck	☐ Forearm	☐ Thigh
☐ Back	☐ Wrist	☐ Knee
☐ Chest	☐ Hand	☐ Shin/Calf
☐ Shoulder	☐ Finger	☐ Ankle
☐ Upper Arm	☐ Foot	

	Question	Yes	No
16.	Do you want to weigh more or less than you do now?	☐	☐
17.	Do you feel stressed out?	☐	☐
18.	Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	☐	☐

Females Only

19. 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? ____________

Males Only

20. Are you missing a testicle? ____________
21. Do you have any testicular swelling or masses? ____________

An electrocardiogram (ECG) is not required. I have read and understand the information about cardiac screening on the UIL Sudden Cardiac Arrest Awareness Form. By checking this box, I choose to obtain an ECG for my student for additional cardiac screening. I understand it is the responsibility of my family to schedule and pay for such ECG.

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

It is understood that even though protective equipment is worn by athletes, 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 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: __________

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, PERFORMANCE 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 participation and again prior to first and third years of high school 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) if indicated			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			

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 performance/ games/matches.

UIL 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.

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.

CISD Student-Athlete Drug/Nutritional Supplement Disclosure Statement

I, acknowledge and understand that many compounds obtained from nutritional stores are not subject to the strict regulations of the United States Food and Drug Administration, and therefore the contents of such substances may not be represented accurately and may contain impurities or banned substances, which may cause me to test positive. I understand that labeling on these products may be misleading and/or inaccurate, and that sales personnel are paid only to sell the product, and cannot accurately certify that these products contain no substances banned by UIL. Terms such as "healthy" or "naturally occurring" do not necessarily mean they are safe to take or use, or that the UIL endorses a product or approves its usage. I also understand that some substances may interact negatively with prescribed medications.

I acknowledge that BEFORE taking or using any drug or supplement, I have sole responsibility for taking appropriate steps to ensure that it does not contain any substance banned by the UIL. I also acknowledge the risk of losing my eligibility to participate in intercollegiate athletics if I test positive for an UIL banned substance, REGARDLESS of the source of the substance or reason for its presence.

By making this disclosure, I am requesting that these products and their ingredients be reviewed by the Commerce ISD Athletic Training staff for the purposes of determining whether they are medically safe to use and do not contain substances banned by the UIL. I understand that I should not take or use these products unless their use has been approved by the Head Athletic Trainer.

UIL 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?

Conditions present at birth

- ***Inherited** (passed on from parents/relatives) **conditions 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 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 are inherited.

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. 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/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/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 12 important cardiac elements.
- **The UIL *Pre-Participation Physical Evaluation – Medical History* form includes ALL 12 of these important cardiac elements and is mandatory annually**.
- Additional screening using an electrocardiogram and/or an echocardiogram is readily available to all athletes, but is not mandatory.

Where can one find information on additional screening?

- Check the Health & Safety page of the UIL website (http://www.uiltexas.org/health) or do an internet search for "Sudden Cardiac Arrest".

ACKNOWLEDGEMENT OF RULES

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.

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: Head ache, 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 competition 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 rest. Also avoid external stimulation such as watching television, music, 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 compete 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:
   - (i) have acknowledged that the student has completed the requirements of the return-to-play protocol necessary for the student to return to play;
   - (ii) 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
   - (iii) 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.