





**Parents and Student Notification/Agreement Form  
Illegal Steroid Use**

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 though 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 medical doctor 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.

**HEALTH CONSEQUENCES ASSOCIATED WITH ANABOLIC STEROID ABUSE  
(source: National Institute on Drug Abuse)**

- *In boys and men.* Reduced sperm production, shrinking of the testicles, impotence, difficulty or pain in urinating, baldness, and irreversible breast enlargement (gynecomastia).
- *In girls and women.* Development of more masculine characteristics, such as decreased breast size, deepening of the voice, excessive growth of body hair and loss of scalp hair.
- *In adolescents of both sexes.* Premature termination of the adolescent growth spurt, so that for the rest of their lives, abusers remain shorter than they would have been without the drugs.
- *In males and females of all ages.* Potentially fatal liver cysts and liver cancer: blood clotting, cholesterol changes, and hypertension, each of which can promote heart attack and stroke; and acne. Although not all scientists agree, some interpret available evidence to show that anabolic steroid abuse-particularly in high doses- promotes aggression that can manifest itself as fighting, physical and sexual abuse, armed robbery and property crimes such as burglary and vandalism. Upon stopping anabolic steroids, some abusers may experience symptoms of depressed mood, fatigue, restlessness, loss of appetite, insomnia, headache, muscle and joint pain and the desire to take more anabolic steroids.
- *In injectors.* Infections resulting from the use of shared needles or non-sterile equipment, including HIV/AIDS, hepatitis B and C, and infective endocarditis, a potentially fatal inflammation of the inner lining of the heart. Bacterial Infection can develop at the injection site, causing pain and abscess.

**Student Certification**

I have read the above information and agree that a prerequisite of my participation in UIL athletic activities is that I refrain from illegal steroid use. As a prerequisite to participation, I agree that I will not use illegal steroids. I understand that failure to provide accurate and truthful information could subject me to penalties and determined by UIL.

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

**Parent/Guardian Signature**

I have read the above information and acknowledge that a prerequisite of my student's participation in UIL athletic activities is that they refrain from illegal steroid use. I understand that failure to provide accurate and truthful information could subject the participant in question to penalties and determined by UIL.

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

**University Interscholastic League (U.I.L.) General Eligibility Rules**

This form is to be completed yearly and on file with the appropriate athletic staff member prior to participation in games, workouts (in-season and out-of-season), athletic classes, and tryouts.

Eligibility rules for 7<sup>th</sup> & 8<sup>th</sup> grade interscholastic athletic participants:

An individual may participate in League athletic competition or contests as a representative of a participant school if he/she:

- ❖ Has met the requirements of Section 1400 (a) regarding general eligibility:
- ❖ For 7th grade athletic competition, has not reached his/her 14th birthday on or before September 1, and has not enrolled in the 9th grade.
- ❖ For 8th grade athletic competition, has not reached his/her 15th birthday on or before September 1, and has not enrolled in the 9th grade.
- ❖ A student who initially entered the 7th or 8th grade the current school year and is too old for 7th or 8th grade participation may participate according to age, that is, 7th graders on the 8th grade, 9th grade, high school junior varsity or high school varsity team, and 8th graders on the 9th grade, high school junior varsity, or high school varsity team.
- ❖ Is a full-time student in grade seven or eight at the school he/she represents. Exception: Seventh and eighth grade students from public K-8 schools that do not field a team, may participate on the 7th and 8th grade baseball, basketball, football, soccer, softball, and/or volleyball teams at the junior high school in the attendance area where they reside or which is a part of the designated receiving school district. (Parochial, private, and home schooled students are not eligible.)
- ❖ Has been in attendance and has passed the number of courses required by state law and by rules of the State Board of Education, and is passing the number of courses required by state law and by rules of the State Board of Education.
- ❖ Has not repeated the 7th or 8th grade for athletic purposes. A student who repeats the 7th or 8th grade for athletic purposes shall be eligible for only two consecutive years in 7th and 8th grade athletic competition after the first enrollment in the 7th grade. A student held back one year in the 7th or 8th grade for athletic purposes shall lose the fourth year of eligibility after entering the 9th grade. A student held back for two years for athletic purposes shall lose the third and fourth years of eligibility after entering the 9th grade.
- ❖ Has not changed schools for athletic purposes.

Eligibility rules for varsity interscholastic athletic participants:

- ❖ are not 19 years of age or older on or before September 1 of the current scholastic year. (See 504 handicapped 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 day students in a participant high school.
- ❖ initially enrolled in the ninth grade not more than four calendar 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 represented a college in a contest.
- ❖ 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 (items which are wearable, salable or usable) for participating in any athletic sport during any part of the year. Athletes shall not allow 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 all varsity athletic competition. Minimum penalty for participating in a contest while ineligible is forfeiture of the contest
- ❖ did not change schools for athletic purposes

I have read and understand the U.I.L. General Eligibility Rules as stated above:

\_\_\_\_\_  
Student Signature Parent/Guardian Signature Date

**PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY**

REVISED 1-11-06

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

Student's Name: \_\_\_\_\_ 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 on an additional sheet. Circle questions you don't know the answers to. Any Yes answer to questions 1, 2, 5, 7, 11, or 17 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**

- |   |  |                                    |                                |                              |                               |                                  |                                |                               |                                |                               |                                |                               |                                    |                                   |                                 |                                |                                    |  |                               |
|---|--|------------------------------------|--------------------------------|------------------------------|-------------------------------|----------------------------------|--------------------------------|-------------------------------|--------------------------------|-------------------------------|--------------------------------|-------------------------------|------------------------------------|-----------------------------------|---------------------------------|--------------------------------|------------------------------------|--|-------------------------------|
| <p>1. Have you had a medical illness or injury since your last check up or sports physical? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Have you been hospitalized overnight in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>Have you ever had surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Have you ever passed out during or after exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>Have you ever been dizzy during or after exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>Have you ever had chest pain during or after exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>Do you get tired more quickly than your friends do during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>Have you ever had racing of your heart or skipped heartbeats? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>Have you had high blood pressure or high cholesterol? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>Have you ever been told you have a heart murmur? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>Has any family member or relative died of heart problems or of sudden unexpected death before age 50? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>Has any family member been diagnosed with enlarged heart, hypertrophic cardiomyopathy, long QT syndrome, Marfan's syndrome, or abnormal heart rhythm)? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>Has a physician ever denied or restricted your participation in sports for any heart problems? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Have you ever had a head injury or concussion? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>Have you ever been knocked out, become unconscious, or lost your memory? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>If yes, how many times? _____ When was the last concussion? _____<br/>How severe was each one? (Explain below) _____<br/>Have you ever had a seizure? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>Do you have frequent or severe headaches? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>Have you ever had numbness or tingling in your arms, hands, legs, or feet? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>Have you ever had a stinger, burner, or pinched nerve? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Have you ever become ill from exercising in the heat? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Have you ever gotten unexpectedly short of breath with exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>Do you cough, wheeze, or have trouble breathing during or after activity? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>Do you have asthma? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>Do you have seasonal allergies that require medical treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>10. Have you had any problems with your eyes or vision? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Are you missing any paired organs? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12. 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)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>13. Have you ever had a sprain, strain, or swelling after injury? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>Have you broken or fractured any bones or dislocated any joints? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>If yes, check appropriate box and explain below.</p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Head</td> <td><input type="checkbox"/> Elbow</td> <td><input type="checkbox"/> Hip</td> </tr> <tr> <td><input type="checkbox"/> Neck</td> <td><input type="checkbox"/> Forearm</td> <td><input type="checkbox"/> Thigh</td> </tr> <tr> <td><input type="checkbox"/> Back</td> <td><input type="checkbox"/> Wrist</td> <td><input type="checkbox"/> Knee</td> </tr> <tr> <td><input type="checkbox"/> Chest</td> <td><input type="checkbox"/> Hand</td> <td><input type="checkbox"/> Shin/Calf</td> </tr> <tr> <td><input type="checkbox"/> Shoulder</td> <td><input type="checkbox"/> Finger</td> <td><input type="checkbox"/> Ankle</td> </tr> <tr> <td><input type="checkbox"/> Upper Arm</td> <td></td> <td><input type="checkbox"/> Foot</td> </tr> </table> <p>14. Do you want to weigh more or less than you do now? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>Do you lose weight regularly to meet weight requirements for your sport? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>15. Do you feel stressed out? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>16. Record the dates of your most recent immunizations (shots) for:<br/>Tetanus _____ Measles _____<br/>Hepatitis B _____ Chickenpox _____</p> <p>17. Are you under a doctor's care? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Females Only</b></p> <p>18. When was your first menstrual period? _____<br/>When was your most recent menstrual period? _____<br/>How much time do you usually have from the start of one period to the start of another? _____<br/>How many periods have you had in the last year? _____<br/>What was the longest time between periods in the last year? _____</p> <p><b>An individual answering in the affirmative to any question relating to a possible cardiovascular health issue (question five above), as identified on the form, should be restricted from further participation until the individual is examined and cleared by a physician, physician assistant, chiropractor, or nurse practitioner.</b></p> <p>Explain yes answers _____<br/>_____</p> | <input type="checkbox"/> Head      | <input type="checkbox"/> Elbow | <input type="checkbox"/> Hip | <input type="checkbox"/> Neck | <input type="checkbox"/> Forearm | <input type="checkbox"/> Thigh | <input type="checkbox"/> Back | <input type="checkbox"/> Wrist | <input type="checkbox"/> Knee | <input type="checkbox"/> Chest | <input type="checkbox"/> Hand | <input type="checkbox"/> Shin/Calf | <input type="checkbox"/> Shoulder | <input type="checkbox"/> Finger | <input type="checkbox"/> Ankle | <input type="checkbox"/> Upper Arm |  | <input type="checkbox"/> Foot |
| <input type="checkbox"/> Head   | <input type="checkbox"/> Elbow   | <input type="checkbox"/> Hip       |                                |                              |                               |                                  |                                |                               |                                |                               |                                |                               |                                    |                                   |                                 |                                |                                    |  |                               |
| <input type="checkbox"/> Neck   | <input type="checkbox"/> Forearm   | <input type="checkbox"/> Thigh     |                                |                              |                               |                                  |                                |                               |                                |                               |                                |                               |                                    |                                   |                                 |                                |                                    |  |                               |
| <input type="checkbox"/> Back   | <input type="checkbox"/> Wrist   | <input type="checkbox"/> Knee      |                                |                              |                               |                                  |                                |                               |                                |                               |                                |                               |                                    |                                   |                                 |                                |                                    |  |                               |
| <input type="checkbox"/> Chest  | <input type="checkbox"/> Hand  | <input type="checkbox"/> Shin/Calf |                                |                              |                               |                                  |                                |                               |                                |                               |                                |                               |                                    |                                   |                                 |                                |                                    |  |                               |
| <input type="checkbox"/> Shoulder   | <input type="checkbox"/> Finger  | <input type="checkbox"/> Ankle     |                                |                              |                               |                                  |                                |                               |                                |                               |                                |                               |                                    |                                   |                                 |                                |                                    |  |                               |
| <input type="checkbox"/> Upper Arm  |  | <input type="checkbox"/> Foot      |                                |                              |                               |                                  |                                |                               |                                |                               |                                |                               |                                    |                                   |                                 |                                |                                    |  |                               |

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.

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 athletic competition, 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, SCRIMMAGE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.**