

Incarnate Word High School Athletic Participation Form 2009 - 2010

INSTRUCTIONS: Use only BLACK or BLUE ink to complete – no pencil. Please PRINT all information. Appropriate Signatures are required at bottom of each page.

Student's Name (Last, First, Middle)	Student's Date of Birth	Grade	SS Number ()
Home Address	City, State	Zip	Home Phone Number
Date of Last Booster Shot	Known allergies, including allergies to medicine	Medicines currently taking (use separate sheet if necessary)	
Personal Physician: _____		Phone #: () _____	
Preferred Hospital: _____			
This athlete (please circle) IS IS NOT covered by a health insurance policy.			
My Health Insurance Co. _____		Phone #: () _____	
Policy #: _____	Name of Insured: _____		
This athlete (please circle) DOES DOES NOT require seeing a primary care physician (PCP). If so, my PCP is: _____			

In the event of emergency, please prioritize (1, 2, 3, etc.) the best person and method to contact in the provided box ([]).

[] Father's Name: _____	[] Mother's Name: _____	
[] Work Phone #: _____ - _____	[] Work Phone #: _____	
[] Cell Phone #: _____	[] Cell Phone #: _____	
[] Other Phone #: _____	[] Other Phone #: _____	
If a parent/legal guardian cannot be reached, please indicate an additional adult you wish to be contacted for emergency purposes that have authority to make decisions for your child/ward in your absence:		
Name: _____	Relationship: _____	Phone #: _____
Address: _____	Work #: _____	Alternate #: _____

Person responsible for medical/dental charges: (if different from above):

Responsible Party's Name (Last, First, Middle)	Home Phone Number	Work Phone Number	
Home Address	City, State	Zip	Cell Number

MEDICAL TREATMENT ACKNOWLEDGMENT: In the event of my absence and if, in the judgment of any representative(s) 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, trainer, nurse, hospital, or school representative for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above student. The policy listed above will be used to pay for medical care for our child and I agree to accept responsibility for payment of all charges incurred during this medical treatment.

I do hereby agree to indemnify and save harmless TAPPS, TAPPS staff, TAPPS Executive Board, the University of the Incarnate Word and Incarnate Word High School, their trustees, officers, employees, volunteers and any school representative from any claim by any person whomsoever on account of such care and treatment of said student. It is the responsibility of the athlete and parent/guardian to make the Athletic director and coaches aware of any injury occurring in the participation of the athletic programs. Notification should be made **AT THE TIME OF INJURY** or within forty-eight (48) hours, so proper medical attention, activity adjustment, and documentation is made. **The University of the Incarnate Word and Incarnate Word High School are not responsible for payment for any medical expenses for injuries sustained while participating in sports.**

It is the policy of Incarnate Word that the athletic director and coaches are to be notified of any change of condition that differs from the physical and medical history, and is indicated by means of **WRITTEN ORDERS BY THE DOCTOR** or medical facility. This notification includes limited practices, required treatment, prescription medication, etc.

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

I hereby certify that I fully understand and give consent to the MEDICAL TREATMENT ACKNOWLEDGMENT. I hereby understand that all information provided is confidential and that pertinent information will be made available for all coaches, medical personnel, and administration to view.

Participant's Signature: _____ Date: _____

Parent/Legal Guardian's Signature: _____ Date: _____

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT:

1. In consideration of the University of Incarnate Word, Incarnate Word High School, and or St. Anthony Catholic High School providing the opportunity for and permitting the undersigned (Participant) to go on, attend, and/or take part in the field trip or activity to be held at: ATHLETIC ACTIVITY OR ACTIVITIES AT HOME AND AWAY on DURING THE SCHOOL YEAR 2009-2010, sponsored by INCARNATE WORD'S ATHLETIC DEPARTMENT, the Participant and the undersigned Parent or Legal Guardian of the Participant, if applicable, hereby release, remise and forever discharge, indemnify and agree to hold harmless, WAIVE, and COVENANT NOT TO SUE the University of the Incarnate Word, Incarnate Word High School, and St. Anthony Catholic High School, and their respective trustees, directors, officers, faculty, employees, servants, agents and assigns, hereafter referred to as (RELEASEES) from any claim, demand or cause of action, whether now in existence or hereafter arising regarding any loss of personal property, injury to the Participant, or related to the death of the Participant, arising out of, resulting from, caused by, occurring during or in any way connected with the aforesaid field trip or activity, whether or not such injury, death or damage is caused by or contributed to in whole or in any part by any action or failure to act, negligence, breach of contract, or other misconduct on the part of the RELEASEES, or any other participant in said field trip or activity, any participating parent and/or any one or more of any thereof.

2. I recognize and acknowledge that certain risks of harm are or may be inherent in the various activities contemplated herein and that the University of the Incarnate Word, Incarnate Word High School, and St. Anthony Catholic High School cannot control all of these risks. I hereby certify by my signature that I am physically fit and able to participate and I have taken such steps as I deem are appropriate to assure myself that I am fit and capable of such participation. I agree that while participating in the field trip or activity, I will abide by the guidelines set forth in the University of Incarnate Word Student Code of Conduct, the Incarnate Word High School Parent-Student Handbook, and/or the St. Anthony Catholic High School Parent-Student Handbook, as applicable. I also agree to adhere to all other applicable rules, regulations, and laws while participating in the field trip or activity.

3. It is my express intent that this Waiver of Liability and Hold Harmless Agreement shall bind the members of my family and spouse (if any), if I am alive, and my heirs, assigns and personal representatives, if I am not alive, and shall be deemed as a RELEASE, WAIVER, DISCHARGE, AND COVENANT NOT TO SUE the above named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Texas.

4. I UNDESTAND THAT THE UNIVERSITY OF THE INCARNATE WORD, INCARNATE WORD HIGH SCHOOL, AND ST. ANTHONY CATHOLIC HIGH SCHOOL WILL NOT BE RESPONSIBLE FOR ANY MEDICAL COSTS ASSOCIATED WITH ANY INJURY I MAY SUSTAIN.

5. I also understand that I should, and am urged by RELEASEES, to maintain adequate health and accident insurance to cover any personal injury to myself which may be sustained while participating in the Activities.

6. I pledge that I will not consume alcoholic beverages or any controlled substances at any time while participating in the field trip or activity.

7. IN SIGNING THIS WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreement, have been made. I am at least eighteen (18) years of age and fully competent or, if I am under eighteen (18) years of age, my parent or legal guardian's approval and signature has been obtained. I execute this Waiver of Liability and Hold Harmless Agreement for full, adequate, and complete consideration fully intending to be bound by the same.

IN WITNESS WHEREOF, I have hereunto set my hand on this _____ day of _____ of _____.

Printed Name of Participant (Student Athlete): _____

Participant's Signature: _____ Date: _____

PIDM (School ID) Number: _____

If I am under the age of eighteen (18), I have read, understood, and discussed with my parent or guardian identified below, this Waiver of Liability and Hold Harmless Agreement. We hereby accept the terms and conditions stated in this Waiver of Liability and Hold Harmless Agreement.

Participant's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

TRAVEL REQUIREMENTS ACKNOWLEDGEMENT:

I acknowledge Incarnate Word High School will attempt to provide transportation to all away athletic contests and all team members, managers, and coaches will travel together from the school when transportation is provided by the school. **My daughter will not be permitted to drive her own vehicle to away contests or off-campus practices.** After an athletic contest or off-campus practice, my daughter will be permitted to ride home with either parent/legal guardian as indicated hereunder and only after signing out with the coach. Students, even though off-campus, are still subject to all school rules and regulations. I understand that if my daughter does not conduct herself properly, she may be (i) sent home at the parent's expense, (ii) prohibited from participating in future activities, and/or (iii) subject to other appropriate disciplinary measures.

Our signatures indicate our understanding and acceptance of the Incarnate Word High School's TRAVEL REQUIREMENTS.

Participant's Signature: _____ Date: _____

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ Date: _____

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ Date: _____

INSURANCE INFORMATION:

Incarnate Word High School requires all athletic participants to have medical coverage and **NO STUDENT WILL BE ALLOWED TO PARTICIPATE IN AN EXTRA CURRICULAR ACTIVITY WITHOUT INSURANCE.** The parents or legal guardians of a participant must provide the school with a copy of medical insurance coverage or enroll their daughter in the insurance program offered by the High School. No student will be allowed to participate, whether it is a try-out, a practice, a scrimmage, a game or activity, until the parents/legal guardians provides to the school a copy of medical insurance coverage.

The Student Insurance is underwritten by Columbian Life Insurance Company. Coverage may be purchased any time throughout the year and for faster enrollment, you can visit the website www.sas-mn.com/k12.html for the Secured Accident & Health Plans.

Parents/Legal Guardians, if your daughter will participate in an extra-curricular activity, initial the appropriate blank and attach a copy of the appropriate insurance coverage.

_____1) We have purchased the HIGH SCHOOL ACCIDENT INSURANCE PLAN.

_____2) We have attached a copy of our child's medical insurance coverage.

Signatures below do not constitute a contract to purchase any type of insurance but acknowledgment of information.

ATHLETIC CODE OF CONDUCT:

As a student athlete, I am always expected to conduct myself as a maturing Christian: a credit to my faith, my school and my fellow students and opponents. I shall conduct myself courteously and respect the rights of others. Although I will compete hard, I will compete fairly and respectfully with my opponents. Coaches, athletes, students, and spectators must recognize that their conduct plays an important role in establishing the reputation of our school and that our positive actions can contribute directly to the success of our teams.

During home contests we serve as hosts to the visiting team, its students, and spectators. They are our guests, and they should be treated accordingly. As visitors, we are expected to act as invited guests. We will treat the home school's facilities with care and respect.

Qualified officials are assigned to all contests. They are the proper authorities to make decisions regarding the rules and their interpretations. These decisions will be accepted. Officials should be treated with respect at all times on and off the court or playing field.

Sportsmanship includes being appreciative of all good plays by both our team and the opponent. We will cheer for our team, not against the opponent.

Student athletes and parents must review the Student-Parent Handbook and Athletic Handbook and be familiar with the sections regarding extracurricular activities and abide by all school rules. The Student-Parent Handbook will be used when dealing with student-athlete expectations.

I hereby certify that I have read and acknowledge the school's travel and insurance policies, and will abide the Athletic Code of Conduct.

Student's Signature: _____ Date: _____

Parent/Legal Guardian's Signature: _____ Date: _____

ACKNOWLEDGMENT OF RULES - TEXAS ASSOCIATION OF PRIVATE AND PAROCHIAL SCHOOLS-TAPPS

ATTENTION PARENTS AND SCHOOL AUTHORITIES: This form must be signed by both the student and parent/guardian and be on file at Incarnate Word High School before the student may participate in any District or State Contest.

PRINT STUDENT'S NAME

STUDENT'S DATE OF BIRTH

PRINT PARENT'S NAME

PARENT'S HOME/WORK PHONE NUMBER

HOME ADDRESS

CITY, STATE AND ZIP CODE

PARENT'S OR GUARDIAN'S PERMIT: I hereby give my consent for the above student to compete in a TAPPS approved contest, and travel with the director or other representative of the school on any trip. Neither TAPPS nor Incarnate Word High School assumes any responsibility in case an accident occurs.

I have read and understand TAPPS rules listed below and agree that my daughter will abide by all of TAPPS' rules. **I understand that I may film or video tape any game in which my daughter participates, but the film/video tape may not be viewed by the athlete or coaches until the game is over. I understand that I cannot film or video tape any contest in which my daughter or any other teammate is not participating without permission of both teams involved.**

The undersigned agrees to be responsible for the safe return of all equipment owned by Incarnate Word High School and issued to the above named student.

If, in the judgment of any representatives of Incarnate Word High 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, trainer, nurse, hospital, or school representative; and **I DO HEREBY AGREE TO INDEMNIFY AND SAVE HARMLESS TAPPS, TAPPS STAFF, TAPPS EXECUTIVE BOARD, INCARNATE WORD HIGH SCHOOL, THE UNIVERSITY OF THE INCARNATE WORD, AND ANY SCHOOL OR UNIVERSITY REPRESENTATIVE FROM ANY CLAIM BY ANY PERSON WHOMSOEVER ON ACCOUNT OF SUCH CARE AND TREATMENT OF SAID STUDENT.**

GENERAL INFORMATION: All students may attend basketball, soccer, softball and volleyball camps in June and July, on non-school days prior to the starting date for TAPPS activities at the beginning of the school year.

School coaches, or any School Personnel may not:

- Induce students for athletic purposes. Inducement includes but is not limited to the following:
 1. providing or arranging the payment of tuition;
 2. providing or arranging board;
 3. providing or arranging lodging;
 4. providing or arranging transportation;
 5. providing or arranging a job for parent or student;
 6. providing or arranging the payment of athletic camp registration;
 7. payment of cash;
 8. promise of a University or College Scholarship; and
 9. any other valuable consideration to induce a student to enroll in a participant school.
- Transport, register, or instruct students in grades 9-12 from their school in basketball, soccer, softball, or volleyball, except during the TAPPS season, or approved athletic period from starting date for TAPPS activities at the beginning of the school year until TAPPS activities end in the spring, usually mid-May.
- 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 basketball, soccer, or volleyball.
- Have 9-12 grade students playing for them on a non-school team from the starting date for TAPPS activities at the beginning of the school year until TAPPS' activities end in the spring.

GENERAL ELIGIBILITY RULES: According to TAPPS standards, students are eligible to represent their school in interscholastic activities if they:

- Are less than 19 years old on September 1 preceding the contest;
- Have not graduated from high school;
- Are full-time day students in the school, and have been in regular attendance at the school prior to September 1 of the current school year. **In order for a transfer student to be eligible for district play or the playoffs,** a transfer student must be enrolled and attending IWHS by: **September 9, 2009** for volleyball and cross country; **December 9, 2009** for winter soccer, basketball and swimming & diving; **February 17, 2010** for golf, tennis, track & field and softball.
- Are in compliance with the academic eligibility rules of the TAPPS Constitution, By-Laws and Contest Rules.
- Are enrolled in a four-year normal program of high school courses, and initially enrolled in the 9th grade not more than 4 years ago nor in the 10th grade not more than 3 years ago:
 - a. If enrolled in an Accelerated Christian Education school, she must be proceeding toward graduation on a credit basis, and on a passing basis with a regularly checked procedure by the member school to ensure they are in good academic standing;
 - b. If a home school student, who has been "Grandfathered", meeting the requirements listed in ARTICLE V of the TAPPS Constitution.
- Have not represented a college in a contest.
- Are not in violation of the Awards Rule.
- Live with their parents or legal guardian, or full-time student in a boarding school, or have district/Board approval of Residency/Guardianship Certification (see forms manual).
- Were eligible for varsity competition according to the 15 school day rule prior to district certification.
- 9th- 12th grade students shall not play for a coach for the TAPPS school she is attending on a non-school team from August 1st until TAPPS activities end in the spring.

I hereby certify that I have read and fully understand the rules/regulations cited above and agree to follow them.

Student's Signature: _____ Date: _____

Parent/Legal Guardian's Signature: _____ Date: _____