PRACTICE, SCRIMMAGE, PERFORMANCE, OR CONTEST BEFORE, DURING OR AFTER SCHOOL

Any YES answer to questions 1, 2, 3, 4, 5, or 6 requires further medical evaluation which may include a physical examination.

DATE: ___________
Student Signature: _________________________ Parent/Guardian Signature:___________________________

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure

participation, I agree to notify the school authorities of such illness or injury.

If, between this date and the beginning of participation, any illness or injury should occur that may limit this student's

treatment of said student.

said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save

result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given

If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a

accident occurs

It is understood that even though protective equipment is worn by athletes, whenever needed, the possibility of an

incident still remains. Neither the University Interscholastic League nor the school assumes any responsibility in case an

accident occurs

If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a

result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment of said student.

If, between this date and the beginning of participation, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful responses could subject the student to question in penalties determined by the UIL.

Any YES answer to questions 1, 2, 3, 4, 5, or 6 requires further medical evaluation which may include a physical examination.

Written clearance from a physician, physician assistant, chiropractor, or nurse practitioner is required before a student participates in UIL practices, games, or matches. THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRAMMISE, PERFORMANCE, OR CONTEST BEFORE, DURING OR AFTER SCHOOL.

Student Signature: X  Parent/Guardian Signature X

DATE: ___________

If you are experiencing any difficulties submitting the completed physical form online, please submit this form to the following:

EVHS/TMS/WMS STUDENTS EMAIL FORM TO EVHSTRAINERS@GEORGETOWNISD.ORG
GHS/BMS/FMS STUDENTS EMAIL FORM TO GHSTRAINERS@GEORGETOWNISD.ORG

If submitting physical via email, the remaining electronic forms will still need to be submitted at GEORGETOWNISD.RANKONE.COM

**FINAL STEP**
Submit this completed physical form online and complete all other required electronic forms at georgetownisd.rankone.com