Coaches: Randy Bryant: randy.bryant@austinisd.org

Tabithia Ramsey: tabithia.ramsey@austinisd.org

Patrick Timmons: Patrick.timmons@austinisd.org

**EXPECTATIONS:**

As **a wrestler** you will compete to your best ability every minute of every match.

As **a wrestler** you will support your fellow team mates: during matches, in the practice room, in the classroom and in the community.

As **a wrestler** you will work your hardest every day to develop your skills to the fullest.

As **a wrestler** you will set practice and performance goals for the season and your career.

As **a wrestler** you will avoid those substances which will prevent you from reaching those goals (alcohol, drugs, & tobacco)

As **a wrestler** you will work hard in the classroom both academically and behaviorally.

As **a wrestler** you will attend every practice and match unless it is a completely avoidable reason.

As **a wrestler** you show respect to your teammates, coaches, competitors, officials and fans.

**PRACTICE / MATCH TIMES:**

- Every, non-match, school day from 2:45 p.m. to 6:00-6:30 p.m.

- Please arrive in my room and we leave to the practice location by 2:45, everyone helps clean the mats together, no exceptions.

- We will be practicing in the weight room.

- Any wrestler who is late or missing from practice, without a note excused, may receive the conditioning missed from that practice. Missing excessive practices and or 1 wrestling meet means removal from the team.

- All matches will begin at 6:00 pm. (subject to change)

**PRACTICE / MATCH DAYS:**

- A practice / match schedule will be provided.

- There will be practices over the Winter Break so please plan accordingly

**HYGIENE:**

- Due to the possibility of skin disease and other illnesses, wrestlers are encouraged to shower with an anti-bacterial soap at the school before and after practice. Wrestlers are to wash their gear daily!

**TEAM SELECTION:**

- The Varsity Wrestling team will be selected by wrestle-off & coaches decision on a week by week basis.

- After the first match, a challenger must defeat the Varsity member to take his/her spot on the roster.

- The best wrestler will be the Varsity wrestler regardless of grade level.

- Non-Varsity wrestlers will be ranked according to ability (determined by wrestle-off & coaches evaluation) and encouraged to wrestle whenever matches present themselves.

**ELIGIBILITY:**

- All athletes must...

- To practice...

- have ALL paperwork on file with Athletic Trainer Sue Torres, and brought the “Green Card” to the coach.

- To compete...

- have completed a minimum of 12 practices prior to competition.

- be academically eligible.

- be in good standing with the team.

**LOCKER ROOMS:**

- School Locker-Rooms: are available and should be used to keep valuables. Everyone should have a lock to lock up their valuables.

- Make sure you clean up after yourselves everyday

- Remember to secure valuables EVERY DAY.

- Most thefts occur because valuables are not locked up.

- YOU are responsible for your equipment.

**BUS / PARENT PICKUP:**

- All wrestlers are required to ride an AISD provided transportation to and from matches.

- We, as a coaching staff, prefer that all athletes ride the bus back to the school parking lot.

- The concept of TEAM is highly stressed in this program.

- If a parent wishes to take a wrestler directly from a match they need to...

- provide a written request that will stay on file all year.

- notify the coaching staff every time you wish to take your child.

- Note - wrestlers may not be sent home with anyone other than **their** parent or guardian.

**INJURY / SICKNESS:**

- If you tell the coaches you're injured or ill we will believe you.

- We do not want injured or sick athletes to make themselves worse - Don't hide injuries in order to compete.

- Please be honest about injuries and illnesses.

- If you are injured and in school you are still expected to be at practice.

- If you are suspected of having a concussion you must (by law) be removed from the practice or competition until you can be evaluated by a medical professional. (Please see the concussion information form in the packet)

**WEIGHT MANAGMENT:**

- Weight Control Tips:

- Weight control is best done through hard work and balanced diet.

- Stay away from junk food and pop (pop will also dehydrate you).

- Drink as much water as possible! Especially before meals.

- Do not reduce the amount of food you eat.

- Instead reduce your caloric intake and increase you protein intake.

- Example: eat less bread, pasta, potatoes, and eat more fish, chicken, beef, and beans.

- Coaches have no control over what weight class our wrestlers are certified to wrestle, that is entirely established by the Weight Certification Specialist. Once a wrestler certification is complete there is a very limited appeals process.

- So make sure you are within your weight class prior to the season beginning.

- If you have any question please feel free to visit the WIAA Weight management information website at: http://www.wiaa.com/athletics/wrest/WtMgmt/weightmgmtprogram.pdf

**EARNING A LETTER:**

- Every wrestler who is a participating member of the team at the end of the season will be eligible for a Varsity or JV letter.

- Letter Criteria:

- Complete the season in good academic and social standing.

- Show a consistent, good work ethic and positive attitude.

- Show consistent team and school spirit in practices in games and other school functions.

- Turn in all issued equipment.

-Participate in every team fundraiser

-Compete in every wrestling competition unless excused.

- See **Letter Criteria Points Page**.

**This team is the hardest working team in the school, the district, and the league, and we intend to continue this tradition. Commit yourself to the challenge!!!**

**WRESTLING INHERENT RISK**

This school strives to protect each student from possible injury while engaging in school activities.

The guidelines and information identified below have been established for this activity in order to protect the student and others from injury and/or illness. Participants and their parents should recognize that conditioning, nutrition, proper techniques, safety procedures, and well-fitting equipment are important aspects of this training program. Each participant is expected to follow the directions/standards of the coach and must understand that failure to follow such directions or adhere to standards may place the participant at risk.

Travel to and from off-campus facilities shall be in accordance with the directions of the activity coach.

Guidelines are as follows:

1. Make certain that you wear all equipment that is issued by the coach. Advise the coach of any poorly-fitted or defective equipment.

2. Advise the coach if you are ill or have any prolonged symptoms of illness.

3. Advise the coach if you have been injured.

4. Engage in warm-up activities prior to strenuous participation.

5. Be alert for any physical hazards or hazards in the locker room or in or around the participation area. Advise coach of any hazard or concerns.

6. Recognize illegal holds as defined by the rule book.

7. Wear approved, proper-fitting apparel when wrestling with an opponent, either in practice or in a match.

8. Wrestle a safe distance from all walls and other obstructions. All wrestling will be done on the mats provided for wrestling.

The above information has been explained to me and I understand the list of rules and procedures. I also understand the necessity of using the proper techniques while participating in the wrestling program.

I am aware that wrestling is a ***HIGH-RISK SPORT*** and that practicing or competing in wrestling will be a dangerous and unpredictable activity involving ***MANY RISKS OF INJURY***. I understand that the dangers and risks of practicing and competing in wrestling include, but are not limited to, transmittable disease and disorders, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, blindness, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of my body, general health and well-being. I understand that the dangers and risks of practicing or competing in wrestling may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities and generally to enjoy life.

Because of the dangers of wrestling, I recognize the importance of following coaches' instructions regarding techniques, training and other team rules, etc., and to agree to obey such instructions.

I have read the above warning and release and understand its terms. I understand that wrestling is a ***HIGH-RISK SPORT*** involving many ***RISKS OF INJURY***, including but not limited to those risks outlined above.

In consideration of the Austin Independent School District permitting my child/ward to try out for the LBJ High School Wrestling team and to engage in all activities related to the team, including, but not limited to, trying out, practicing or competing in wrestling, I hereby assume all the risks normally associated with wrestling and agree to hold the school district, its employees, agents, representatives, coaches and volunteers harmless from any and all liability, actions, causes of action, debts, claims or demands of every kind and nature whatsoever which may arise from such risks. The terms hereof shall serve as a release for my heirs, estate, executor, administrator, assignees, and for all members of my family.

We agree that neither the school district, nor the staff of the school district, nor the student organization of the school district shall in any way be held liable for any accident or injury in anyway received on account of or while engaged in any athletic activity sponsored by the district. We further agree that neither the district nor any of their staff or student organizations shall be responsible for the payment of any bills rendered for medical services as a result of such accidents or injuries. We also acknowledge that it is our responsibility to provide for any medical, disability or other insurance to mitigate any costs that may be unfortunately incurred as a result of participation in this activity. By signing below, I certify that I have read the above, understand its content, and agree to its terms.

**LBJ WRESTLING:**

**Parent Code of Conduct**

**I, as a parent of an athlete at LBJ High School, agree to adhere to the following Code:**

1. **I will not shout instructions to my son or daughter that are unsportsmanlike and or different from his/her coach.**

Please, allow the coach to do the coaching.

1. **I will not harass the referees, officials, or supervisors.**

Often your child will be embarrassed by your conduct.

Harassment can shift the blame from the athletes and can be used as an excuse for poor performances.

1. **I will not blame the coach for the athlete’s lack of playing time.**

The coach is doing what he/she feels is right at that time to win.  A coach will choose to play the skilled athletes; it is up to the individual player to convince the coach that he/she is a better athlete than one who is getting more playing time.

If your child is unhappy, please bring it to the coaching staff attention and we will work to make his/her sports experience a good one.

1. **I will support the coach and his/her decisions**.

If there is a question about a decision made feel free to ask the coaching staff away from the athletes.

1. **I will not harass or badger opposing coaches, teams, or parents.**

If there is a problem please notify the coaching staff.

High school sports can be a positive experience for your young adult.  It can teach sportsmanship, give lessons in tenacity, and influence coping skills throughout life.  It can provide a safe environment for your athlete after school.

Letter Criteria

~ Over the next four months, we will be working hard to improve our skills as wrestlers, contributing positively to our community at LBJ, and hopefully winning some wrestling matches. With these goals in mind, please review the following criteria for earning a letter from the LBJ Wrestling Team.

**Required to earn a letter:**

* **Completing the season in good standing:** Finish the season as a member of the team.

(No long term suspensions or quitting)

**Automatic Letters:**

* **4 Year Seniors:** All 4 year seniors who finish the season in good standing earn a letter.
* **Place top 5 in Region:** Anyone who places in the top 5 at the Regional Tournament earns a letter.
* **Regional Championship:** If the team wins a Regional Championship, all members of the team who finish the season in good standing earn a letter.

**Letterman Points System:**

* A wrestler must compile **450 letterman points** within the season to earn a letterman jacket.
* **Letterman points are earned by:**

- Exemplary Attendance: 30 points

- Finishing the season with

- No failing grades: 10 points

- No discipline referrals: 10 points

**-** Qualifying for the State Wrestling Tourney: 10 points

- Program Service \*: 1-30 points

\* Program Service: Helping to setup and take down the gym before and after wrestling matches. Cleaning up the practice room after practice. Fundraising. Community Service.

* **Match Points:**

**Junior Varsity:**

# Win by Pin – 10 pts.

# Win by Technical Fall – 8 pts.

Win by Major Decision – 7pts.

Win by Decision / Forfeit - 6 pts.

Tie - 5 pts.

Loss by Decision - 4 pts.

Loss by Major Decision - 3 pts

Loss by Technical Fall - 2 pts.

Loss by Pin - 1 pts.

**Varsity:**

# Win by Pin – 20 pts.

# Win by Technical Fall – 18 pts.

Win by Major Decision – 14 pts.

Win by Decision / Forfeit - 12 pts.

Tie - 10 pts.

Loss by Decision - 8 pts.

Loss by Major Decision - 6 pts

Loss by Technical Fall - 4 pts.

Loss by Pin - 2 pts.

**Concussion Information Sheet**

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

|  |  |
| --- | --- |
| **Symptoms may include one or more of the following:** | |
| Headaches   “Pressure in head”  Nausea or vomiting  Neck pain  Balance problems or dizziness  Blurred, double, or fuzzy vision  Sensitivity to light or noise  Feeling sluggish or slowed down  Feeling foggy or groggy  Drowsiness  Change in sleep patterns | Amnesia  “Don’t feel right”  Fatigue or low energy  Sadness  Nervousness or anxiety  Irritability  More emotional  Confusion  Concentration or memory problems (forgetting game plays)  Repeating the same question/comment |

|  |
| --- |
| **Signs observed by teammates, parents and coaches include:** |
| Appears dazed  Vacant facial expression  Confused about assignment  Forgets plays  Is unsure of game, score, or opponent  Moves clumsily or displays incoordination  Answers questions slowly  Slurred speech  Shows behavior or personality changes  Can’t recall events prior to hit  Can’t recall events after hit  Seizures or convulsions  Any change in typical behavior or personality  Loses consciousness |

**What can happen if my child keeps on playing with a concussion or returns to soon?**

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete’s safety.

**If you think your child has suffered a concussion**

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new “Zackery Lystedt Law” in Washington now requires the consistent and uniform implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

“a youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time”

***and***

“…may not return to play until the athlete is evaluated by a licensed heath care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider”.

You should also inform your child’s coach if you think that your child may have a concussion Remember its better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/concussion/HeadsUp/youth.html>

**Please keep the first half of this packet for your reference & sign/fill out the following forms so they can be returned to a wrestling coach.**

**Agreement Page**

Please sign, detach and return to a Wrestling Coach as soon as possible.

**Wrestlers:**

Please **initial** the following statements to agree that you have read, understand and agree to them:

\_\_\_\_\_\_\_: I have read and understand the LBJ Wrestling Team Syllabus

\_\_\_\_\_\_\_: I have read and understand the Wrestling Inherent Risk Form.

\_\_\_\_\_\_\_: I have read and understand the Austin Independent District Athletic Code.

\_\_\_\_\_\_\_: I have read and understand the LBJ Wrestling Team Letter Criteria

\_\_\_\_\_\_\_: I will uphold the rules of this school district, school, team and its members, and will strive to do my best on and off the mat.

Wrestlers Name: (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Parents:**

Please **initial** the following statements to agree that you have read, understand and agree to them:

\_\_\_\_\_\_\_: I have read and understand the LBJ Wrestling Team Syllabus

\_\_\_\_\_\_\_: I have read and understand the Wrestling Inherent Risk Form.

\_\_\_\_\_\_\_: I have read and understand the LBJ Wrestling Parent Code of Conduct.

\_\_\_\_\_\_\_: I have read and understand the Austin Independent School District Athletic Code.

\_\_\_\_\_\_\_: I have read and understand the LBJ Wrestling Team Letter Criteria

\_\_\_\_\_\_\_: I have read and understand the Texas State Concussion Information Form

\_\_\_\_\_\_\_: I will uphold the rules of this school district, school, team and its members, and will strive to do my best on and off the mat.

\_\_\_\_\_\_\_: I hereby allow the coaches of the LBJ Wrestling team to post information about my student-athlete on the LBJ Wrestling Website/Facebook Page/Twitter/Instagram and to release information about them to the media. Including but not exclusive to: pictures, biographical information, and match descriptions.

Parent/Guardian Name: (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LBJ Wrestling Booster Club

The LBJ Wrestling Booster Club has big goals for enriching the wrestling program at LBJ and your son’s/daughter’s wrestling experience, and we need your help!

What is LBJ Wrestling Boosters?

The LBJ Wrestling Booster Club has been formed to promote the sport of wrestling and help build an outstanding high school wrestling program that inspires sportsmanship, integrity, character, and wrestling excellence. This association has been organized to help raise money to fund participation for the students on the LBJ Wrestling Team for training events to learn greater skills and gain experience and mental understanding necessary for the effective participation in the wrestling program. The spirit and intent of this program is that no wrestler will be left behind solely for the lack of ability.

We invite you to join the LBJ Wrestling Booster Club by completing the form below (forms can be turned in to any of the coaches).

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yes! Contact me for help with:

Donating food and/or money for the purchase of concessions and other items needed to put on fundraisers.

Volunteering to work concessions/door at home matches and tournaments

Volunteering to help with other fundraisers as they come up, like car washes, Senior Night, Jag Wrestlers Night, etc.

Participating on the LBJ Wrestling Booster Board

Questions? Comments? Contact…

[Randy.bryant@austinisd.org](mailto:Randy.bryant@austinisd.org)

**Medical Emergency Authorization Form**

**Must be completed by parent or guardian (Please print neatly & clearly):**

**Name of Student Athlete**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Primary Parent or Guardian**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Secondary Parent or Guardian**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Person**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Family Physicians Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Family Insurance Company**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As Parent or Legal Guardian I authorize the team physician or, in his or her absence, a qualified physician to examine the above-named student and in the event of injury to administer emergency care and to arrange for any consultation by a specialist, including a surgeon, he deems necessary to insure proper care of any injury. Every effort will be made to contact parent or guardian to explain the nature of the problem prior to any involved treatment.

**Signature of Primary Guardian**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date: \_\_\_\_\_\_\_\_\_\_**

Travel Permission Form

To the Parent/Guardian:

Your son/daughter is participating in an Athletic program in the Austin Independent School District. For special out-of-building athletics, students may provide their own transportation voluntary if they choose to participate in the program.

If the student elects to participate in any Athletics program, then he/she may elect, IF PERMISSION IS GRANTED BY PARENT/GUARDIAN, to use private transportation. In such cases, the coach will instruct the student who is driving as to the general route to and from the assigned destination; require written assurance from the student/parent that he/she has a valid Texas State driver’s license; a current liability insurance policy with minimum $100,000/$300,000; and parent’s guardian’s permission (see below). Should questions arise, parents/students are urged to talk to the coach.

**If your son/daughter will at any time be utilizing (driving/riding) private transportation, the following must be completed:**

I grant permission for (athlete’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to travel to and from athletic events by the following means (initial all that apply):

\_\_\_\_\_\_\_\_ Travel (drive) alone by private automobile

\_\_\_\_\_\_\_\_ Travel (accept rides) by private automobile from other parents

\_\_\_\_\_\_\_\_ Travel (accept rides) by private automobile from Coaches

\_\_\_\_\_\_\_\_ Travel (accept rides) by private automobile (including those driven by other students)

\_\_\_\_\_\_\_\_ Drive a private automobile and transport other students

\_\_\_\_\_\_\_\_ Walk in immediate area to field site(s)

Failure to check one or more of the above constitutes a denial of permission of travel by means not checked.

The Austin Independent School District assumes no responsibility for the transportation of the students participating in athletics. As the parent/guardian of the above-named students, I/We further agree to indemnify and hold harmless the Auburn School District from any and all claims, demands, or actions for damages or injury to person or property from the occurrence of any such accident.

I/We have checked above that our son/daughter will be driving an automobile, we are assuming the Austin Independent School District (by evidence of our signature below) that our son/daughter possesses a current and valid driver’s license, their driver’s licenses allows the transportation of other students and we/he/she is insured to the above mentioned limit.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date Student Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address Home Phone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City Zip Cell or Work Phone Number