

University Interscholastic League
PREVIOUS ATHLETIC PARTICIPATION FORM

All new students in grades 9-12 who have ever practiced or participated in any UIL athletic activity in grade 8-12 at another school MUST have this form completed by the previous school (last school of participation) and be approved by the District Executive Committee before they are eligible to participate at the varsity level at the new school. This form is completed by the individual(s) with whom the student is residing at the new school.

Name of Student _____ Former School _____ New School _____

Student's new address: _____
Street City State Zip code

If student is not living with parents at the new school, what is the relationship of the student to the person(s) with whom they are living? _____

I ELIGIBILITY CERTIFICATION: We, the undersigned, certify that the student is in compliance with the transfer and admission policies of the local school district. This student is not changing schools for athletic purposes and was not recruited. We understand that any false or incorrect information could cause the student to be declared ineligible and could result in the forfeiture of contests in which the student has participated at the new school, in addition to other penalties. This section should be completed from the perspective of the individual with whom the student is currently residing. If there is no change in residence associated with the student changing schools, a letter of explanation must be attached to this form.

Former address of Parent/Guardian _____ Status of previous residence? ___sold ___leased ___vacant ___still own

PARENT SIGNATURE: _____ Date _____
(Notary Seal)

WITNESS FOR PARENT SIGNATURE: _____ Date _____

If witness is a school administrator, notarization is not required. New school administrator or notary public

II NEW SCHOOL CERTIFICATION: We certify that no one from our community has offered any inducement, directly or indirectly to the student or parents to move into our district. To the best of our knowledge this student is not changing schools for athletic purposes.

Name of New School _____ Signature of New school superintendent or designated administrator _____ Date _____

III FORMER SCHOOL CERTIFICATION AND RELEASE: Section III is to be completed for any new student in grades 9-12 who has ever participated in any UIL athletic activity in grade 8-12 at another school before they are eligible to participate at the varsity level at the new school. Please check the appropriate responses below.

Yes No

- 1. Was there any conflict or dissatisfaction between the student, his/her parents, and the athletic/academic supervisors at the school?
2. Was this student recruited to attend another school or was any undue influence exerted upon this student or family to change schools?
3. Did this student quit an athletic activity or program while enrolled in your school? If yes, attach explanation to DEC.
4. Was this student ever suspended or removed from your school athletic program? If yes, attach explanation to DEC.
5. Would the student be prohibited from participation in athletics had they not changed schools? If yes, attach explanation to DEC.
6. Based on your knowledge of the student and their circumstances, is this student changing schools for athletic purposes?

*Signature of Former superintendent or designated administrator AND *Signature of Former principal or coach Date Signed
(* two signatures required) Former School _____ City _____ State _____

Any 'yes' answer to questions 1-6 above requires a full hearing of the District Executive Committee (DEC) to determine the eligibility status of the student. The student would be ineligible for varsity athletic participation until and unless the DEC hears testimony from the previous school, the student/parent and the new school and makes an eligibility determination.

IV DISTRICT EXECUTIVE COMMITTEE APPROVAL: We certify the above named student is approved.

Level approved for competition: [] Varsity [] Sub-varsity only Sport(s) approved in: _____

Signature of District Executive Committee Chairman _____ Date _____

School _____ Conference _____ District No. _____
(School of District Executive Committee Chairman)

The District Chairman makes two copies of the completed form. Send one copy to the student's current school and the other copy to the University Interscholastic League, Box 8028, University Station, Austin, Texas, 78713. Retain the original in your file. Please duplicate a sufficient number of forms to use for the school year.

ACKNOWLEDGEMENT OF RULES

Attention School Authorities: This form must be signed yearly by both the student and parent/guardian and be on file at your school before the student may participate in any practice session, scrimmage, or contest. A copy of the student's medical history and physical examination form signed by a physician or medical history form signed by a parent must also be on file at your school.

Student's Name _____ Date of Birth _____

Current School _____

Parent or Guardian's Permit

I hereby give my consent for the above student to compete in University Interscholastic League 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 high school assumes any responsibility in case an accident occurs.

I have read and understand the University Interscholastic League rules on the reverse side of this form and agree that my son/daughter will abide by all of the University Interscholastic League rules.

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 judgement 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, 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 have been provided the UIL Parent Information Manual regarding health and safety issues and my responsibilities as a parent/guardian. 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.

Your signature below gives authorization that is necessary for the school district, its trainers, coaches, associated physicians and student insurance personnel to share information concerning medical diagnosis and treatment for your student.

- | | | | | | |
|----------------------------------------------------------------------------|----------------------------------------|-----------------------------------|--------------------------------------------|----------------------------------------|------------------------------------|
| To the Parent: | <input type="checkbox"/> Baseball | <input type="checkbox"/> Football | <input type="checkbox"/> Softball | <input type="checkbox"/> Tennis | <input type="checkbox"/> Wrestling |
| Check any activity in which this student is allowed to participate. | <input type="checkbox"/> Basketball | <input type="checkbox"/> Golf | <input type="checkbox"/> Swimming & Diving | <input type="checkbox"/> Track & Field | |
| | <input type="checkbox"/> Cross Country | <input type="checkbox"/> Soccer | <input type="checkbox"/> Team Tennis | <input type="checkbox"/> Volleyball | |

Date _____

Signature of parent or guardian _____

Street address _____

City/State/Zip _____

Home area code and telephone _____

Business telephone _____

The student's signature is required on the reverse side of this form.

