



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 Texas Christian Athletic League nor the high school assumes any responsibility in case an accident occurs.
- I have read and understand the Texas Christian Athletic League rules are based upon UIL guidelines (with specific exceptions decided by Members). I also have read the rules and regulations from the school and agree that my son/daughter will abide by all rules governing their participation in Athletics.
- 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 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, licensed athletic trainer, nurse, hospital, or school representative; and I do hereby agree to indemnify and save harmless the school and any school representative as well as TCAL from any claim by any person whomsoever on account of such care and treatment of said student.
- I have been provided the TCAL approved UIL Parent Information Manual regarding health and safety issues including concussions and my responsibilities as a parent/guardian. I understand that failure to provide accurate and truthful information on all forms could subject the student in question to penalties.
- The UIL Parent Information Manual is located at http://www.uil texas.org/files/athletics/manuals/Parent_Manual12.pdf
- Your signature below gives authorization that is necessary for the school district, its licensed athletic trainers, coaches, associated physicians and student insurance personnel to share information concerning medical diagnosis and treatment for your student.

Signature of parent or guardian _____ Date _____

Street address _____

City _____ State _____ Zip _____

Phone _____ Business Phone _____ Other _____

