

CARROLL I.S.D. ATHLETIC PARTICIPATION RELEASE

Last Name: _____ First Name: _____ Sex: Male Female Date of Birth: / /
School: CSHS CHS CMS DMS Grade (Entering): 7th 8th 9th 10th 11th 12th School Year: _____

Please check all sports/ activities in which student is planning to participate: Football Volleyball Basketball Soccer
Baseball Softball Cross Country Track Golf Tennis Wrestling Swimming Other: _____

Home Address: _____ City: _____ Zip: _____

Home Telephone: _____

Mother/ Guardian: _____ Work Phone: _____ Cell Phone: _____

Father/ Guardian: _____ Work Phone: _____ Cell Phone: _____

Alternate Contact: _____ Work Phone: _____ Cell Phone: _____

Primary Care Physician: _____ Phone: _____

Insurance Company: _____ Policy and/or Group #: _____

Please check one of the following:

- I have attached a copy of the current coverage, card, or plan for my student
- I will be enrolling in the school insurance plan, or will seek similar insurance coverage. (Proof of coverage must be provided to the school)
- I decline to participate in the voluntary insurance program. I understand that in case of injury I am responsible for all costs incurred.

CARROLL ISD PARENT OR GUARDIAN'S PERMIT

In consideration of accepting my child as a participant in athletics, I, intending to be legally bound, hereby myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against all other entrants and the Carroll Independent School District, Southlake, Texas, its officers, agents and representatives for any and all injuries suffered by my son or daughter while participating in athletics or while in transit to practice or games.

I hereby give my consent for the above student to compete in University Interscholastic League approved sport, 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 Carroll ISD assumes any responsibility in case an accident occurs.

The undersigned agrees to be responsible for the safe return of all athletic equipment issued by the school to my son/daughter.

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

I understand that the Carroll Independent School District will provide me the option to purchase insurance coverage for students participating in interscholastic athletics. If I choose to purchase this insurance, it is my responsibility to follow all the procedures set forth in the policy. I understand that it is my responsibility to file claims with my insurance carrier(s), including the school provided insurance option, and to pay for any costs that may not be covered by insurance. I also understand that CISD will NOT be responsible for any costs incurred due to an injury that may occur during athletic participation. I hereby agree to pay for all costs of any injuries that may occur during the athletic participation of my son/daughter.

If, in the judgment of any representative of Carroll ISD, the above student should need 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 my son/daughter by any physician, 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 my son/daughter.

I have read and understand this form in its entirety and attest to the accuracy of the information contained herein. I agree to notify proper school officials if there is a change of information during the school year. If, between this date and the beginning of athletic competition, any illness or injury should occur that may limit this student's participation, I agree to notify the athletic trainers, coaches, or other school officials of such illness or injury.

No student will be permitted to participate in any practice, athletic period, or contest prior to this document, the UIL Acknowledgement of Rules, the UIL Anabolic Steroid Use and Random Steroid Testing Form, and a current physical examination being on file with the athletic department at the student's school.

Parent/ Guardian: _____ Relationship: _____

Signed before me this _____ day of _____

Notary- Tarrant County, Texas: _____

Drug Allergies and/or Medical Alerts: _____