

# BANDERA BULLDOG ATHLETICS

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Coaches:

Brooke Ashcraft	Lamar Lewis
Chad Berardi	Brett Morris
Patina Berardi	Randy Morrison
Marie DeBruyn	Raul Noyola
	Blake Nesrtsa
	Nathan Nunley
Michael Derry	
Mitchell Etzel	
Travis Fallon	
David Farber	Ginger Postert
Nathan Haws	Will Shahan
	Robert Shearhart
Wade Holder	Luke Sheets
Staci Krueger	Diana Shelton
Jeff Jackson	
	Clifton Tierney
Roy Klein	Ray Young
Michael Lenz	Richard Vossen
Erik Thormaehlen	

Dear Parent of Student-Athlete,

The enclosed packet includes all of the required athletic paperwork that your child needs to have completed and on file with the athletic department prior to athletic participation for the 2010/11 school year. B.I.S.D. requires all student-athletes enrolled in grades 7-12 to have a physical completed yearly. The other forms include emergency information, oral medication release, and U.I.L. rules acknowledgement and steroid forms. In order to make it more convenient for your child to receive a pre-participation physical, Sports Medicine Associates of San Antonio will perform physicals on **Saturday, May 15<sup>th</sup> from 9:00 a.m.-10:00 a.m. at the high school gym. The cost is \$20.00.** If you prefer, you may have your personal physician perform the physical as long as the U.I.L. physical form is used to complete the physical. Please follow the instructions, which are included if your child plans on receiving their physical at school.

If you have any questions, please feel free to call me at 796-6308 (office), 830-688-9587 (cell), or e-mail: [mbolan@banderaisd.net](mailto:mbolan@banderaisd.net).

Thank you,

*Mary "Doc" Bolan, A.T.C., L.A.T.*

Mary "Doc" Bolan, A.T.C., L.A.T.  
Athletic Trainer  
Bandera High School

**PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY**

REVISED 1-6-09

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: (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. 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**

<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                  Have you ever had surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Have you ever passed out during or after exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No                  Have you ever had chest pain during or after exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No                  Do you get tired more quickly than your friends do during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No                  Have you ever had racing of your heart or skipped heartbeats? <input type="checkbox"/> Yes <input type="checkbox"/> No                  Have you had high blood pressure or high cholesterol? <input type="checkbox"/> Yes <input type="checkbox"/> No                  Have you ever been told you have a heart murmur? <input type="checkbox"/> Yes <input type="checkbox"/> No                  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                  Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelopathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm? <input type="checkbox"/> Yes <input type="checkbox"/> No                  Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? <input type="checkbox"/> Yes <input type="checkbox"/> No                  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>4. Have you ever had a head injury or concussion? <input type="checkbox"/> Yes <input type="checkbox"/> No                  Have you ever been knocked out, become unconscious, or lost your memory? <input type="checkbox"/> Yes <input type="checkbox"/> No                  If yes, how many _____ When was the last _____                  times? _____ concussion?                  How severe was each one? (Explain below) _____                  Have you ever had a seizure? <input type="checkbox"/> Yes <input type="checkbox"/> No                  Do you have frequent or severe headaches? <input type="checkbox"/> Yes <input type="checkbox"/> No                  Have you ever had numbness or tingling in your arms, hands, legs, or feet? <input type="checkbox"/> Yes <input type="checkbox"/> No                  Have you ever had a stinger, burner, or pinched nerve? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Are you missing any paired organs? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Are you under a doctor's care? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. 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>8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Have you ever been dizzy during or after exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. 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>11. Have you ever become ill from exercising in the heat? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12. Have you had any problems with your eyes or vision? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>13. Have you ever gotten unexpectedly short of breath with exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No                  Do you have asthma? <input type="checkbox"/> Yes <input type="checkbox"/> No                  Do you have seasonal allergies that require medical treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. 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>15. Have you ever had a sprain, strain, or swelling after injury? <input type="checkbox"/> Yes <input type="checkbox"/> No                  Have you broken or fractured any bones or dislocated any joints? <input type="checkbox"/> Yes <input type="checkbox"/> No                  Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? <input type="checkbox"/> Yes <input type="checkbox"/> No                  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>16. Do you want to weigh more or less than you do now? <input type="checkbox"/> Yes <input type="checkbox"/> No                  Do you lose weight regularly to meet weight requirements for your sport? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17. Do you feel stressed out? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Females Only</b></p> <p>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? _____</p> <p><b>An individual answering in the affirmative to any question relating to a possible cardiovascular health issue (question three 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><b>**EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):</b></p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<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																	
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<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 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.**

**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 athletic participation and again prior to first and third years of high school athletic 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*
<b>MEDICAL</b>			
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)			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			
<b>MUSCULOSKELETAL</b>			
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 games/matches.

**Bandera ISD Athletic Participation/Emergency Information Form**  
**(PLEASE PRINT)**

Student Name: \_\_\_\_\_ Grade(2010/11 year): \_\_\_\_\_ DOB: \_\_\_\_\_  
List Sports: \_\_\_\_\_ Sex (M/F): \_\_\_\_\_ Age: \_\_\_\_\_  
Student ID/SSN: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Parent Work #: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Zip: \_\_\_\_\_ please answer the following questions:  
Diabetes \_\_\_\_\_ Epilepsy \_\_\_\_\_ Heart Trouble \_\_\_\_\_ Blood Type \_\_\_\_\_ Metal Pins \_\_\_\_\_ Contacts/glasses \_\_\_\_\_  
Medical History (Surgeries, Fractures, Chronic Problems, Other): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you allergic to any medication? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, list: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Emergency Contacts**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Name	Relationship	Phone Number(s)
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**STUDENT ATHLETE INSURANCE INFORMATION**

All students who participate in athletics are required to take out school insurance or have their parents/guardian sign this waiver releasing the Bandera ISD from all liability incurred in any athletic event.

Under the optional school sponsored insurance plan, the athlete is covered while practicing or participating in regularly scheduled athletic activities, however, **high school football participants (grades 9-12) must pay for the Football Insurance Program in order to be covered under the voluntary student insurance plan.**

We, the parents of the above named student, have studied the Athletic Insurance Program sponsored by Bandera ISD and will not hold the school district responsible for medical or hospital coverage above the amount specified in the athletic policy.

The Bandera ISD has our permission to provide immediate care, treatment, and emergency services in case of injury or illness.

**PLEASE MARK YOUR CHOICE:**

- \_\_\_\_ 1. School Insurance Plan (information will be distributed after 08/01/10)
- \_\_\_\_ 2. I assume all medical expenses in the event of an injury.
- \_\_\_\_ 3. We have our own hospitalization plan.

Insurance Co: \_\_\_\_\_ Policy #: \_\_\_\_\_ Policy Holder: \_\_\_\_\_  
Group #: \_\_\_\_\_ Plan #: \_\_\_\_\_ Holder's Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**ALL CLAIMS AGAINST THE SCHOOL SYSTEM FOR INJURIES ARE HEREBY WAIVED.**

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

**BANDERA INDEPENDENT SCHOOL DISTRICT ATHLETIC  
DEPARTMENT  
ORAL MEDICATION RELEASE FORM**

The following medications are kept in the Athletic Trainer's office to help control minor problems (headaches, colds, upset stomach, etc.). Please check which medications you will allow, or not allow your son/daughter to be administered.

I hereby give my permission for the following medications to be given to my son/daughter \_\_\_\_\_ . These medications may be administered by the Team Physician, Athletic Trainer, and/or Coach as necessary to keep the student in optimum health and maintain health and to maintain maximum school performances.

Please circle Yes or No for each medication listed below. If you have a question about any of the items below, call the Athletic Trainer.

**I. Electrolyte supplements**

- |  |     |    |
|--|-----|----|
| 1. Electrolyte Drink – Powerade, Gatorade, etc.  | Yes | No |
| 2. Medilyte and/or Electrol, Heat Guard, Fosfree | Yes | No |

**II. Analgesic/Anti-inflammatories**

- |  |     |    |
|--|-----|----|
| 1. Acetaminophen (Tylenol)                       | Yes | No |
| 2. Ibuprofen (Advil)                             | Yes | No |
| 3. Naproxen Sodium (Aleve, Aleemed)              | Yes | No |
| 4. Topical analgesics (Theragesic, Biofreeze)    | Yes | No |
| 5. Pain-off (contains aspirin and acetaminophen) | Yes | No |
| 6. Cramp-tabs (contains acetaminophen)           | Yes | No |

**III. Antacids/Anti-Nausea/ & Diarrhea (tablets and liquid)**

- |   |     |    |
|---|-----|----|
| 1. Alcalak antacids (Tums, Maalox, Roloids) | Yes | No |
| 2. Kaopectate/Dimode/Immodium AD            | Yes | No |
| 3. Femetrol                                 | Yes | No |
| 4. Pepto-Bismol                             | Yes | No |
| 5. Nausatal                                 | Yes | No |

**IV. Nasal/Sinus Decongestant/Cold Medication**

- |                               |     |    |
|-------------------------------|-----|----|
| 1. Decoral Forte/Tylenol Cold | Yes | No |
| 2. Chloraseptic/Sepesoothe    | Yes | No |
| 3. Guaicon-MD/ Robitussin-DM  | Yes | No |
| 4. Medikoff (Cough) Drops     | Yes | No |
| 5. Murine/Visine Eye Wash     | Yes | No |

**V. Antihistamines/Sting relief/Antiseptics**

- |  |     |    |
|--|-----|----|
| 1. Diphen/Benadryl                       | Yes | No |
| 2. Sting relief swabs                    | Yes | No |
| 3. Triple antibiotic, Germatan, Betadyne | Yes | No |

**VI. Other medications deemed necessary and/or prescribed by a physician.**

Comments \_\_\_\_\_

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

\_\_\_\_\_

## ACKNOWLEDGEMENT OF RULES

*Attention School Authorities:* This form must be signed yearly by both the student and parent/guardian and be on file at your school before the student may participate in any practice session, scrimmage, or contest. A copy of the student's medical history and physical examination form signed by a physician or medical history form signed by a parent must also be on file at your school.

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Current School \_\_\_\_\_

### Parent or Guardian's Permit

I hereby give my consent for the above student to compete in University Interscholastic League approved sports, and travel with the coach or other representative of the school on any trips.

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.

I have read and understand the University Interscholastic League rules on the reverse side of this form and agree that my son/daughter will abide by all of the University Interscholastic League rules.

The undersigned agrees to be responsible for the safe return of all athletic equipment issued by the school to the above named student.

If, in the judgement 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 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.

**I have been provided the UIL Parent Information Manual regarding health and safety issues and my responsibilities as a parent/guardian. 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.**

The UIL Parent Information Manual is located at [www.uil.utexas.edu/athletics/manuals/pdf/parent\\_information.pdf](http://www.uil.utexas.edu/athletics/manuals/pdf/parent_information.pdf).

Your signature below gives authorization that is necessary for the school district, its trainers, coaches, associated physicians and student insurance personnel to share information concerning medical diagnosis and treatment for your student.

To the Parent:       Baseball       Football       Softball       Tennis       Wrestling  
 Check any activity in which this       Basketball       Golf       Swimming & Diving       Track & Field  
 student is allowed to participate.       Cross Country       Soccer       Team Tennis       Volleyball

Date \_\_\_\_\_

Signature of parent or guardian \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

***The student's signature is required on the second page of this form.***

## 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: school coaches may hold one 6-day camp in their school district for incoming 7th, 8th and 9th grade students),
- 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 are 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 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 (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 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 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.
- **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.**

I have read the regulations cited above and agree to follow the rules.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of student

# Bandera Bulldogs BHS Athletic Booster Club

## 2010-2011 Booster Club Membership Form

On behalf of the Athletic Boosters, welcome to the 2010-2011 season at Bandera High School. We are looking forward to another great year of Bulldog pride. Membership of the BHS Athletic Booster Club is free to all parents of BHS athletes. Please join us in our efforts to offer support to our athletes and coaches as they prepare for success.

**Please provide your contact information:**

Parent(s) or Guardian(s) of Student Athlete name(s) \_\_\_\_\_

Business Name if Applicable: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Text me at: \_\_\_\_\_ Addt'L Numbers: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Name(s)	Student Information:	Please Provide First and Last Names of Student Athlete Sport(s)	Class Of:
_____			
_____			
_____			
_____			

### Consents for Student Releases Associated with Athletics

In accordance with the BISD 2010-2011 Public Relations and Publicity Student Release Form and Public Information- Specifically in regard to any official publications of the Bandera High School Athletic Booster Club (Examples: Sports Programs, Calendars, web site, newsletters)

\_\_\_\_ I **DO** give permission for my child's name and photograph to appear in a Bandera High School Athletic Booster club produced news release, print publication or electronic publication

\_\_\_\_ I **DO NOT** give permission for my child's name and photograph to appear in a Bandera High School Athletic Booster club produced news release, print publication or electronic publication

Signature

Date

**I would be interested in helping with:**

**Please Circle Your Interests**

Concessions

Merchandise Sales

Memberships

Scholarships

Represent a Sport

Contacting other Members

Bulldog Keepers

Assist with Advertising Distributions