



WESLACO INDEPENDENT SCHOOL DISTRICT ATHLETIC PARTICIPATION FORMS

Student Name: _____

2016-17 Grade: _____

Student ID Number:

Five empty boxes for Student ID Number: [] [] [] [] []

Date Of Birth: _____

What school will you be attending during the 2016-2017 school year (circle one):

Weslaco East HS

Weslaco HS

Dr. Cuellar MS

Mary Hoge MS

Central MS

B. Garza MS

Allergies: Check all that apply:

- Stinging Insects Allergy (circle): Bees Wasps Ants Other: _____
- Food Allergy (list all): _____
- Medicinal Allergy (list all): _____
- Seasonal Allergies (grass, pollen, dust)
- No Known Allergies

Medications:

Do you use an inhaler for asthma?

Yes No

IF YES PLEASE PROVIDE A SPARE TO ATHLETIC STAFF

Do you use an epi pen or medication for allergic reaction?

Yes No

IF YES PLEASE PROVIDE A SPARE TO ATHLETIC STAFF

Do you take medications on a regular basis? (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: _____