

Advantage Academy Athletics Physical Packet Check List 2024-2025

- Athlete Information Sheet**
Parent/Guardian's signature at the bottom of the page
- UIL Acknowledgement of Rules Form**
Signed by Parent/Guardian and Student-Athlete
- UIL Medical History Form**
Signed by Parent/Guardian and Student-Athlete
- UIL Physical Form**
Physician's signature and date of physical Must be dated AFTER April 15th, 2023
- UIL Steroid Testing Form**
Signed by Parent/Guardian and Student-Athlete
To be completed by all Student-Athletes (Grades 5-12)
- Student-Athlete Emergency Forms**
Both Cards Completed and Signed by Parent/Guardian
- Advantage Academy Code of Conduct**
Signed by Parent/Guardian and Student Athlete
- UIL Concussion Acknowledgement Form**
Signed by Parent/Guardian and Student Athlete
- Sudden Cardiac Arrest Awareness Forms**

ADVANTAGE ACADEMY – ATHLETE INFORMATION 2024-2025 SCHOOL YEAR

Name: _____ **Birthdate:** _____ **Gender:** Male Female

Grade (2023-2024): _____ **School:** WAX GP ND **Student ID:** _____

Current Address _____

Please indicate medical alerts such as allergies, contact lenses, asthma, etc.: _____

PARENT/GUARDIAN’S INFORMATION:

Parent/Guardian’s Name: _____ Relationship to Student: _____

Daytime/Work Phone: _____ Cell Phone: _____ E-Mail: _____

PARENT/GUARDIAN’S INFORMATION:

Parent/Guardian’s Name: _____ Relationship to Student: _____

Daytime/Work Phone: _____ Cell Phone: _____ E-Mail: _____

EMERGENCY CONTACT INFORMATION (Other than Parent/Guardian)

Emergency Contact’s Name/Relationship to Student: _____ Phone: _____

RELEASES AND WAIVERS

Signify your approval of the following items by signing your name in the space provided.

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

In the event of an injury or illness to the above-named student, I hereby authorize a representative of Advantage Academy Schools to secure emergency medical treatment for the above-named student from any healthcare provider.

In addition, I understand that I will be financially responsible, either with personal health insurance or other means, for medical treatment needed by my child.

I hereby authorize the release of medical records and information to the health care providers as needed for treatment of injuries and illnesses to my child.

I have read and understand the information in the UIL Acknowledgement of Rules Form, the Advantage Academy Athletic Code of Conduct and Concussion Management Policy and I agree to follow all policies and procedures.

I certify that the information provided on this form is true and correct to the best of my knowledge.

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 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 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 Website below 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 UIL forms could subject the student in question to penalties determined by the UIL.

The UIL Parent Information Manual is located at www.uiltexas.org/files/athletics/manuals/parent-information-manual.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.

To the Parent: Check any activity in which this student is allowed to participate.

Baseball Softball Basketball Flag Football
 Track & Field Volleyball Soccer Tennis Cheerleader

Date _____ Signature of _____
Parent/Guardian _____
Work/Cell Number _____

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: See Section 1209 of the Constitution and Contest Rules).
- 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 could be 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 Section 446 of the Constitution and Contest Rules for 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 students in the participant high school they wish to represent.
- initially enrolled in the ninth grade not more than four 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 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 receive valuable consideration for allowing 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

Parent Signature

Parent Permit to Travel / Emergency Treatment Card

Name: _____ D.O.B. _____ Sex: Male Female Sport (s) _____

SSN: _____ - _____ - _____ Grade: _____ Address: _____

PARENT/GUARDIAN'S INFORMATION:

Parent/Guardian's Name: _____ Relationship to Student: _____

Daytime/Work Phone: _____ Cell Phone: _____ E-Mail: _____

PARENT/GUARDIAN'S INFORMATION:

Parent/Guardian's Name: _____ Relationship to Student: _____

Daytime/Work Phone: _____ Cell Phone: _____ E-Mail: _____

EMERGENCY CONTACT INFORMATION (Other than Parent/Guardian)

Emergency Contact's Name: _____ Phone: _____ / _____

Relationship to student: _____

I hereby give my consent for the above student to complete in University Interscholastic League approved sports and travel with the coach or other representative of the school on any trips. It is understood the though protective equipment is won by the athletic whenever needed, the possibility of an accident still exists. Neither the University Interscholastic League nor the school district assumes any responsibility in case an accident occurs.

If, in the judgment of any representative 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 many be given to said student by any physician, athletic trainer, nurse, emergency medical technician, hospital, or school representative; and I do hereby agree to indemnify and save harmless the school and any school representative of any claim by any person whomsoever on account of such care and treatment of said student.

Parent / Guardian Signature: _____ Date: _____

Medical History:

Does your student have previous history of:	Yes	No
Bone/joint injury or disease?	<input type="checkbox"/>	<input type="checkbox"/>
Neck injury?	<input type="checkbox"/>	<input type="checkbox"/>
Being unconscious or passed out?	<input type="checkbox"/>	<input type="checkbox"/>
Seizures or convulsions?	<input type="checkbox"/>	<input type="checkbox"/>
Frequent headaches?	<input type="checkbox"/>	<input type="checkbox"/>
Bleeding or blood disorder?	<input type="checkbox"/>	<input type="checkbox"/>
Heat illness?	<input type="checkbox"/>	<input type="checkbox"/>
Allergies (seasonal / environmental)?	<input type="checkbox"/>	<input type="checkbox"/>
Allergies (medicine)?	<input type="checkbox"/>	<input type="checkbox"/>
Heart disease?	<input type="checkbox"/>	<input type="checkbox"/>
High Blood Pressure?	<input type="checkbox"/>	<input type="checkbox"/>
Heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>
Viral infection (mono)?	<input type="checkbox"/>	<input type="checkbox"/>
Eye or vision problems?	<input type="checkbox"/>	<input type="checkbox"/>
Wears contacts or glasses?	<input type="checkbox"/>	<input type="checkbox"/>
Missing/non-functioning limbs/organs?	<input type="checkbox"/>	<input type="checkbox"/>
Asthma?	<input type="checkbox"/>	<input type="checkbox"/>
Emotional disturbance?	<input type="checkbox"/>	<input type="checkbox"/>
Regular medication?	<input type="checkbox"/>	<input type="checkbox"/>
Had surgery in the past?	<input type="checkbox"/>	<input type="checkbox"/>
Currently under a physicians care?	<input type="checkbox"/>	<input type="checkbox"/>
Date of most recent immunizations:		
Tetanus: _____		
Hepatitis: _____		

Insurance Information

My student is covered under the insurance policy of:

Father Mother None Other

Insured's Name: _____

Insurance Company: _____

Insurance Co. Address: _____

Insurance Co. Phone Number: () _____

Group Number: _____

Policy Number: _____

Explain any "Yes" answers here: _____
