

## Groesbeck ISD Athletic Handbook Authorization

Students Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

### **Parents: Please initial each statement and sign the bottom.**

\_\_\_\_ I (we) have received a copy of the 2019-2020 GISD Athletic Handbook. We have read it and understand the information, rules, and regulations in the handbook, including parent / fan behavior, which is required for extracurricular participation.

\_\_\_\_ I hereby give my consent for the above student to compete in University Interscholastic League / GISD approved sports, 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 the school district assumes any responsibility in case an accident occurs.

\_\_\_\_ I have been provided the UIL Parent Information Manual (website <https://www.uilTEXAS.org/athletics/manuals> ) regarding health and safety issues including concussions and my responsibilities as a parent/guardian.

\_\_\_\_ I have read and understand the Role of the Parent.

\_\_\_\_ I have read and understand the social media network policy.

\_\_\_\_ I understand the risks and dangers related with returning to play too soon after a **concussion**. Furthermore, in the event that my son/daughter is diagnosed with a concussion, I give my consent for my son/daughter to participate in and comply with the GISD return to play protocol.

\_\_\_\_ I understand that failure to provide accurate and truthful information on UIL forms could subject the student in question to penalties determined by the UIL.

\_\_\_\_ The undersigned agrees to be responsible for the safe return of all athletic equipment issued by the school to the above named student.

\_\_\_\_ If, in the judgment of any representatives of the school, the above student needs 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 said student by any physician, licensed 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 said student.

\_\_\_\_ I understand that the extra-curricular insurance provided by GISD is secondary coverage for injuries during organized practices/ games. My personal insurance pays first, and then the District's accident insurance applies benefits according to a fee schedule. Students not covered by personal insurance, the District's insurance will be applied for eligible expenses as listed on the fee schedule. **I, the Parent/guardian, will be responsible for submitting the claim form and paying the remaining balance after benefits have been paid.** Page 14

#### **To the Parent:**

**Check any activity in which this student is allowed to participate.**

- |  |  |  |                                     |
|--|--|--|-------------------------------------|
| <input type="checkbox"/> Baseball      | <input type="checkbox"/> Football      | <input type="checkbox"/> Track & Field |                                     |
| <input type="checkbox"/> Basketball    | <input type="checkbox"/> Golf          | <input type="checkbox"/> Softball      |                                     |
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Power lifting | <input type="checkbox"/> Tennis        | <input type="checkbox"/> Volleyball |

**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**

Student Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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