

Lake Dallas Independent School District
UIL Physical Form
2009-2010

Student's Name: _____ Sex: M / F Age: _____ Date of Birth: ____ - ____ - ____

Circle Grade for 2009-2010 School Year: 9th 10th 11th 12th

Allergies: _____

Address: _____ Phone: _____

Father's Name: _____ Mother's Name: _____

Phone: (H) _____ Phone: (H) _____

Phone: (W) _____ Phone: (W) _____

Phone: (C) _____ Phone: (C) _____

EMAIL: _____ EMAIL: _____

Emergency Contact Person: _____ Relationship: _____

Phone #: (H) _____ (W) _____ (C) _____

Family Physician: _____ Phone: _____

Insurance Co.: _____ Phone: _____

Address: _____ Group/Policy #: _____

- I, _____, parent of _____, who is an athlete at Lake Dallas ISD, will take on full responsibility for any medical expenses incurred by my son/daughter as a result of injury while participating in organized athletic endeavors for LDISD in the school year 20__-20__. In cases of emergency and as necessary the information on this form may be shared with district staff members and emergency personnel.
- 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.

Parent Signature: _____ **Date:** _____