

EMERGENCY INFORMATION

Athlete's Name		Grade	Age	Sex
Student ID#	DOB	Athlete's phone #		
Address:		City		Zip
Parent/Guard.			Relation	
Home #	Cell#	Work #		
Parent/Guard.			Relation	
Home#	Cell#	Work#		
Emergency Contact Name:			Relation	
Home / Cell# :		Language Spoken:		
Health Insurance Company Name:			HMO	PPO
			(Circle one)	
Allergies:		Medications take regularly:		
ALL Medical Conditions/ Limitations:				

-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.

PARENT/ GUARDIAN CONSENT TO ATHLETIC PARTICIPATION FOR A MINOR

The undersigned person individually acknowledges the following:

- I am a parent or guardian of the above named minor, who is a student at Birdville Independent School District.
- I consent to his/her participation in extracurricular sport activities including but not limited to team sports such as football, basketball, soccer, softball, baseball, wrestling, and track and field.
- I am aware that there are inherent risks and dangers of injury for those involved in such sports activities. I recognize that such sport activities are strenuous and may involve intense physical contact. I am also familiar with the general physical conditions of the above named student. In addition, I have reviewed the results of the physical examinations of the student including any examination of a physician required by Birdville ISD for participation in a sport.
- I know of no reason to limit such student's participation in such sports activities except those listed in Medical Conditions/Limitations, on the Medical History, or on the Physical Examination.
- I hereby give my consent for the above student to compete in University Interscholastic League (UIL) approved sports and travel with the coach or other representative of the school on any trips.
- I agree that Birdville ISD may rely on my statements and representations made here and that they shall constitute a bar to claim against Birdville ISD or its employees arising out of the student's participation in such sport activities. I hereby expressly assume the risk of loss resulting from the negligence of the student or from the risks of incident to participation in sports activities.
- I agree to be responsible for the safe return of all athletic equipment issued by the school to the above named student.
- I have read and understand all the University Interscholastic League (UIL) rules and Birdville ISD regulations and agree to follow the rules. By signing this document you also agree to be responsible for the Birdville ISD Honor Code and Code of Conduct found in the Student Handbook. By signing this document I also understand that I am stating that all information given is true to the best of my knowledge.

ALL ATHLETES INVOLVED IN ANY/ALL UIL SPORTS AND THEIR PARENT/GUARDIAN MUST SIGN THIS PAGE!!

Please sign to signify that you have read and understand the information on this page:

Student Signature: _____ **Date:** ____/____/____

Parent/Guard. Signature: _____ **Date:** ____/____/____

STANDARD RELEASE FOR FOOTBALL (this paragraph applies to football only)

- This is to certify that I have carefully read and fully understand the warning label(s) attached inside and/or outside of the football helmet that I have checked out from Birdville ISD Athletic Department. The label reads:
WARNING: Do not use this helmet to butt, ram, or spear an opposing player. This is in violation of the football rules and can result in severe head, brain, or neck injury; and paralysis or death to you or to your opponent.
- NO HELMET CAN PREVENT ALL SUCH INJURIES
- There is a risk there injuries may also occur as a result of accidental contact without intent to butt, ram, or spear
- I also understand that football is a potentially injurious sport and agree to accept the risk of injury associated with competition in this sport

INHALER FORMATION ** ONLY required for inhaler******

Dear Parent/Guardian:

For your son/daughter please indicate if your child needs to carry an inhaler: _____ yes _____ no
 - A Physician's signature is required for your child to carry an inhaler

Physician's Signature: _____ **Date:** _____