



Texas School for the Deaf Athletics Pre-Participation Packet 20__ - 20__



Student Full Name _____ DOB _____ Grade _____
 Parent/Guardian Name _____
 Address _____
 Daytime Phone _____ Cell Phone _____
 Evening Phone _____ Email _____

ATHLETICS POLICIES AND PROCEDURES

Physical and Participation Requirements

Every student planning on participating in athletics at TSD is required to fill out the following forms completely. The forms must be completed annually by the parent/guardian. If any form is not completed, the student-athlete will not be able to participate in athletics.

Physicals are **required** annually to participate in athletics at TSD. The student-athlete will not be able to participate or be issued any equipment until a current physical is on file. A physical will be good for one year from the date of the examination.

If your child has a doctor, it is important for your child to visit his/her own doctor for the physical, because the doctor knows your child and their medical history. This is especially important if your child has any prior medical conditions or is under a doctor's care for any medical condition including asthma. If your child does not have a doctor, you should first find a doctor and then make an appointment with this doctor's office or clinic. It is best to have this appointment between June 6 and August 1.

For children without a primary care physician or health insurance, there are walk-in clinics available to have sports physicals. Cost ranges from \$10-\$70.

If a student-athlete has a cochlear implant, shunt or any other medical device or condition, the Activity Clearance for Students with Medical Conditions and/or Implanted Medical Devices **MUST** be completed every school year.

Any change in medical status or visit to a medical provider during the year will require written clearance from the treating physician before return to normal activity. The medical staff (i.e. Health Center physician, orthopedists) may re-examine or change the medical participation status of any athlete at any time during the athlete's career at TSD. The TSD Medical Staff may disqualify any athlete who has only one paired organ (i.e. kidney, eye, etc) or any other condition that is medically contraindicated for athletic participation or participation in a particular sport.

Medical Policies for Athletes

The athlete must report all injuries and illnesses to the staff athletic trainer and/or Student Health Center. In case of emergencies occurring outside of athletics hours, contact the TSD Health Center at **(512) 462-5686 (voice)** or **(512) 410-1024 (VP)** for assistance or advice immediately.

All treatment will be given under the direction of a physician and under the supervision of the athletic trainer. Decisions concerning the availability of an athlete for practices or game competition shall be the sole responsibility of members of the Athletic Medical Staff (i.e. athletic trainer, Health Center physician or nurses, and outside physicians).

If you have any questions regarding the required information, please contact Billie Muñoz at billie.munoz@tsd.state.tx.us.

Home of the **RANGERS**

1102 South Congress Avenue

Austin, Texas 78704-1728

512-462-5681 V/TTY

Fax: 512-462-5699



www.tsd.state.tx.us



Texas School for the Deaf
Athletics Authorization for Medical Care and
Permission Waiver for Activities On and Off Campus
20__ - 20__



Student's Full Name: _____ **Grade** _____

Permission to Participate and Knowledge of Risk of Injury

- I hereby give my consent for the above student to compete in the AIPL/TAPPS approved sports and travel with the coach or other representatives of the school on any sports events.
- It is understand that even though the athlete wears protective equipment whenever needed, the possibility of an accident resulting in injury still remains and that participation in sports requires an acceptance of risk of injury. Neither AIPL/TAPPS nor the school assumes any responsibility in case an accident occurs.
- It is understood that those who are responsible for the conduct of sports have taken reasonable precautions to minimize the risk of significant injury.
- I understand the athlete should be acquainted with the risks of injury respective to their specific sport and knowledgeable concerning the rules and practices they are using to minimize his/her risk of significant injury while pursuing the many benefits of sport.
- I understand that a certain amount of injuries will occur, including the possibility of catastrophic injury, or even death and that TSD has taken every possible step to make sports participation as safe as possible, as well as, every effort is made to control the risk of injury.
- If, in the judgment of any representative 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 whomsoever on account of such care and treatment of said student. Your signature below gives authorization that is necessary for TSD, its athletic trainer, nurses, coaches, and associated physicians to share information concerning medical diagnosis and treatment of your student.
- I also acknowledge that the Texas School for the Deaf is not responsible to pay for any medical bills or expenses resulting from such illness or injury.
- I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred for any illness or injury that the student may sustain during the extracurricular athletic activity and while travelling to and from the site of the competition whether or not the activity actually occurs.

Extracurricular Athletic Program Rules

- I acknowledge and understand that **Texas School for the Deaf Athletics and AIPL/TAPPS** has established rules and regulations pertaining to conduct, behavior, and activities of all athletic participants.
- The student and I agree to abide and be responsible for his/her/my failure to abide by those rules and regulations.
- The student and I understand that violation of the rules can result in dismissal from the extracurricular activity.

I hereby guarantee that I have read this Permission to Participate and Waiver in its entirety and fully understand its contents. I am aware that this form gives Texas School for the Deaf Medical Staff and designees authorization for medical treatment and an acknowledgement that the risk of injury and illness may occur. I have signed this document voluntarily and of my own free will.

Signature of Parent/Guardian: _____

Date: _____

Relationship to Minor: _____

Signature of Minor: _____

Date _____

SUDDEN CARDIAC ARREST

What is Sudden Cardiac Arrest (SCA)?

Sudden Cardiac Arrest is when the heart stops beating, suddenly and unexpectedly. When this happens blood stops flowing to the brain and other vital organs. SCA is not a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by blockage that stops the flow of blood to the heart. SCA is a malfunction of the heart's electrical system, causing the heart to stop beating.

How common is Sudden Cardiac Arrest?

While studies differ in the actual rate of occurrence, the American Heart Association information indicates that there are approximately 300,000 SCA events outside hospitals each year in the United States. About 2000 patients under the age of 25 die of SCA each year. Studies now being performed in Texas and other states indicate the occurrence rate for high school age athletes may be greater than this figure.

Are there warning signs?

Although SCA happens unexpectedly, some people may have signs or symptoms, such as:

Dizziness	Fatigue	Lightheadedness
Extreme tiredness	Shortness of breath	Nausea
Difficulty breathing	Vomiting	Racing or fluttering heartbeat
Chest Pains	Syncope (fainting)	

These symptoms can be confusing and unclear in athletes. Often people confuse these warning signs as physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated.

For this reason these symptoms are included on the Medical History form provided by the Student Health Center and are required to be updated for each student prior to participation in athletic events each year. As parents and student athletes, your truthful answers to these simple questions will assist your medical practitioner when performing the annual physical examination.

What are the risks of participation and playing with these symptoms?

Continued participation brings with it increased risk. This includes playing in practices and games. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just minutes. Most people who experience a SCA die from the event.

While TAPPS/AIPL does not mandate Cardiac Screening prior to participation, TAPPS/AIPL and the TAPPS/AIPL member schools recognize the importance of our students' health and highly recommend discussing screening options with your health care provider. Any student who shows signs of SCA should be removed by the parents from play. This includes all athletic activity, practices or contests. Before returning to play, the student should be examined and receive clearance by a licensed health care professional of the parents' choosing.

**I have reviewed the above material. I understand the symptoms and warning signs of SCA.
Additional information is available on the Health and Safety page at www.tapps.biz.**

Parent/Guardian Signature / Date: _____

Student Signature / Date: _____

CONCUSSION AND TRAUMATIC BRAIN INJURY

What is a concussion?

A concussion is a brain injury that:

- Is caused by a bump, blow, or jolt to the head or body
- Can change the way a student's brain normally functions
- Can occur during practice or contests in any sport
- Can occur in activities both associated and not associated with the school
- Can occur even if the student has not lost consciousness
- Can be serious even if a student has just been "dinged" or had their "bell rung"

What are the symptoms of a concussion?

Concussions cannot be seen; however, in a potentially concussed student, one or more of the following symptoms may become apparent. The student may not "feel right" soon after, a few days after or even weeks after the injury event.

Headache	"Pressure" in the head	Nausea	Vomiting
Balance Problems	Dizziness	Blurry Vision	Double Vision
Sensitivity to Light	Sensitivity to Noise	Confusion	Memory Problems
Difficulty paying attention	Feeling sluggish, hazy, foggy or groggy		

If you have concerns regarding any of the above symptoms, your doctor should be consulted for further information and/or examination. Your physician or medical professional can best determine your student's physical condition and ability to participate in athletics.

What should students do if they believe that they or someone else may have a concussion?

- Students should immediately notify their coach or school personnel.
- Student should be examined by appropriate medical personnel of the parent's choosing. The medical provider should be trained in the diagnosis and treatment of concussions.
- If no concussion is diagnosed, the student shall be cleared to return to athletic participation.
- If a concussion is diagnosed, the school protocol for return to play from a concussion shall be enacted. Under no circumstances shall the student be allowed to return to practice or play without the approval of a licensed medical provider trained in the treatment of concussions.

Return to Play Guidelines:

After being cleared by physician, most players can resume full sports in 3 days to 5 days (if no setbacks):

Step 1 (Usually Day 1): AM: Light aerobics, light running. **PM (or Day 2):** Moderate aerobics, moderate running, practice without equipment.

Step 2 (Usually Day 2): AM (or Day 3): Non-contact training drills with uniform, May begin weight lifting, resistance training. **PM (or day 4):** Full contact practice and training.

Step 3 (Usually Day 3 or Day 5): Full game participation. If any of the previous symptoms reoccur, player must stop all activity and see physician again.

I have reviewed the above material. I understand the symptoms and warning signs of CONCUSSIONS. Additional information is available on the Health and Safety page at www.tapps.biz. All concussions should be reported to the school as soon as possible.

Previous concussions should be reported on the Medical History form to allow the medical practitioner the best information possible when conducting the annual physical examination.

Parent or Guardian Signature / Date: _____

Student Signature / Date: _____

CONCUSSIONS – Don't hide it. Report it. Take time to recover.

PARENT AND STUDENT NOTIFICATION STERIOD USE AGREEMENT FORM

State law prohibits possessing, dispensing, delivering or administering a steroid in a manner not allowed by state law.

State law requires that only a medical doctor may prescribe a steroid for a person.

State law provides that body building, muscle enhancement or the increase in muscle bulk or strength through the use of a steroid by a person in good health is not a valid medical purpose.

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 STEROIDS

(source: National Institute on Drug Abuse)

<http://www.drugabuse.gov/publications/drugfacts/anabolic-steroids>

For boys and men – shrinking of the testicles, reduced sperm count, infertility, baldness, development of breasts, increased risk for prostate cancer.

For girls and women – growth of facial hair, male-pattern baldness, changes in or cessation of the menstrual cycle, enlargement of the clitoris, deepened voice.

For adolescents – growth halted prematurely through premature skeletal maturation and accelerated puberty changes. This means that adolescents risk remaining short for the remainder of their lives if they take anabolic steroids before the typical adolescent growth spurt.

For all ages – potentially fatal liver cysts and liver cancer; blood clotting, cholesterol changes, and hypertension which can promote heart attack and stroke; and acne. Available evidence may suggest that anabolic steroid abuse, particularly in high doses, promotes aggression that can manifest as fighting, physical and sexual abuse, and property crimes. Upon stopping anabolic steroids, some abusers may experience symptoms of depressed mood, fatigue, restlessness, loss of appetite, insomnia, headaches, muscle and joint pain and the strong desire to return to the use of anabolic steroids.

For injectors – infections resulting from the use of shared needles or non-sterile equipment, including HIV/AIDS, hepatitis B and C, and infective endocarditic, a potentially fatal inflammation of the inner lining of the heart. Bacterial infections can develop at the injection site, causing pain and abscess.

STUDENT CERTIFICATION

I have read the above information and agree that I will not use illegal anabolic steroids.

Student Signature

Date

PARENT/GUARDIAN CERTIFICATION

I have read the above information and agree to my knowledge my student will not use illegal anabolic steroids.

Parent/Guardian Signature

Date

**Texas Association of Private and Parochial Schools and
Austin Interscholastic Parochial League
Student Acknowledgement of Rules**

Student Name: _____

Date of Birth: _____

Grade Level: 5 6 7 8 9 10 11 12

This form must be completed by the student and parent/guardian each year prior to participation in TAPPS and AIPL activities at the member school. In accordance with the TAPPS and AIPL Constitution and By-Laws, we attest that the above named student:

Elementary/Middle School (AIPL)

Students attending member schools will be eligible to participate in AIPL sponsored events. These athletes will represent their schools in the different competitive events and should do so with honor, courage and the utmost respect for their opponents, referees and teammates.

- to compete at the Elementary level (5th and 6th graders), students must be 12 or younger on September 1st.
- to compete at the Junior High level (7th and 8th graders), students must be 14 or younger on September 1st.
- a sixth grade student that is too old to compete at the elementary level will be allowed to compete at the Junior High level.

High School (TAPPS)

- has not reached 19 years of age prior to September 1 of the current year
- has not graduated from high school
- did not enroll in the ninth grade more than four years ago
- did not enroll in the tenth grade more than three years ago
- did not participate with or against high school students more than four years ago

Is the student transferring from another high school this year? YES NO

Student presently resides with biological or adoptive parents? YES NO

If the student is not presently living with biological or adoptive parents,

- If a US citizen, the student must be in compliance with the rules set forth in Section 80 of the TAPPS By-Laws and approved by TAPPS prior to varsity participation in Fine Arts or Athletics.
- If not a US citizen, the student must be in compliance with the rules set forth in Section 102 of the TAPPS By-Laws and approved by TAPPS prior to varsity participation in Fine Arts or Athletics.

Student is a returning high school student or incoming ninth grade student? YES NO

If transferring from a high school,

- The student was withdrawn from the previous high school, enrolled in and attending the new school prior to the TRANSFER DEADLINES as posted on the TAPPS website.
- The student is in compliance with the provisions presented in Section 104 of the TAPPS By-Laws
- The student has not participated on a high school team, select, AAU, club, 7 on 7 team or similar organized activity coached or directed by a staff member at the new school in the past 12 months.

The above named student

- is a full time day student at the member school as defined in the TAPPS Constitution and By-Laws
- has not represented a college in any contest
- is in compliance with the TAPPS awards rule as presented in the TAPPS By-Laws
- is in compliance with all TAPPS eligibility requirements as presented in the TAPPS Constitution and By-Laws

The school has explained and we are/will be in compliance with the TAPPS governance pertaining to In Season, Off Season and Summer Participation.

The school has explained and we are/will be in compliance with TAPPS governance preventing unattached participation in TAPPS activities.

I understand and attest that the burden of proof pertaining to the eligibility of my child rests solely with the student and parents. In the event eligibility is subject to review, we will provide all information requested by TAPPS included but not limited to birth certificate, transcripts, financial information and all reasonable and pertinent information necessary to establish the student's eligibility to compete.

Parent Signature / Date

Student Signature / Date

Texas Association of Private and Parochial Schools Student Acknowledgement of Rules

The health and safety of our student athletes is a primary concern of TAPPS/AIPL and TAPPS/AIPL member schools. In compliance with TAPPS/AIPL governance, the school has

- Provided the school's injury reporting policy
- The school's day of contest attendance policy
- The school's return to play and procedures
- The school has provided education and training regarding
 - **CONCUSSIONS**
 - **SUDDEN CARDIAC ARREST**
 - **STEROID ABUSE**
 - **HEAT STRESS** and
 - **DEHYDRATION**
 - **BLOOD BORNE PATHOGENS**
- We have provided the school with a current medical history and physical form which includes any previous or current injuries/conditions for the student prior to practice or participation.
- We will accurately report all injuries and illness to the school in a timely manner.
- We agree that the student's name, likeness and information may be shared with TAPPS/AIPL and other entities as determined by TAPPS/AIPL.

The parent and student understand and agree that even though protective equipment may be worn and precautions taken, the possibility of accidental injury remains. Neither TAPPS/AIPL, nor representative of TAPPS/AIPL assumes responsibility should an injury occur.

I attest that my child will abide by all TAPPS/AIPL rules as they are presented in the TAPPS/AIPL Constitution, By-Laws and Contest rules. I understand that if the student is found to be out of compliance with TAPPS/AIPL rules and governance, the student's eligibility to compete and the school's eligibility to compete in any activity in which the student participated may be in question. The minimum penalty for participation by an ineligible player is forfeiture of contests in which the player participated.

I understand and agree that the executive management, control and final authority for this association rest with the TAPPS/AIPL Executive Board. The Executive Board shall determine all governance and subsequent compliance therewith.

We attest that we are in compliance with all information presented in this Acknowledgement of Rules form. It is our understanding that non compliance with the terms presented may result in sanctions presented to the student, team and school.

By signature below, we attest that participation in TAPPS/AIPL activities is voluntary and that the student/parents assume all risk for death, injury or personal loss to the participant. The undersigned promise to forever hold harmless the Texas Association of Private and Parochial Schools (TAPPS) and Austin Interscholastic Parochial League (AIPL), its officers, employees and representatives against loss, damage or expense from any and all claims, demands or actions that may be brought against any or all of the said parties because of accident or occurrence while said participant is in route to or from, or participating in a TAPPS/AIPL sponsored contest.

Parent Signature / Date

Student Signature / Date



**Texas School for the Deaf Athletics
In/Out-of-State, School-Related Trip
Permission Form**

This form to be used for ALL school-sponsored events In/outside of Texas

This consent form is to be signed only after understanding and agreeing to the Expectations & Instructions below. If this completed form is not completed, the student will NOT be permitted to participate.

Student's Name: _____ **Grade:** _____
PRINT CLEARLY

EXPECTATIONS & INSTRUCTIONS:

I understand the following is expected of the student:

- To follow instructions given by a coach/chaperone.
- Not to leave or separate from the group without appropriate authorization from a coach/chaperone.
- Comply with all school policies and rules of conduct.

In the event any of the above expectations or instruction is violated, I understand school officials reserve the right to remove my child from the trip and s/he will be subject to disciplinary consequences.

I UNDERSTAND THAT PARTICIPATION IN THE IN/OUT-OF-STATE TRIPS MAY INCLUDE ACTIVITIES THAT INVOLVE RISK OF HARM TO MY CHILD.
I ACKNOWLEDGE I AM FULLY INFORMED OF THE ACTIVITIES CONTEMPLATED.

I hereby give permission for my child to participate in the above mentioned school-related student trip(s).

If any emergency medical procedures or treatments are required during the trip, I consent for the trip supervisor to arrange for them at the supervisor's discretion. If nursing assistance is needed for a medical treatment or procedure, I consent for the trip supervisor or health coordinator to arrange care for them at their discretion.

Parent Name: _____ **Signature** _____ **date** _____

This form **MUST BE COMPLETED** and **FILED** in Athletics Office before the student can be allowed to travel any in/out of state, school-related trip.