



**GENERAL PERMIT & ACKNOWLEDGEMENT OF RULES**

KNOW ALL MEN BY THESE PRESENTS:

I, the undersigned, for the purpose of enabling \_\_\_\_\_, a minor, to participate in the interscholastic athletic program for the next annum do hereby release and authorize the Duncanville Independent School District, it's employees, representatives or agent as follows:

1. You are hereby released from any and all liability or claims, present or future, known or unknown, of every kind, character or description, that may be created by or arising out of, either directly or indirectly, said school function.
2. 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.

**To the parent: The following sports are included in the interscholastic athletic program of the Duncanville ISD.**

|                   |               |               |        |             |              |      |
|-------------------|---------------|---------------|--------|-------------|--------------|------|
| Baseball          | Football      | Softball      | Tennis | Team Tennis | Basketball   | Golf |
| Swimming & Diving | Track & Field | Cross Country | Soccer | Volleyball  | Powerlifting |      |

**Please list any sport which you do not want your child to play.** \_\_\_\_\_

3. It is understood that even though protective equipment is worn by the athlete, whenever needed, the possibility of an accident still remains. It is further understood that there is risk involved in the participation of athletics and that while the Duncanville Independent School District will work to insure against injury and to provide medical care for the athlete should injury occur, the Duncanville Independent School District and the University Interscholastic League, cannot offer any guarantees against the possibility of any injury either minor or of a more serious nature. Neither the University Interscholastic League nor the Duncanville ISD assumes any responsibility in case an accident occurs.
4. If, in the judgment of any representative of the school, the above student should need care and/or treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and/or treatment as may be given said student by any physician, athletic trainer, nurse, or school representative, and I do hereby agree to indemnify and save harmless the school and any school representative from any claims by any person whosoever on account of such care and/or treatment of said student.
5. I hereby give my consent to share necessary information concerning medical diagnosis and treatment for the above named student with associated health care practitioners (physicians, athletic trainers, nurses, etc.), coaches, student insurance personnel and others as selected by the student's family.

I, the undersigned, certify that I have truthfully answered all the questions, read and understand the above permit with its terms and all the rules and regulations on this four-part form and agree to have my child abide by said rules and regulations. If, after this date, any illness or injury should occur that may limit this student's participation, I agree to notify the school athletic trainer of such illness or injury. I understand that failure to provide truthful responses could subject the student in question to penalties determined by the UIL and the school district. I understand that I will be provided a copy of the Duncanville ISD Athletic Department Student and Parent Information Handbook and the UIL Parent Information Manual regarding health and safety issues and my responsibilities as a parent/guardian and that these documents are also available on the Duncanville ISD Athletic Department website. I execute it voluntarily with full knowledge of its significance, and with the intention of binding myself.

\_\_\_\_\_  
**Parent/Guardian Signature**

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
\_\_\_\_\_  
**Notary Public,** \_\_\_\_\_, County, Texas

SEAL/STAMP

**Physical Examination Consent Form**

I, the parent or legal guardian of the above named student, do hereby consent to have my child examined by a licensed, registered medical practitioner who is legally permitted to practice in the state of Texas for the purpose of determining their current health status in regard to proposed athletic activities. I agree to have the Duncanville ISD select the medical practitioners who will conduct the physical examination.

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

\_\_\_\_\_  
Date

## HEALTH and SAFETY INFORMATION

### HEALTH CONSEQUENCES ASSOCIATED WITH ANABOLIC STEROID ABUSE

(source: National Institute on Drug Abuse)

- *In boys and men*, reduced sperm production, shrinking of the testicles, impotence, difficulty or pain in urinating, baldness, and irreversible breast enlargement (gynecomastia).
- *In girls and women*, development of more masculine characteristics, such as decreased breast size, deepening of the voice, excessive growth of body hair, and loss of scalp hair.
- *In adolescents of both sexes*, premature termination of the adolescent growth spurt, so that for the rest of their lives, abusers remain shorter than they would have been without the drugs.
- *In males and females of all ages*, potentially fatal liver cysts and liver cancer; blood clotting, cholesterol changes, and hypertension, each of which can promote heart attack and stroke; and acne. Although not all scientists agree, some interpret available evidence to show that anabolic steroid abuse-particularly in high doses-promotes aggression that can manifest itself as fighting, physical and sexual abuse, armed robbery, and property crimes such as burglary and vandalism. Upon stopping anabolic steroids, some abusers may experience symptoms of depressed mood, fatigue, restlessness, loss of appetite, insomnia, headache, muscle and joint pain, and the desire to take more anabolic steroids.
- *In injectors*, infections resulting from the use of shared needles or non-sterile equipment, including HIV/AIDS, hepatitis B and C, and infective endocarditis, a potentially fatal inflammation of the inner lining of the heart. Bacterial infections can develop at the injection site, causing pain and abscess.

### STRATEGIES TO PREVENT STAPHYLOCOCCAL INFECTIONS

#### WAND WASHING IS THE SINGLE MOST IMPORTANT BEHAVIOR IN PREVENTING INFECTIOUS DISEASE.

Wash your hands:

After sneezing, blowing, or touching your nose. Before and after close contact or using the toilet. Before leaving the athletic area.

#### OTHER PRECAUTIONS

1. Keep your hands away from your nose and groin.
2. Do not share towels, soap, lotion or other personal care items, even on the sidelines at games.
3. Shower with soap and water as soon as possible after direct contact sports
4. Dry using a clean, dry towel.
5. Use a moisturizing lotion to prevent dry, cracked skin.
6. Pre-wash or rinse with plain water items that have been grossly contaminated with body fluids.
7. Wash your towels, uniforms, scrimmage shirts, and any other laundry in hot water and ordinary detergent and dry on the hottest possible cycle.
8. Inform your parents of these precautions if laundry is sent home.
9. More specific directions may be provided by your athletic trainer or coach.

### HYDRATION TIPS AND FLUID GUIDELINES

- Drink according to a schedule based on individual fluid needs.
- Drink before, during and after practices and games.
- Drink 17-20 ounces of water or sports drinks with six to eight percent CHO, two to three hours before exercise.
- Drink another 7-10 ounces of water or sport drink 10 to 20 minutes before exercise.
- Drink early - By the time you're thirsty, you're already dehydrated.
- In general, every 10-20 minutes drink at least 7-10 ounces of water or sports drink to maintain hydration, and remember to drink beyond your thirst.
- Drink fluids based on the amount of sweat and urine loss.
- Within two hours, drink enough to replace any weight loss from exercise.
- Drink approximately 20-24 ounces of sports drink per pound of weight loss.
- Dehydration usually occurs with a weight loss of two percent of body weight or more.

### Head Injury Information

(adapted from: NATIONAL FEDERATION OF STATE HIGH SCHOOL ASSOCIATIONS)

#### Signs and Symptoms of Head Injury

Parents need to be aware of the observable signs and symptoms of a concussion:

|                               |   |
|-------------------------------|---|
| Headache                      | ringing in the ears   |
| Nausea / Vomiting             | Feeling "foggy" or "not sharp"                                  |
| Balance problems or dizziness | Poor concentration  |
| Drowsiness                    | Change in sleep pattern / Trouble falling asleep / Excess sleep |
| Fatigue                       | Concentration or memory problems                                |
| Numbness/tingling             | Irritability / Nervousness                                      |
| Double or fuzzy vision        | Sadness / Depression  |
| Sensitivity to light or noise | Feeling more emotional  |
| Feeling slowed down           |   |

### What is Sudden Cardiac Death?

Sudden cardiac death is an abrupt occurrence where the heart ceases to function and results in death within minutes. It is not a heart attack. It is usually due to a malfunction of the heart's electrical system that coordinates the heart muscle contraction to pump blood through the body.

#### What are the Warning Signs to be aware of?

- Palpitations - feeling fast or skipped heart beats.
- Dizziness - feeling lightheaded.
- Chest pain or chest tightness with exercise.
- Shortness of breath.
- Syncope - fainting or passing out.

ANY of the above symptoms that occur while exercising is a warning sign for sudden cardiac death and warrants further evaluation before participating in any more exercise or sports.

Clicking on <http://www.uil.texas.edu/athletics/health/> will provide more detailed information on these and other health topics.

Duncanville ISD athletic trainers may be contacted at: High School 972-708-2366 / 2365 / 2368 Middle School 972-708-3645



Parent and Student Agreement/Acknowledgement Form
Anabolic Steroid Use and Random Steroid Testing

- Texas state law prohibits possessing, dispensing, delivering or administering a steroid in a manner not allowed by state law.
• Texas state law also provides that body building, muscle enhancement or the increase in muscle bulk or strength through the use of a steroid by a person who is in good health is not a valid medical purpose.
• Texas state law requires that only a licensed practitioner with prescriptive authority may prescribe a steroid for a person.
• Any violation of state law concerning steroids is a criminal offense punishable by confinement in jail or imprisonment in the Texas Department of Criminal Justice.

STUDENT ACKNOWLEDGEMENT AND AGREEMENT

As a prerequisite to participation in UIL athletic activities, I agree that I will not use anabolic steroids as defined in the UIL Anabolic Steroid Testing Program Protocol. I have read this form and understand that I may be asked to submit to testing for the presence of anabolic steroids in my body, and I do hereby agree to submit to such testing and analysis by a certified laboratory. I further understand and agree that the results of the steroid testing may be provided to certain individuals in my high school as specified in the UIL Anabolic Steroid Testing Program Protocol which is available on the UIL website at www.uil.utexas.edu. I understand and agree that the results of steroid testing will be held confidential to the extent required by law. I understand that failure to provide accurate and truthful information could subject me to penalties as determined by UIL.

Student Name (Print): \_\_\_\_\_ Grade (9-12) \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PARENT/GUARDIAN CERTIFICATION AND ACKNOWLEDGEMENT

As a prerequisite to participation by my student in UIL athletic activities, I certify and acknowledge that I have read this form and understand that my student must refrain from anabolic steroid use and may be asked to submit to testing for the presence of anabolic steroids in his/her body. I do hereby agree to submit my child to such testing and analysis by a certified laboratory. I further understand and agree that the results of the steroid testing may be provided to certain individuals in my student's high school as specified in the UIL Anabolic Steroid Testing Program Protocol which is available on the UIL website at www.uil.utexas.edu. I understand and agree that the results of steroid testing will be held confidential to the extent required by law. I understand that failure to provide accurate and truthful information could subject my student to penalties as determined by UIL.

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

## ACKNOWLEDGEMENT OF RULES & GENERAL INFORMATION

**Attention:** The following forms must be signed and be on file with the appropriate licensed athletic trainer for the district before the student may participate in any practice or try-out session, scrimmage, or contest before, during or after school. They include: medical history, physical examination, acknowledgement of rules, notification/agreement of steroids and general permit/emergency information form.

Student's Name: \_\_\_\_\_

Current Grade: \_\_\_\_\_

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

Campus for next school year: \_\_\_\_\_

I agree to be responsible for the safe return of all athletic equipment issue by the school to the above named student.

I agree to abide by the established playing rules of the sport for which I am participating. This includes, but is not limited to the following safety rules:

- the use of an approved colored, not clear or white, mouth guard for the sports which require that use.
- the removal of all cosmetic jewelry and apparel which is not part of the official uniform for the sport.

**If at any time, any illness or injury should occur that may limit this student's participation, I agree to notify the school medical authorities of such illness or injuries.** [This may be accomplished by calling the district's athletic office and having them forward the message to the appropriate licensed athletic trainer.]

School coaches may not:

- transport, register, or instruct students in grade 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 7<sup>th</sup>, 8<sup>th</sup>, and 9<sup>th</sup> grade students.)
- give any instructions 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, the undersigned, certify that I have truthfully answered all the questions and read all the rules and regulations on this four-part form. I acknowledge that I understand the University Interscholastic League and Duncanville Independent School District rules and agree to abide by all said rules and regulations. I understand that failure to do so may subject me to penalties to be determined by the UIL and Duncanville ISD.

Signature of Student: \_\_\_\_\_

Date: \_\_\_\_\_

## DUNCANVILLE INDEPENDENT SCHOOL DISTRICT ATHLETIC MEDICAL HISTORY

This Medical Athletic History must be completed **annually** by parent (or guardian) and student in order for a 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.

NAME \_\_\_\_\_ DATE: \_\_\_\_\_

**\* Explain "Yes" answers below. \* Circle questions you don't know the answers to.**

| Yes                        | No                       |   |
|----------------------------|--------------------------|---|
| <input type="checkbox"/>   | <input type="checkbox"/> | 1. Have you had a medical illness or injury since your last check up or sports physical?<br>Do you have an ongoing or chronic illness?  |
| <input type="checkbox"/>   | <input type="checkbox"/> | 2. Have you ever been hospitalized overnight in the past year?<br>Have you ever had surgery in the past year?   |
| <input type="checkbox"/>   | <input type="checkbox"/> | 3. Have you ever passed out during or after exercise?<br>Have you ever had chest pain during or after exercise?<br>Do you get tired more quickly than your friends do during exercise?<br>Have you ever had racing of your heart or skipped heartbeats?<br>Have you ever had high blood pressure or high cholesterol?<br>Have you ever been told you have a heart murmur?<br>Has any family member or relative died of heart problems or of sudden death before age 50?<br>Has any family member been diagnosed with enlarged heart, hypertrophic cardiomyopathy, Long QT syndrome, Marfan's syndrome or abnormal heart rhythm?<br>Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?<br>Has a physician ever denied or restricted your participation in sports for any heart problems?<br>Have you ever been dizzy during or after exercise? |
| <input type="checkbox"/>   | <input type="checkbox"/> | 4. Have you ever had a head injury or concussion?<br>Have you ever been knocked out, become unconscious, or lost your memory? If yes, how many times? _____<br>When was the last concussion? _____ How severe was each one? (Explain below)   |
| <input type="checkbox"/>   | <input type="checkbox"/> | Have you ever had a seizure?<br>Do you have frequent or severe headaches? If migraines, how often? _____<br>Have you ever had numbness or tingling in your arms, hands, legs, or feet?<br>Have you ever had a stinger, burner, or pinched nerve?  |
| <input type="checkbox"/>   | <input type="checkbox"/> | 5. Are you missing any paired organ? Which? _____   |
| <input type="checkbox"/>   | <input type="checkbox"/> | 6. Are you under a doctor's care?   |
| <input type="checkbox"/>   | <input type="checkbox"/> | 7. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler?<br>Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?  |
| <input type="checkbox"/>   | <input type="checkbox"/> | 8. Do you have any allergies (For example: food, pollen, medicine, bees, or stinging insects)?  |
| <input type="checkbox"/>   | <input type="checkbox"/> | 9. Do you have any current skin problems (itching, rashes, acne, warts, fungus, or blisters)?   |
| <input type="checkbox"/>   | <input type="checkbox"/> | 10. Have you ever become ill from exercising in the heat?   |
| <input type="checkbox"/>   | <input type="checkbox"/> | 11. Do you have any problems with your eyes or vision?<br>Do you wear glasses, contacts or protective eye wear? Which? _____ During sports? _____   |
| <input type="checkbox"/>   | <input type="checkbox"/> | 12. Have you ever gotten unexpectedly short of breath with exercise?<br>Do you cough, wheeze, or have trouble breathing during or after activity?<br>Do you have asthma?<br>Do you have seasonal allergies that require medical treatment?  |
| <input type="checkbox"/>   | <input type="checkbox"/> | 13. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position?<br>(For example: pads, braces, neckrolls, mouthguard, eyeguard, knee brace, special neck roll, foot orthotics, retainer on teeth, hearing aid, etc.)  |
| <input type="checkbox"/>   | <input type="checkbox"/> | 14. Have you ever sprained, strained, dislocated, fractured, broken, or had repeated swelling or pain in muscles, tendons, bones or joints or other athletic injuries of any bones or joints in the past 12 months? (Check or Circle which & describe below)<br><input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Back <input type="checkbox"/> Chest <input type="checkbox"/> Shoulder <input type="checkbox"/> Upper Arm <input type="checkbox"/> Elbow <input type="checkbox"/> Forearm <input type="checkbox"/> Wrists <input type="checkbox"/> Hands<br><input type="checkbox"/> Fingers <input type="checkbox"/> Hip <input type="checkbox"/> Thigh <input type="checkbox"/> Knee <input type="checkbox"/> Shin/Calf <input type="checkbox"/> Ankle <input type="checkbox"/> Feet  |
| <input type="checkbox"/>   | <input type="checkbox"/> | 15. Do you lose weight regularly to meet weight requirements for your sport?<br>Do you want to weigh more or less than you do now?  |
| <input type="checkbox"/>   | <input type="checkbox"/> | 16. Do you feel stressed out?   |
| <input type="checkbox"/>   | <input type="checkbox"/> | 17. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?  |
| <b><u>FEMALES ONLY</u></b> |                          |   |
|                            |                          | 18. When was your first menstrual period? _____ your most recent menstrual period? _____<br>How much time do you usually have from the start of one period to the start of another? _____<br>How many periods have you had in the last year? _____<br>What was the longest time between your menstrual periods last year? _____   |

**\*\* Explain "Yes" answers here:**

---



---



---

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 or nurse practitioner.

**If, after this date, any illness or injury should occur that may limit this student's participation, the parent should promptly notify the school athletic trainer of such illness or injury.**

# PREPARTICIPATION PHYSICAL EVALUATION

This Athletic Physical Exam must be completed on an **annual** basis for athletic competition in middle (junior) school athletics and high school athletics. Each athlete must have a current acceptable physical on file with the school. This physical examination will be good for twelve calendar months from its completed date. **This form must be completed before a student participates in any practice, including try-outs (both in-season and out-of-season) or games/matches.**

## PHYSICAL EXAMINATION

*Note to Practitioner: All blanks **MUST** be filled in.  
By rule of the UIL Medical Advisory Committee.*

\*\*\* **OPTIONAL** \*\*\*

Name \_\_\_\_\_ BP \_\_\_\_\_/\_\_\_\_\_, \_\_\_\_\_/\_\_\_\_\_ Pulse \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Vision L 20/\_\_\_\_ R 20/\_\_\_\_ Blood Type (if known): \_\_\_\_\_

Sex \_\_\_\_\_ Corrected Y N \_\_\_\_\_ % Body Fat \_\_\_\_\_ BMI \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Pupils: Equal  Unequal  Depth Perception \_\_\_\_\_

Peripheral Vision L \_\_\_\_\_ R \_\_\_\_\_

|  | 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  |        |                   |           |
| Missing Organs   |        |                   |           |
| Genitalia (males only)                                     |        |                   |           |
| Skin   |        |                   |           |
| <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 the State Board of Physician Assistant Examiners, or a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners. Examination forms signed by any other health care practitioner will not be accepted.

Name of Authorized Provider (print/type) \_\_\_\_\_ Date of Examination \_\_\_\_\_

Address (w/ city, St. & Zip) \_\_\_\_\_

Phone: \_(\_\_\_\_) \_\_\_\_\_

Signature : \_\_\_\_\_

Office Stamp



Dear Parent/Guardian:

Your son or daughter has expressed a desire to participate in the Athletic Program in the Duncanville ISD. It is the belief of the coaching staff that athletics can do more for your child than teach him/her to play the sport he/she has chosen.

We believe athletics instills the desire to win, attain personal goals ensuring maximum team effort, builds strength of body and strength of character. The latter of these qualities determines the success of the first three.

It is our belief that strength of character is the foundation upon which to build the well developed, well polished individual. Athletes, as people in any specialized field, have a unique role to play. Athletes are constantly being monitored by their peers, teachers and the community. By constantly being under this scrutiny, athletes must have strength of character and be constantly aware of the role they have assumed. They must be certain they present to their peers, teachers and community: the respect, sincerity and honesty expected of a young lady or gentleman.

We believe very strongly that our athletes should possess these qualities. Because of this belief, we have established the following set of guidelines to be followed by all athletes in the Duncanville ISD.

**ALL ATHLETES, REGARDLESS OF SPORT, MUST:**

1. Abide by all University Interscholastic League (UIL) rule specifications, and abide by local athletic policy.
2. Attend every practice session and athletic contest unless ill or emergency situations. (Parents or athlete must call in if the athlete is not attending a practice session.)
3. At all times, respond to every situation as a young lady or gentleman.
4. Abide by all Duncanville ISD, Athletic Department and campus guidelines and policies.
5. Maintain academic intensity to achieve success in the classroom

Violation of these policies will result in appropriate disciplinary action being taken against the student and could result in his/her removal from the athletic program in the Duncanville ISD. Therefore, we ask your cooperation in motivating your son or daughter to observe these rules to that he or she will receive the maximum benefit from the program.

You should have access (hardcopy or district athletic department website) to the information handbook for Duncanville ISD Athletics, which includes guidelines and policies for the student-athletes. There will be team meetings for your son or daughter in which these rules will be discussed. Please read and discuss them with your son or daughter. After you have read these, please sign this letter stating you both understand the policies of Duncanville ISD Athletics.

Sincerely,

Kevin Ozee  
Director of Athletics

\_\_\_\_\_  
Parent/Guardian Signature      Date                      Student Signature      Date      Grade      Sport