



# WESLACO INDEPENDENT SCHOOL DISTRICT ATHLETIC PARTICIPATION FORMS

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

2017-18 Grade: \_\_\_\_\_

Birthdate: \_\_\_\_\_

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

City, Zip: \_\_\_\_\_

Student ID Number:

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What school will you be attending during the 2017-2018 school year (circle one):

- |                        |                   |                         |                     |
|------------------------|-------------------|-------------------------|---------------------|
| <b>Weslaco East HS</b> | <b>Weslaco HS</b> | <b>Early College HS</b> | <b>South Tx ISD</b> |
| <b>Cuellar MS</b>      | <b>Central MS</b> | <b>B Garza MS</b>       | <b>Mary Hoge MS</b> |

**Contact Information:**

Parent 1 Name: \_\_\_\_\_ Phone 1: \_\_\_\_\_

email: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_ Phone 1: \_\_\_\_\_

email: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical Information:**

Do you use an inhaler for asthma?  Yes  No IF YES PLEASE PROVIDE A SPARE TO ATHLETIC STAFF

Do you use an EPI pen for allergic reaction?  Yes  No IF YES PLEASE PROVIDE A SPARE TO ATHLETIC STAFF

Are you allergic to stinging insects?  Yes  No List: \_\_\_\_\_

Are you allergic to any food?  Yes  No List: \_\_\_\_\_

Are you allergic to any medications?  Yes  No List: \_\_\_\_\_

Do you have any medical conditions?  Yes  No List: \_\_\_\_\_

Do you take medications regularly?  Yes  No List: \_\_\_\_\_

**Physical Exams:**

Physical exams are required yearly to participate in athletics in WISD. Physical Exams must be dated after April 10th to be valid for the following school year.

**School Insurance:**

Weslaco ISD provides a supplemental insurance policy of all middle school and high school athletes while participating in a UIL sanctioned activity before, during, or after school and while traveling to that activity. This insurance plan is a secondary policy to your personal insurance. This means that all initial billing needs to be sent your personal insurance company first. After your primary insurance has reached its policy limitations, parents may file a claim to the school's insurance carrier for benefits up to the policy's limitations. If you do not have personal insurance, the school's insurance plan becomes the primary insurance.

**Parental Consent:**

If , in the judgment of any representative of the school, this student needs immediate care and treatment as a result of an injury or illness, **I do hereby request, authorize, and consent** to such care and treatments as may be given by any physician , licensed athletic trainer, nurse, hospital, or school representative.

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

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