

# RELEASE FORM

Student's name \_\_\_\_\_

Current School \_\_\_\_\_

## STUDENT'S ELIGIBILITY FOR ALL UIL CONTESTS

Subject to the other sections of the UIL Constitution & Contest Rules and state law, an individual is eligible to participate in a League varsity contest as a representative of a participant school if that individual:

- a. is not a high school graduate (see Section 402);
- b. is a full-time, day student in the participant high school the student represents (see Section 403, academic exception, Section 906 and Official Interpretations #24-26, Appendix I);
- c. has been in regular attendance at the participant school since the sixth class day of the present school year or has been in enrolled and in regular attendance for 15 or more calendar days before the contest or competition (student becomes eligible on the fifteenth day) (see Section 404 and Official Interpretation #3, Appendix 1);
- d. is in compliance with rules of the State Board of Education; (see Section 401) and state law regarding credit requirements and grades (the school shall verify a student's grades on the basis of the official grade report and independently of involvement by the student);
- e. has the required number of credits for eligibility during the first six weeks of school (see Section 409);
- f. is enrolled in a four year, normal program of high school courses (see Section 405);
- g. initially enrolled in the ninth grade not more than four years ago nor in the tenth grade not more than three years ago (see Section 405);
- h. was not recruited (see Section 5 and Section 406);
- i. is not in violation of the Awards Rules (see Sections 480 through 482).

## PARENT OR GUARDIAN'S PERMIT

I hereby give my consent for the above student to compete in University Interscholastic League-approved academic contest(s) and travel with the coach or other representative of the school on any trips.

I hereby release and discharge the school, the University Interscholastic League, and the University of Texas at Austin, its officers and employees against loss, damage or expense from any and all claims, demands, actions or causes of action that may at any time be made or brought against any or all of said parties because of an accident or occurrences while said participant is en route to or from, or participating in a UIL contest.

If, in the judgment of any representative 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, 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.

Signature of parent or guardian \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home area code & telephone number \_\_\_\_\_

Business telephone \_\_\_\_\_

Cell telephone number \_\_\_\_\_ Date \_\_\_\_\_

**COLLEGE STATION HIGH SCHOOL  
STUDENT HEALTH HISTORY AND TRAVEL PERMISSION**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Present Address: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**HEALTH HISTORY:** (Please give dates where known)

Operation (within last year): \_\_\_\_\_

Emotional problems (Hyperventilation, Hysteria): \_\_\_\_\_

Serious Medical Problems: \_\_\_\_\_

Rheumatic Fever: \_\_\_\_\_ Diabetes: \_\_\_\_\_

Epilepsy: \_\_\_\_\_ Allergies: \_\_\_\_\_

Date of last tetanus booster: \_\_\_\_\_

Any special health problems in past (continue explanation on back if needed)? \_\_\_\_\_

Allergy to medicines (specify—i.e., penicillin, insulin, etc.): \_\_\_\_\_

Any medication student is presently taking (include anti-convulsive, anti-histamine, insulin, tranquilizers): \_\_\_\_\_

Is student under medical treatment at present? \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_ has my permission to ride the school bus to  
(Student's name)

**MEDICAL AUTHORIZATION**

We authorize the College Station High School representative:

- (a) To represent us before any medical institution where it may be necessary to send our (son, daughter) while (he, she) is under its care.
- (b) To give, in our name, the necessary authorization for surgery or medical treatment in case of emergency, when medical authorities deem it indispensable.
- (c) To represent us while (he, she) is under supervision of school authorities.

Signature of Parent or Guardian: \_\_\_\_\_

Signature of Authorized Representative: \_\_\_\_\_

**Student's e-mail address (print legibly):** \_\_\_\_\_