

EMERGENCY INFORMATION
AND
ACKNOWLEDGEMENT OF RULES

Attention School Authorities: The form must be signed 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 signed by a parent and physical examination form signed by a physician must also be on file at your school.

Name of athlete	Grade	Date of birth
Allergies		Student ID#
Name of Parent/Guardian	Address	
Home phone	Mother's cell	Father's cell
Mother's Work phone	Father's Work phone	
Emergency contact	Phone	

Note: All above information is kept confidential and is used only for emergency purposes

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 and agree that my son/daughter will abide by all of the 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 judgment of any representative of the school, the above named 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, 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 any person whomsoever on account of such care and treatment of said student.

I acknowledge that I have access to the UIL Parent Manual at www.uil.utexas.edu/athletics/manuals/pdf/parent_information.pdf.

I understand that I am REQUIRED to complete the "Parent Substance Abuse Program" through the C.I.S.D. website or at www.psaas.org. A hard copy can be made available to me if needed.

INSURANCE: Coppell ISD does not provide insurance coverage for students participating in athletics. A supplemental health insurance policy is available for purchase during the first week of the school year or upon entering C.I.S.D. There is a supplemental insurance available for your child if you choose to purchase it as a secondary insurance to any policy that you may currently have; or function as a primary insurance if other insurance is not present.

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

SIGNATURE OF PARENT OR GUARDIAN _____

SIGNED this _____ day of _____, 200_____.

NOTARY PUBLIC IN AND FOR THE STATE OF TEXAS

Please SIGN the following acknowledging the full understanding and compliance with the UIL Rules and Coppell ISD Athletic Policies.

UIL Acknowledgement of Rules: Student: _____

Parent/Guardian: _____

Coppell ISD Athletic Policies: Student: _____

Parent/Guardian: _____