



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