

TEXARKANA ISD ANNUAL PREPARTICIPATION FORM

Student's Name _____ Sex _____
Last First MI

Age _____ Date of Birth ___/___/___ Student's School I.D. Number _____

School Year _____ Grade (2017-18) (Please Circle) 7 8 9 10 11 12

School Attending: TMS THS Sport(s) _____

Home Address: _____
Street City State Zip Code

Home Phone: _____ Parent's Name(s): _____

Parent Cell Phone: _____ Parent E-Mail: _____

Student Cell Phone: _____ Student E-Mail: _____

Emergency Contact(s):

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

Insurance Information

Texarkana ISD has a secondary insurance policy, which covers your child while playing and practicing inter-scholastic sports, provides benefits for accidental athletic injuries in excess of those provided by any group health and accident insurance or government sponsored medical plan. **This policy will not cover all expenses and does have limitations. All medical bills are the responsibility of the parent/guardian of the student-athlete.** Filing a claim is the parent's responsibility, not TISD's. Texarkana ISD assumes no responsibility other than what our insurance policy will provide. In order to provide the quickest possible claim service, please complete the following information.

Name of Policy Holder _____

Name of Insurance Company _____

Policy Number _____ Address _____

MEDICATION STATEMENT

Licensed Athletic Trainers designated by Texarkana Independent School District School Board are hereby given consent to administer non-prescription medication to said student, after consultation with a team physician. Further consent is hereby given to administer prescription medication to said student when prescribed by a team physician and/or his/her personal physician.

HELMET WARNINGS

Football Warning: No helmet can prevent all head or neck injuries a player might receive while participating in Football. Do not use this helmet to butt, ram, or spear, an opposing player. It is a violation of the Football Rules and such can result in severe head or neck injuries, paralysis or death to you and possible injury to your opponent.

Baseball / Softball Warning: Severe head, brain, or neck injury including paralysis or death may occur to you despite using this helmet. This helmet cannot prevent all head injuries or any neck injuries a player might receive while participating in Baseball or Softball. Do not use this helmet if the shell is cracked or deformed or if the interior padding is deteriorated.

Student's Signature _____ Date _____

Parent's Signature _____ Date _____