

## AELC Player Emergency Contact and Medical Information

Player Name First/Last

Date of Birth

US Lacrosse #

Mother/Guardian's Name

Father/Guardian's Name

Cell Phone

Home Phone

Cell Phone

Home Phone

Address

Address

City, ST, ZIP

City, ST, ZIP

Mother/Guardian Email

Father/Guardian Email

### Alternative Emergency Contacts

Primary Emergency Contact

Secondary Emergency Contact

Cell Phone

Relation to player

Cell Phone

Relation to player

### Medical Information

Hospital/Clinic Preference

Primary Physician's Name

Phone Number

Insurance Company

Member ID/Group Number

Insurance Company Address

Insurance Provider Phone

Allergies/Special Health Considerations the coaches or medical staff need to be aware of:

Medical items that will be provided for trainer (epi pen, glucotabs, inhaler)

# Allen Eagles Lacrosse Club

## General Release Waiver and Medical Authorization

Athlete Name: \_\_\_\_\_

The Allen Eagles Lacrosse Club (AELC) refers to and includes the Allen Eagles Lacrosse Club players, Board of Directors, coaches, parents, and adult volunteers to assist or accompany the team. The term athlete and son shall be interchangeable and refer to a young man that will be playing lacrosse whom you have the legal authority to sign this release and authorization for.

The above-named athlete has the undersigned's permission to participate in training, competition, events, activities and travel associated with the Allen Eagles Lacrosse Club. I understand that the team members may be transported to the events in Allen ISD buses, privately chartered buses, vans driven by coaches or other adults associated with the team, and in private vehicles.

Initial \_\_\_\_\_

Should it be necessary for my son to be sent home from a trip for medical reasons, disciplinary reasons, or any other reason, I hereby assume all related costs and agree to make and assist in making said arrangements as promptly as possible.

Initial \_\_\_\_\_

By signing this form, I hereby grant AELC permission, free and without charge of any kind, to use the name, Image, Voice, and or appearance of the athlete participating in any a AELC related activities. This release includes but is not limited to photographs, programs, video tapes, posters, electronic materials, print materials, and/or other media.

Initial \_\_\_\_\_

I, the undersigned parent or legal guardian of the above listed athlete, acknowledge and fully understand that each athlete will be engaging in activities that involve risk of serious injury including permanent disability or death. I understand an injury maybe the result of:

- the athletes own actions, inactions or negligence
- action, inaction or negligence of others
- the rules of play
- the condition of the premises
- the condition of any equipment used
- unknown risks not reasonably foreseeable at this time

I assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability, or death and hereby release, discharge, covenant to indemnify and not seek legal or any other punitive proceedings against AELC. I understand and acknowledge the potentially hazardous nature of the sport of lacrosse and that even though protective equipment is worn by the athlete, the possibility of accident still remains.

I certify to the best of my knowledge that the athlete named hereon is physically fit to engage in lacrosse and associated activities. I further agree to notify the head coach and my son shall refrain from participating in said activities if at any time I do not feel my son is physically fit to engage in them.

Initial \_\_\_\_\_

Should it be necessary for my son to be sent home from a trip for medical reasons, I hereby assume all related costs, and agree to make an assist in making said arrangements as promptly as possible.

Initial \_\_\_\_\_

I consent to the providing or administration of over the counter or non-prescription medication to my son by the team doctor, a trainer, or designated adult representative of the ALC if my son requires the medication.

Initial

If, in the judgment of any representative of AELC, my son should need immediate care and treatment as a result of any injury or sickness, I, the undersigned parent/legal guardian of the above listed athlete, pursuant to section 32.001.(a)(5) of the Texas Family Code and otherwise, authorize any coach, director, or adult with a AELC to consent to any medical and/or dental treatment of my son. I further agree that information concerning medical diagnosis and treatment for my son may be shared with the AELC representative.

Initial

I request and authorize physicians, dentists, and staff duly licensed as doctors of medicine or doctors of dentistry or other such licensed technicians or nurses to perform any diagnostic procedures, treatment procedures, operative procedures or x-ray treatment of my son as they deem necessary and/or advisable. I assume full financial responsibility for any such services and agree to indemnify and/or hold the AELC harmless from any claim.

This authorization shall remain effective until the athlete completes his activities and involvement in the AELC program or until revoked in writing. I understand it is my responsibility to inform the appropriate AELC representative and make any changes I deem necessary to this form in writing.

The undersigned, on his/her own behalf and on behalf of his/her son, does hereby release, discharge and covenant to hold harmless the Allen Eagles Lacrosse Club from any and all claims, causes of action, and liability arising either directly or indirectly from the athlete's attendance or participation in the AELC program.

Signature of Parent/Legal Guardian

Date:

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# Allen Eagles Lacrosse Club

## Player's Code of Conduct

I, \_\_\_\_\_, as a player and a representative of the Allen Eagles Lacrosse Club, understand and agree to support the following code of conduct. I also understand that participation in AELC is a privilege, not a right; and any violation of the following code of conduct shall be subject to disciplinary action. Any student athlete clearly involved in a major disciplinary infraction including but not limited to: drugs, alcohol, tobacco/e-cigarettes, violent behavior, etc., will be suspended or removed permanently from the team.

I will make lacrosse a priority by maintaining the following traits...

- **Integrity** – I will do the right thing whether someone is looking or not. I will not put myself in any environment or situation that could jeopardize my standing with the Allen Eagles Lacrosse Club.
- **Pride** – I understand that being on the lacrosse team is a privilege and I will not do anything to embarrass the team or my teammates.
- **Responsibility** – I will take responsibility for all my actions. I will not pass blame on others or make excuses for my behavior.
- **Loyalty** – I will be loyal to this team by never bad-mouthing decisions or teammates' performances to others. If I have a problem I will take it up with a coach or teammate on my own.
- **Discipline** – I will discipline myself so others do not have to.
- **Healthy Lifestyle** – I will practice healthy eating, drinking and sleeping habits. I will eliminate behaviors that contribute to getting sick.
- **Punctuality** – I will be on time for all games, practices and meetings. I will not schedule appointments during practice unless it is an absolute emergency.
- **Student Athlete** – I will work hard and study hard for all my classes. I will attend tutoring when necessary.

I will respect my coaches and teammates by...

- I will practice good sportsmanship before, during, and after all games and continually learn the rules of lacrosse and play them at all times. I recognize the value and importance of teamwork and being a team player. And I agree to no hazing in any form.
- I understand that what I post on social media reflects on myself and my team. Posting should not include abusive or offensive language regarding my team, my coaches, or anyone associated with the AELC. Posts that are racially insensitive, lewd or otherwise detrimental to both my and the AELC's reputation shall be avoided. Infractions may instigate actions per the AELC disciplinary policy and procedures.

- I will respect my coaches and follow their instructions. I will play hard and play clean lacrosse at all times. I will demonstrate mature behavior on and off the field.
- I will refrain from emotional outbursts such as stick slamming, retaliation against an opponent, fighting, swearing/ abusive language or other aggressive acts.
- I will not argue with an official's decision. In the event of a penalty, I will report directly to the penalty box. The coaching staff will handle all matters pertaining to officiating.
- I will participate in AELC fundraisers and be prepared to give back to the community by donating my time to charitable efforts.
- I will contact my coach if I'm going to be late or there is a schedule conflict with any team event. Unexcused tardiness or absence may result in automatic benching. Excessive tardiness and/or excessive absences a result in disciplinary action by the coach, up to and including suspension from the team.
- I understand and support a drug, tobacco/e-cigarette, alcohol-free sports environment for my team and abide by AELC alcohol, tobacco/e-cigarette and drug policy as stated in the AELC handbook. I pledge to be drug, alcohol and tobacco/nicotine-free.

I understand that a violation of any part of the code of conduct or any action I take it during any official AELC /team function, which is detrimental to, or reflects poorly on the AELC may result in automatic benching by the coaches and, if deemed necessary, may be brought to the AELC's disciplinary committee for action and may result in my suspension or termination from any or all AELC activities.

Player Name (printed):

Player Signature:

Date

# Allen Eagles Lacrosse Club

## Parent's Code of Conduct

As the parent or guardian of, \_\_\_\_\_, a player in the Allen Eagles Lacrosse Club (AELC), I agree to the following code of conduct while participating with AELC.

As the parent or guardian of the player listed above, I will:

- Adhere to the rules of the AELC as specifically written in the by-laws and operating procedures, or face disciplinary action, up to and including expulsion from the AELC.
- Be responsible for and keep current payments of all players fees and understand they are not refundable, either in full or in part.
- Adhere to the UIL No Pass/ No Play academic eligibility guidelines.
- Abide by the procedures outlined in the medical documentation for concussions and other injuries.
- Support officials on and off the field.
- Applaud a good effort in both victory and defeat and reinforce positive behavior on and off the field.
- Respect the coaches and coaching staff and allow them to do the coaching.
- Accept the responsibility of designated coaches or assistant coaches to assigned positions and allocated playing time. High school lacrosse is a competitive sport and equal playing time is not a right or necessarily a coach's sole objective.
- Not approach a coach or assistant coach before or after a game to raise an issue or complaint, unless specifically asked by the coach. I will wait 24 hours after a game to contact the coaching liaison with any issue I wish to address.
- Address concerns or complaints about the team or my child directly per the grievance policy procedures.
- Donate my time to the AELC to assist in fundraising, committees and volunteer work.
- Value the importance of teamwork and of being a "team player", even as a parent/guardian.
- Support a drug, tobacco (e-cigarette/vape) and alcohol-free sports environment for the AELC and abide by the AELC alcohol, tobacco (e-cigarette/vape) and drug policy.

I understand that:

- If I violate any part of the code of conduct or exhibit any action which is detrimental to the AELC, the AELC's disciplinary committee can take action which may result in my suspension or termination from the AELC, and could prohibit me from attending any AELC practice, game, tournament or event.
- The AELC is a nonprofit organization. The AELC has established this program for the benefit of student athletes. I therefore agree to hold no party connected with the AELC responsible for any personal liability or for any injury during the normal pursuit of team activities.

Mother Parent/Guardian Name (printed): \_\_\_\_\_

Mother Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Father Parent/Guardian Name (printed): \_\_\_\_\_

Father Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_



# CONCUSSION ACKNOWLEDGEMENT FORM

Name of Student \_\_\_\_\_

**Definition of Concussion** - means a complex pathophysiological process affecting the brain caused by a traumatic physical force or impact to the head or body, which may: (A) include temporary or prolonged altered brain function resulting in physical, cognitive, or emotional symptoms or altered sleep patterns; and (B) involve loss of consciousness.

**Prevention** – Teach and practice safe play & proper technique.  
– Follow the rules of play.  
– Make sure the required protective equipment is worn for all practices and games.  
– Protective equipment must fit properly and be inspected on a regular basis.

**Signs and Symptoms of Concussion** – The signs and symptoms of concussion may include but are not limited to: Head ache, appears to be dazed or stunned, tinnitus (ringing in the ears), fatigue, slurred speech, nausea or vomiting, dizziness, loss of balance, blurry vision, sensitive to light or noise, feel foggy or groggy, memory loss, or confusion.

**Oversight** - Each district shall appoint and approve a Concussion Oversight Team (COT). The COT shall include at least one physician and an athletic trainer if one is employed by the school district. Other members may include: Advanced Practice Nurse, neuropsychologist or a physician's assistant. The COT is charged with developing the Return to Play protocol based on peer reviewed scientific evidence.

**Treatment of Concussion** - The student-athlete shall be removed from practice or competition immediately if suspected to have sustained a concussion. Every student-athlete suspected of sustaining a concussion shall be seen by a physician before they may return to athletic participation. The treatment for concussion is rest. Also avoid external stimulation such as watching television, music, use of computer, and bright lights. When all signs and symptoms of concussion have cleared and the student has received written clearance from a physician, the student-athlete may begin their district's Return to Play protocol as determined by the Concussion Oversight Team.

**Return to Play** - According to the Texas Education Code, Section 38.157:

A student removed from an interscholastic athletics practice or competition under Section 38.156 may not be permitted to practice or compete again following the force or impact believed to have caused the concussion until:

- (1) the student has been evaluated, using established medical protocols based on peer-reviewed scientific evidence, by a treating physician chosen by the student or the student's parent or guardian or another person with legal authority to make medical decisions for the student;
- (2) the student has successfully completed each requirement of the return-to-play protocol established under Section 38.153 necessary for the student to return to play;
- (3) the treating physician has provided a written statement indicating that, in the physician's professional judgment, it is safe for the student to return to play; and
- (4) the student and the student's parent or guardian or another person with legal authority to make medical decisions for the student:
  - (A) have acknowledged that the student has completed the requirements of the return-to-play protocol necessary for the student to return to play;
  - (B) have provided the treating physician's written statement under Subdivision (3) to the person responsible for compliance with the return-to-play protocol under Subsection (c) and the person who has supervisory responsibilities under Subsection (c); and
  - (C) have signed a consent form indicating that the person signing:
    - (i) has been informed concerning and consents to the student participating in returning to play in accordance with the return-to-play protocol;
    - (ii) understands the risks associated with the student returning to play and will comply with any ongoing requirements in the return-to-play protocol;
    - (iii) consents to the disclosure to appropriate persons, consistent with the Health Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191), of the treating physician's written statement under Subdivision (3) and, if any, the return-to-play recommendations of the treating physician; and
    - (iv) understands the immunity provisions under Section 38.159.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date



## University Interscholastic League



### Parent and Student Agreement/Acknowledgement Form Anabolic Steroid Use and Random Steroid Testing

- Texas state law prohibits possessing, dispensing, delivering or administering a steroid in a manner not allowed by state law.
- Texas state law also provides that body building, muscle enhancement or the increase in muscle bulk or strength through the use of a steroid by a person who is in good health is not a valid medical purpose.
- Texas state law requires that only a licensed practitioner with prescriptive authority may prescribe a steroid for a person.
- Any violation of state law concerning steroids is a criminal offense punishable by confinement in jail or imprisonment in the Texas Department of Criminal Justice.

#### STUDENT ACKNOWLEDGEMENT AND AGREEMENT

As a prerequisite to participation in UIL athletic activities, I agree that I will not use anabolic steroids as defined in the UIL Anabolic Steroid Testing Program Protocol. I have read this form and understand that I may be asked to submit to testing for the presence of anabolic steroids in my body, and I do hereby agree to submit to such testing and analysis by a certified laboratory. I further understand and agree that the results of the steroid testing may be provided to certain individuals in my high school as specified in the UIL Anabolic Steroid Testing Program Protocol which is available on the UIL website at [www.uil texas.org](http://www.uil texas.org). I understand and agree that the results of steroid testing will be held confidential to the extent required by law. I understand that failure to provide accurate and truthful information could subject me to penalties as determined by UIL.

Student Name (Print): \_\_\_\_\_ Grade (9-12) \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### PARENT/GUARDIAN CERTIFICATION AND ACKNOWLEDGEMENT

As a prerequisite to participation by my student in UIL athletic activities, I certify and acknowledge that I have read this form and understand that my student must refrain from anabolic steroid use and may be asked to submit to testing for the presence of anabolic steroids in his/her body. I do hereby agree to submit my child to such testing and analysis by a certified laboratory. I further understand and agree that the results of the steroid testing may be provided to certain individuals in my student's high school as specified in the UIL Anabolic Steroid Testing Program Protocol which is available on the UIL website at [www.uil texas.org](http://www.uil texas.org). I understand and agree that the results of steroid testing will be held confidential to the extent required by law. I understand that failure to provide accurate and truthful information could subject my student to penalties as determined by UIL.

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

School Year (to be completed annually) \_\_\_\_\_





## SUDDEN CARDIAC ARREST AWARENESS FORM

Revised February 2015

Name of Student: \_\_\_\_\_

### What is Sudden Cardiac Arrest?

- Occurs suddenly and often without warning.
- An electrical malfunction (short-circuit) causes the bottom chambers of the heart (ventricles) to beat dangerously fast (ventricular tachycardia or fibrillation) and disrupts the pumping ability of the heart.
- The heart cannot pump blood to the brain, lungs and other organs of the body.
- The person loses consciousness (passes out) and has no pulse.
- Death occurs within minutes if not treated immediately.

### What causes Sudden Cardiac Arrest?

- **Conditions present at birth**
  - ***Inherited (passed on from parents/relatives) conditions of the heart muscle:***
    - ◆ **Hypertrophic Cardiomyopathy** – hypertrophy (thickening) of the left ventricle; the most common cause of sudden cardiac arrest in athletes in the U.S.
    - ◆ **Arrhythmogenic Right Ventricular Cardiomyopathy** – replacement of part of the right ventricle by fat and scar; the most common cause of sudden cardiac arrest in Italy.
    - ◆ **Marfan Syndrome** – a disorder of the structure of blood vessels that makes them prone to rupture; often associated with very long arms and unusually flexible joints.
  - ***Inherited conditions of the electrical system:***
    - ◆ **Long QT Syndrome** – abnormality in the ion channels (electrical system) of the heart.
    - ◆ **Catecholaminergic Polymorphic Ventricular Tachycardia and Brugada Syndrome** – other types of electrical abnormalities that are rare but run in families.
  - ***NonInherited (not passed on from the family, but still present at birth) conditions:***
    - ◆ **Coronary Artery Abnormalities** – abnormality of the blood vessels that supply blood to the heart muscle. The second most common cause of sudden cardiac arrest in athletes in the U.S.
    - ◆ **Aortic valve abnormalities** – failure of the aortic valve (the valve between the heart and the aorta) to develop properly; usually causes a loud heart murmur.
    - ◆ **Non-compaction Cardiomyopathy** – a condition where the heart muscle does not develop normally.
    - ◆ **Wolff-Parkinson-White Syndrome** – an extra conducting fiber is present in the heart's electrical system and can increase the risk of arrhythmias.
- **Conditions not present at birth but acquired later in life:**
  - ◆ **Commotio Cordis** – concussion of the heart that can occur from being hit in the chest by a ball, puck, or fist.
  - ◆ **Myocarditis** – infection/inflammation of the heart, usually caused by a virus.
  - ◆ **Recreational/Performance-Enhancing drug use.**
- **Idiopathic:** Sometimes the underlying cause of the Sudden Cardiac Arrest is unknown, even after autopsy.



## SUDDEN CARDIAC ARREST AWARENESS FORM

Revised February 2015

### What are the symptoms/warning signs of Sudden Cardiac Arrest?

- Fainting/blackouts (especially during exercise)
- Dizziness
- Unusual fatigue/weakness
- Chest pain
- Shortness of breath
- Nausea/vomiting
- Palpitations (heart is beating unusually fast or skipping beats)
- Family history of sudden cardiac arrest at age < 50

**ANY of these symptoms/warning signs that occur while exercising may necessitate further evaluation from your physician before returning to practice or a game.**

### What is the treatment for Sudden Cardiac Arrest?

- Time is critical and an immediate response is vital.
- **CALL 911**
- **Begin CPR**
- **Use an Automated External Defibrillator (AED)**

### What are ways to screen for Sudden Cardiac Arrest?

- The American Heart Association recommends a pre-participation history and physical including 14 important cardiac elements.
- **The UIL *Pre-Participation Physical Evaluation – Medical History* form includes ALL 14 of these important cardiac elements and is mandatory annually.**
- Additional screening using an electrocardiogram and/or an echocardiogram is readily available to all athletes, but is not mandatory.

### Where can one find information on additional screening?

- The Cardiac section on the UIL Health and Safety website ([uiltexas.org](http://uiltexas.org)).

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Name (Print)