Appendix C

U.I.L. Athletic Participation Form
Corpus Christi Independent School District
Phone 361-695-7650 Fax 878-4888

Emergency Card Participation Notifications

CARROLL • KING • MILLER • MOODY • RAY • VETERANS MEMORIAL

Emergency Information **(Please fill out all information in black or blue ink)**

School Year: 20___ - 20___ Grade:_____ Sport(s): _____ School:_____

Athlete's Name:_____ Student ID #: _____ Sex: Male Female

Home Address:_____ City:_____ Zip:_____

Home Phone #:_____ Birth date: _____ Age: _____

Father's Name:_____ Wk Phone #:_____ Cell Phone #:_____

Mother's Name:_____ Wk Phone #:_____ Cell Phone #:_____

Emergency Information

People to call in an Emergency if a Parent/Guardian cannot be reached:

Name:_____ Relation:_____ Phone #:_____
Name:_____ Relation:_____ Phone #:_____
Name:_____ Relation:_____ Phone #:_____

Allergies to Medicine or other:_____
Any medicine taken regularly:_____
Are you Diabetic: ***Yes / No*** **Are you on insulin:** ***Yes / No.*** _____
Other Medical Alerts:_____
Any removable dental work? Yes No **Contact Lenses?** Yes No

Family Physician:_____ Family Physician's Phone #:_____

Football Warning:

No helmet can prevent all head or neck injuries a player might receive while participation in football. Do not use helmet to butt, ram or spear an opposing player. This is in violation of the football rules and such use can result in severe head or neck injuries, paralysis or death to you and possible injury to your opponent.

Medication Permit:

Licensed Athletic Trainers designated by the Corpus Christi Independent School District board policy are hereby given my consent to administer non-prescription medication to said student, after consultation with team physician and/or student's personal physician. Further consent is hereby given to administer prescription medication to said student when prescribed by the team physician and/or student's personal physician.

Participation Notification:

If, between this date and the beginning of athletic competition or once participation in competition, any illness or injury should occur that may limit this student's participation, I agree to notify the Licensed Athletic Trainer at the student's respective school of such illness or injury.

If, in the judgment of any school representative, the student (named above) should need immediate care and treatment as may be given by any physician, athletic trainer, nurse or school representative, I do hereby indemnify and save harmless the school and any school or hospital representative from any claim by any person whomsoever on account of such care and treatment of said student.

Signature of Parent/Guardian:_____ **Date:**_____