



PHYSICIAN'S AND PARENT'S CERTIFICATE FOR ATHLETIC PARTICIPATION  
UNIVERSITY INTERSCHOLASTIC LEAGUE AND ALDINE INDEPENDENT SCHOOL DISTRICT  
Revised February 2017



**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, scrimmage, or contest before, during, or after school. A copy of the student's medical history and physical examination form signed by a physician must be on file at your school.

**STUDENT ID #** \_\_\_\_\_ Gender: Male / Female Grade \_\_\_\_\_ School \_\_\_\_\_  
Student Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Male Parent \_\_\_\_\_ Female Parent \_\_\_\_\_  
Cell Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Work Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**ALTERNATE EMERGENCY CONTACT**—Please list the emergency contact *IN CASE* a parent/guardian *CANNOT* be reached

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Cell Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**INSURANCE WAIVER**

**This section is to be filled out only if the parent chooses not to purchase the accident insurance offered through the school TO THE BOARD OF TRUSTEES OF THE ALDINE INDEPENDENT SCHOOL DISTRICT:**

Gentlemen: The undersigned are the parents or legal guardians of \_\_\_\_\_, a student in the Aldine Independent School District who intends to participate in the interscholastic athletic competition during the 20\_\_\_\_-20\_\_\_\_ school year. We have been advised that the Aldine Independent School District provides an insurance program for the protection of such students who participate in interscholastic athletic competition against bodily injury sustained by such students while training for or engaging in such competition.

The purpose of this is to inform you that the student named above is insured for any such bodily injuries he may sustain on insurance policies provided by the parents. The information regarding this coverage is provided below. **IT IS MANDATORY THAT THIS INFORMATION BE PROVIDED.** The student will not be issued any equipment or allowed to participate in any in-season or off-season practices or games until this information is on file at the school.

We accordingly instruct the Aldine Independent School District that **we do not desire the insurance coverage offered through the district** for such student and we do hereby expressly waive any future claim or cause of action that we or the student may have against the Aldine Independent School District as a result of any bodily injuries sustained in interscholastic athletic competition, whether while training for or engaging in such competition, during the 20\_\_\_\_-20\_\_\_\_ school year.

**THE FOLLOWING MUST BE SIGNED IN FRONT OF A NOTARY PUBLIC**

X \_\_\_\_\_ X \_\_\_\_\_  
Signature of Student Athlete Signature of Parent/Legal Guardian Date

**INSURANCE INFORMATION:**

Student's Health Insurance Provider \_\_\_\_\_  
Policy of ID Number \_\_\_\_\_ Group Number \_\_\_\_\_  
Phone Number \_\_\_\_\_ Name of Insured \_\_\_\_\_

**IF ANY OF THE ABOVE INFORMATION CHANGES, CONTACT THE ATHLETIC TRAINER OR CAMPUS ATHLETIC COORDINATOR AT THE SCHOOL IMMEDIATELY WITH THOSE CHANGES!**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary Public in and for Harris County, Texas

Notary Seal or Stamp