# CAMERON I.S.D. ATHLETIC PHYSICAL AND STUDENT ATHLETE INFORMATION FORM FOR THE 2020-2021 SCHOOL YEAR

#### Instructions for completion:

Student's Name:

1. Use BLACK or BLUE ink only (do not use pencil)

(Last Name)

- 2. PRINT all information legibly and fill in all BLANKS completely (indicate with N/A if information is not applicable)
- 3. New athletic physicals are required annually NO EXCEPTIONS, athletic physicals will expire at the end of the current school year.
- 4. Athletic physical and student athlete information forms are color coded for the year in which you wish to participate, make sure that you have the correct color/school year form. NO athletic physical will be accepted with the examination dated before May 1, 2020.

### \*\*\*\*\*\*\*HIGH SCHOOL STUDENTS\*\*\*\*\*\*

\*\* DO NOT GIVE YOUR FORMS TO YOUR COACH \*\* Turn your form in directly to the ATHLETIC TRAINER, failure to do so will result in delays! We are not responsible for lost forms if you do not have a receipt.

## \*\*\*\*\*\*MIDDLE SCHOOL STUDENTS\*\*\*\*\*\*

6<sup>th</sup> & 7<sup>th</sup> grade students: return all completed forms to your HEAD COACH. 8<sup>th</sup> grade students who will be going to 9<sup>th</sup> grade: turn your physical in to the ATHLETIC TRAINER of your high school. We are not responsible for lost forms if you do not have a receipt.

If you have any questions, call the Athletic Trainer at Yoe High School <u>254-627-0664</u>, email at dschiller@cameronisd.net, or log onto http://classroom.cameronisd.net/webs/athletics/athletic\_trainer.htm

#### STUDENT ATHLETE INFORMATION

(First Name)

(Middle Name)

Sex: (M/F): Age: Circle Grade for 2020-21 (7, 8, 9, 10, 11, 12) Birthday: School: CJH YHS
Home Phone: ( ) - Athlete's Cell Phone: ( ) -
Home Address:
(To the Parent, CIRCLE any activity in which this student IS ALLOWED to participate below.)
BAND - BASEBALL - BASKETBALL - CHEERLEADING - CROSS COUNTRY - FOOTBALL
GOLF - SOCCER - SOFTBALL - TENNIS - TRACK & FIELD - VOLLEYBALL - WRESTLING
Father's/Guardian's Full Name: Work Phone: ( Cell Phone: ( )
Mother's/Guardian's Full Name: Work Phone: () Cell Phone: () -
In case of emergency notify: <u>list one person, OTHER THAN YOUR PARENTS OR PERSON YOU LIVE WITH, and their relationship</u> Name: Relationship: Home Phone: ()  Work Phone: () Cell Phone: ()  PARENT OR GUARDIAN'S PERMIT
<ul> <li>I hereby give my consent for the above student to compete in Cameron ISD/University Interscholastic League approved sports, and travel with the coach or other representative of the school on any trips.</li> <li>It is understood that even though protective equipment is worn by the athlete whenever needed, the possibility of an accident still remains. Neither the UIL nor CISD assumes any responsibility in case an accident occurs.</li> <li>I have read and understand the CISD/UIL rules in this packet and agree that my son/daughter will abide by all of the CISD/UIL rules.</li> <li>The undersigned agrees to be responsible for the safe return of all athletic equipment issued by the school to the above named student.</li> <li>If, in 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 do hereby agree 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.</li> <li>Your signature below gives authorization that is necessary for the school district, its athletic trainer, coaches, associated physicians and student insurance personnel to share information concerning medical diagnosis and treatment for your student.</li> <li>The school district's Licensed Athletic Trainer has my permission to administer NON-PRESCRIPTION MEDICATION to the above mentioned student.</li> </ul>
*****(Signature of parent or guardian)***** (Date)