



# ATHLETICS ACKNOWLEDGMENT

## Brackett ISD Athletic Policy Acknowledgment

Dear Student and Parent:

As required by state law, the board of trustees has adopted the BISD Athletic Policy in order to bolster a competitive but maintained athletic experience for every student-athlete competing in high school as well as junior high.

We urge you to read through the publication thoroughly and to discuss it with your family and student-athletes. If any questions arise about the required conduct and consequences for misconduct, we encourage you to ask for a detailed explanation from the student's coach, athletic director or campus administrator.

**The student-athlete and parent (s) should each sign this page in the space provided below**

We acknowledge that we have access to the Brackett Athletic Policy for this school year that can be located on the district's Web site at [www.brackettisd.net](http://www.brackettisd.net).

**[www.brackettisd.net](http://www.brackettisd.net) -> Schools -> Brackett High School -> Athletics -> Forms**

We understand that student-athletes will be held accountable for their behavior and will be subject to the disciplinary consequences outlined in the Policy.

### BISD Athletic Policy at a glance...

- Students who **miss practice and/or off-season workouts** will be required to complete a series of task administered by a coach in order to get the student back even with their teammates.
- Students will be **required to attend practice scheduled** during their season during holidays, half-school days and Saturdays. Disciplinary actions and/or expulsion can occur due to the violation of this rule.
- Any athlete **removed from the regular educational setting and assigned to In-School Suspension**, shall be suspended from athletic competition (student may still practice). Student must regain residency the following school day to become eligible for competition/events.
- Any student **arrested by city, county, state or government officials** will be suspended from activities for the duration of the arrest/investigation. Once the investigation has completed, the student, along with his parents/guardians, will meet with Administration to review and discuss disciplinary actions.
- If an athlete **starts a sport and quits**, he/she will not be allowed to begin another sport (practice) until the state tournament for that sport has concluded.
- **Unexcused absence on a school day** indicates the student cannot participate in either practice or games/events on that day. **Absences the day of or following an away game and/or match/event** will not be tolerated. It is a sacrifice associated with athletics. 50% suspension from the next game will be result of this action.
- **Athletics is a school-related activity**, and as such operates under the umbrella of the Student Code of Conduct, Board policy and the State of Texas UIL regulations.

Print name of student: \_\_\_\_\_

Signature of student: \_\_\_\_\_

Print name of parent: \_\_\_\_\_

Signature of parent: \_\_\_\_\_

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

School  Brackett High School  Brackett Junior High    Grade level:  7  8  9  10  11  12

**ATHLETICS—AUTHORIZATION TO SECURE EMERGENCY MEDICAL TREATMENT OF A MINOR STUDENT**

NAME OF STUDENT \_\_\_\_\_ GRADE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

NAME OF PRIMARY CONTACT \_\_\_\_\_ WORK PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

NAME OF SECONDARY CONTACT \_\_\_\_\_ WORK PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

FRIEND OF RELATIVE WHO WE CAN CONTACT IN THE EVENT OF WE CAN NOT REACH THE PRIMARY(S).

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

This is to certify that I authorize the Superintendent of Brackett Independent School District, Brackettville, TX, or a designated representative to secure any and all emergency medical care and treatment for acute illness suffered or injury sustained while at school or participating in school-related activities. Emergency treatment may be secured with an ambulance, at a licensed hospital, clinic or medical facility or by a licensed physician or dentist with the following exceptions:

\_\_\_\_\_(STUDENT'S NAME)

I do not have medical insurance.

I do have medical insurance coverage with the following insurance company

\_\_\_\_\_ Insurance Company & Policy/Certificate Number \_\_\_\_\_

I understand that cost of services provided by ambulance, private physician, clinic, hospital, or dentist remain the responsibility of the parent or guardian and will not be assumed by the 10 Superintendent, the designee, or the Board of Trustees of the Brackett Independent School District and I will assume financial responsibility for any medical treatment of my child..

List any allergies your child has; (i.e. medications, foods, bee stings, etc.) \_\_\_\_\_

**Medical History: Check all that apply to your child:**

ADD/ADHD

Headaches

Wears Glasses or contact lenses

Asthma

Hearing Problems

Other \_\_\_\_\_

Diabetes

Heart Conditions explain- \_\_\_\_\_

Emotional Concerns

Seizures

**MEDICATION:**

List all prescription, over-the-counter, and herbal medications your child takes regularly.

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Before medication of any kind can be administered at school a medication administration form must be completed by the parent/guardian and the physician (for prescription medications)

PARENT NAME (PRINT) \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_