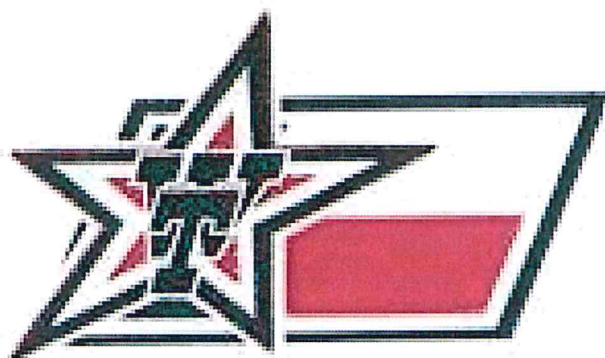


2023-2024



Wimberley ISD
Athletic Forms

Dear Parents,

Wimberley ISD is sharing this information with you in preparation for the 2023-2024 athletic calendar year. As in previous years, required athletic paperwork is given to our student-athletes in the semester prior to the beginning of the athletic calendar year. This is done to make the beginning of the school year easier, and ensure that none of our athletes miss practice or competition events. This year we will be handing out the paperwork in May. All forms must be submitted online to the athletic department prior to participation in any UIL Athletic event, including practice.

This year, we are trying things differently. We are putting the ***UIL Acknowledgement of Rules Form, UIL Illegal Steroid Parent and Student Notification/Agreement Form, UIL Concussion Acknowledgement Form, and the Sudden Cardiac Arrest Awareness Form*** online.

We will be using Register My Athlete / Aktivite to handle all of these forms. You will find an instruction sheet on how to register for an account and fill out the necessary forms for the 2023-2024 school year. Here is the link to their website: <https://registermyathlete.com/> Please read the instruction sheet that is in this packet to learn how to create an account.

The only forms that will be given out in paper form and returned to the athletic department will be the ***UIL Preparticipation-Physical Examination (PPE) and Medical History Form***. These forms will be attached to this packet. You can also download these forms on the register my athlete portal when you create your account with Aktivite.

You can also contact your child's coach at their respective school. The 2023-2024 Athletic Forms Packet will also be on the school district website at <https://www.wimberleyisd.net/physicals>.

The last option is to email the WISD Athletic Trainer Johnny Gonzales at johnny.gonzales@wimberleyisd.net and he can email these forms directly to you. He can also be contacted at 512-847-5729, extension 3203.

Under UIL rules, all athletic paperwork is due prior to any practice, game/scrimmage. You may email any athletic paperwork to Coach Gonzales at johnny.gonzales@wimberleyisd.net or turn it in at the Fieldhouse or WHS if you are going to be at Wimberley High School. If you are going to be a 7th or 8th grader, please drop your packet off at Danforth Jr. High.

Thank you,

Wimberley ISD Athletic Department

Frequently Asked Questions

About Sports Physicals and Athletic Paperwork

Does my child have to have a physical every year in the Wimberley ISD (WISD)?

No, under UIL requirements, a physical examination form must be completed prior to junior high participation and again prior to first and third years of high school athletic participation. It must be completed if there are "yes" answers to specific questions on the student MEDICAL HISTORY FORM. Local policy can be adopted to require an annual physical, but that is not a requirement in WISD.

How long does a sports physical remain active?

A sports physical must be done before the student-athletes' 7th grade, 9th grade, and 11th grade years. Basically, every 2 years. However, if a student-athlete answers "yes" to specific questions on the MEDICAL HISTORY FORM, the student-athlete may be required to obtain another sports physical.

Must all paperwork be signed and returned for participation in UIL athletics?

Yes.

Where can I find the appropriate forms and/or paperwork?

This year, the forms will be online. Please go to: <https://www.registermyathlete.com/login/?system=uil> to create an account and fill out the annual forms.

You can contact your child's coach at their respective school. You can also visit the school district website at <https://www.wimberleyisd.net/physicals>. From there you can download a 2023-2024 Athletic Forms Packet.

The last option is to email the WISD Athletic Trainer Johnny Gonzales at johnny.gonzales@wimberleyisd.net and he can email these forms directly to you. He can also be contacted at 512-847-5729, extension 3203.

Will Wimberley ISD be hosting a sports physical clinic this year?

Yes! A date has been reserved for Sports Physicals. The date will be May 17, 2023. We will start at 3:30pm at Texan Gym.

Where can we go to get a sports physical?

You can come to the Sports Physical date on May 17th at Texan Gym. If you cannot attend, please contact your child's primary care provider or a physician of your choice that can perform a sports physical. If you do not have a primary care provider, you can go to urgent care clinics such as: Medpost Urgent Care in San Marcos or Live Oak/CHRISTUS Trinity walk-in clinic in San Marcos. Also attached to this packet is a list of facilities who have given us information on where to go and get a sports physical. You can reach out to these providers and schedule an appointment with them.

When is the athletic paperwork due?

Under UIL rules, all athletic paperwork is due prior to any practice, game/scrimmage. You may email any athletic paperwork to Coach Gonzales at johnny.gonzales@wimberleyisd.net or turn it in at the Fieldhouse or WHS if you are going to be at Wimberley High School. If you are going to be a 7th or 8th grader, please drop your packet off at Danforth Jr. High.

The list of sports physical providers below is being provided as a resource only and is not an exhaustive list. WISD is not a partner with the following clinics. Cost for a sports physical can range from \$25 up to \$50. We recommend that you contact the facility of your choosing before going:

Medpost Urgent Care Facility
155 Wonder World Drive
San Marcos, Tx 78666
Open from 8am-8pm Monday-Friday
9am-5pm Saturday
Phone: 512-738-8334

Live Oak Walk-in Clinic/CHRISTUS Trinity Clinic
1920 Corporate Dr., Suite 208
San Marcos, Tx 78666
Open from 8am-7pm Monday-Friday
10am-2pm Saturday
Phone: 512-396-3911

CareNow Urgent Care
301 North Guadalupe Street, Suite 144
San Marcos, Tx 78666
Open from Monday-Friday 8am-8pm
Saturday 8am-7pm
Sunday 8am-5pm
Phone: 512-960-0288

Premier ER & Urgent Care
1509 N. Interstate 35
San Marcos, Tx 78666
Urgent care open 7am-9pm
Phone: 512-648-3188

Lewis Family Medical and Urgent Care
13830 Sawyer Ranch Road 100-102
Dripping Springs, Tx 78620
Open from Monday -Friday 8am-8pm
Saturday 8am-2pm
Sunday 9am-1pm
Phone: 512-301-6400

How do I begin a registration for a sport?

Aktivate (Register My Athlete) allows parents to register their student-athletes for sports online. Here are some basic steps to follow when registering your athlete:

If you do not already have an account

1. Go to activate.com
2. Click **Login**
3. Then click **Create Account**
4. Fill out all of the information
5. Click **Submit** when finished.

Your account is now created, you will need to complete a registration for your athletes next. After you have completed this step, move on to the next section.

If you already have an account

1. Go to activate.com
2. Click **Login**
3. Log in with your email/username and password.
4. Open on the Parent Portal by clicking **Click here to start/complete athlete registrations**
5. Click on **Start/Complete Registrations**. This is on the left-hand side of the screen under the section "what would you like to do?"
6. select **Click Here to Start New Registration**.
7. Click **Select School**
8. Select your school from the list of previously registered schools OR search for your school at the bottom using the state filter and the search bar.
9. Click **Select Athlete**
10. Select an existing athlete and then **Use the selected Athlete** OR Select **Add New Athlete**.
11. Click **Select Year/Sport**
12. Select what academic year your athlete will participate in
13. Select a sport for your athlete and click **Submit**
14. Please review the information carefully before submitting it. Once you have reviewed the information click **I have selected the correct information**

You have now created a registration! Depending on the school, there may be a few additional steps here. Continue to click and complete the red or yellow bars as they appear on the page until you reach the Registration Checklist.

Registration Checklist

This is where documents will be read and agreed to, legally binding E-Signatures will be completed, physicals will be uploaded, and fees can be paid. Once this section is complete, the registration is complete. Any requirements here that require the parent to upload a document will also require that the school's athletic administration approve the document, so please do not be alarmed if the status is Pending School Approval. Your registration is complete once all items on the checklist have been completed.

Additional Athletes: If you have additional student-athletes to register, you can start a new registration and add them as an athlete. **You do not need to create another login for additional athletes.** Once you add them, they will be available to select next time.

Video

Here is a link to a video that you can go to that will show you step by step on how to create an account and fill out the information.

<https://activate.helpscoutdocs.com/article/38-how-do-i-begin-a-registration-for-a-sport>

PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION

Student's Name _____ Sex _____ Age _____ Date of Birth _____
 Height _____ Weight _____ % Body fat (optional) _____ Pulse _____ BP ____/____ (____/____, ____/____)
 brachial blood pressure while sitting
 Vision: R 20/____ L 20/____ Corrected: ☐ Y ☐ N Pupils: ☐ Equal ☐ Unequal

As a minimum requirement, this **Physical Examination Form** must be completed prior to junior high participation and again prior to first and third years of high school participation. It *must* be completed if there are yes answers to specific questions on the student's MEDICAL HISTORY FORM on the reverse side. * *Local district policy may require an annual physical exam.*

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine position.			
Heart-Auscultation of the heart in the standing position.			
Heart-Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only) if indicated			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

*station-based examination only

CLEARANCE

☐ Cleared
☐ Cleared after completing evaluation/rehabilitation for: _____

☐ Not cleared for: _____ Reason: _____

Recommendations: _____

The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner, will not be accepted.

Name (print/type) _____ Date of Examination: _____

Address: _____

Phone Number: _____

Signature: _____

Must be completed before a student participates in any practice, before, during or after school, (both in-season and out-of-season) or performance/

PREPARTICIPATION PHYSICAL EVALUATION – MEDICAL HISTORY

2020

This **MEDICAL HISTORY FORM** must be completed **annually** by parent (or guardian) and student in order for the student to participate in activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an event.

Student's Name: (print) _____ Sex _____ Age _____ Date of Birth _____
 Address _____ Phone _____
 Grade _____ School _____
 Personal Physician _____ Phone _____

In case of emergency, contact:

Name _____ Relationship _____ Phone (H) _____ (W) _____

Explain "Yes" answers in the box below**. Circle questions you don't know the answers to.

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or physical?	<input type="checkbox"/>	<input type="checkbox"/>	13. Have you ever gotten unexpectedly short of breath with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been hospitalized overnight in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had prior testing for the heart ordered by a physician?	<input type="checkbox"/>	<input type="checkbox"/>	14. Do you use any special protective or corrective equipment or devices that aren't usually used for your activity or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	15. Have you ever had a sprain, strain, or swelling after injury?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you broken or fractured any bones or dislocated any joints?	<input type="checkbox"/>	<input type="checkbox"/>
Do you get tired more quickly than your friends do during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, check appropriate box and explain below:		
Have you had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head <input type="checkbox"/> Elbow <input type="checkbox"/> Hip		
Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Neck <input type="checkbox"/> Forearm <input type="checkbox"/> Thigh		
Has any family member or relative died of heart problems or of sudden unexplained death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Knee		
Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelopathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chest <input type="checkbox"/> Hand <input type="checkbox"/> Shin/Calf		
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shoulder <input type="checkbox"/> Finger <input type="checkbox"/> Ankle		
Has a physician ever denied or restricted your participation in activities for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Upper Arm <input type="checkbox"/> Foot		
4. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	16. Do you want to weigh more or less than you do now?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>	17. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how many times? _____			18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
When was your last concussion? _____			<i>Females Only</i>		
How severe was each one? (Explain below)			19. When was your first menstrual period? _____		
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	When was your most recent menstrual period? _____		
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	How much time do you usually have from the start of one period to the start of another? _____		
Have you ever had numbness or tingling in your arms, hands, legs or feet?	<input type="checkbox"/>	<input type="checkbox"/>	How many periods have you had in the last year? _____		
Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	What was the longest time between periods in the last year? _____		
5. Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>	<i>Males Only</i>		
6. Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>	20. Are you missing a testicle? _____		
7. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>	21. Do you have any testicular swelling or masses? _____		
8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> An electrocardiogram (ECG) is not required. I have read and understand the information about cardiac screening on the UIL Sudden Cardiac Arrest Awareness Form. By checking this box, I choose to obtain an ECG for my student for additional cardiac screening. I understand it is the responsibility of my family to schedule and pay for such ECG.		
9. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	EXPLAIN "YES" ANSWERS IN THE BOX BELOW (attach another sheet if necessary):		
10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>			
11. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>			
12. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>			

It is understood that even though protective equipment is worn by athletes, whenever needed, the possibility of an accident 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 as may be given said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of 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 in question to penalties determined by the UIL

Student Signature: _____ Parent/Guardian Signature: _____ Date: _____

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 any participation in UIL practices, games or matches. **THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE, PERFORMANCE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.**

For School Use Only:

This Medical History Form was reviewed by: Printed Name _____ Date _____ Signature _____