

Katy Independent School District Student/Parent Athletic Packet 2011-2012 School Year

The athletic packet contains important information on Katy Independent School District Athletic Policies and Procedures. It also contains important health and safety information for all student athletes and their parents.

Please retain the white pages of the packet for future reference.

- All **required forms** must be completed in their **entirety** and returned to the athlete's head coach or athletic trainer before a student participates in **any** try-out, practice, athletic class, open gym, open weight room, athletic competition, or travels with an athletic team for any purpose.
- The student is required to use the Pre-participation - Physical Examination Form enclosed. **NO OTHER** Physical Examination Form can be accepted as per the U.I.L. **A new physical exam must be given prior to each school calendar year.** Any physical administered prior to May 1, may not be valid after August 1.

Please refer to the athletics link at www.katyisd.org for all current athletic department policies.





Katy ISD Department of Athletics
To all Student-Athletes, Parents and Coaches in the Katy ISD

PROTECT YOUR ELIGIBILITY

With the ever-increasing number of Personal Fitness Trainers as well as Training Facilities, it is imperative that all student-athletes, coaches and parents use extreme caution when engaging the services of a Personal Trainer. There are numerous UIL rules that All UIL athletes will be held accountable to follow. Katy ISD Student-athletes are AMATEUR ATHLETES therefore CANNOT accept any of the below listed items or services.

1. CANNOT accept any valuable consideration as an award for winning/placing in any athletic contest. Valuable consideration is defined as anything wearable, usable or salable, and includes such items as t-shirts, coupons, free or reduced enrollment fee or memberships.
 2. CANNOT accept valuable consideration for teaching/coaching ANY UIL-related sport, except swimming or life-saving lessons.
 3. CANNOT accept any special service or benefit offered ONLY to athletes or members of an athletic team
 4. CANNOT accept valuable consideration for allowing their name to be used for advertisement of a product-plan or service.
- The penalties for violation of the Amateur Athletic Rule is FORFEITURE of varsity athletic eligibility in the involved sport for at least one year from the date of violation.
 - KATY ISD Student-Athletes – Make sure that you consult with your School Coach PRIOR to any involvement in any outside of Katy ISD Personal Trainers or Training Facilities.

Katy Independent School District Athletic Guidelines and Code of Conduct

It is the desire of the administration and coaching staff of the Katy Independent School District to communicate to its students that participation in athletics is a **PRIVILEGE, NOT A RIGHT**. Participation on athletic teams and in related activities, while being an honor, is an opportunity for young athletes to learn important lessons about the responsibilities that are assumed by individuals in leadership roles. Therefore, all athletes are expected to adhere to the following:

- Athletes will be tough competitors in the athletic arena, but outside the competitive arena they are expected to conduct themselves as gentlemen and ladies at all times, demonstrating respect for their administrators, teachers, and fellow students.
- Athletes are to display/model behaviors associated with positive leaders both in the school and in the community;
- Athletes are to exhibit good citizenship at all times;
- Athletes are to serve as positive representatives for their team, coaches, school, district, and community during competitions and interactions with rivals; and
- Athletes are expected to strive for academic excellence and to adhere to the Board-approved *Discipline Management Plan and Student Code of Conduct* as well as the Athletic Code of Conduct and Guidelines.

As athletes in Katy ISD, students have a responsibility to exhibit positive leadership characteristics. Participation in the athletic program and/or University Interscholastic League contests is a **PRIVILEGE, NOT A RIGHT**. All students participating in athletics are expected to comply with all guidelines and with the Board-approved Discipline Management Plan and Student Code of Conduct. Failure to do so may result in disciplinary consequences and/or removal from athletics.

General Guidelines

On the Field or Court

Student athletes are expected to exhibit good sportsmanship both on and off the field or court. During competitions, student athletes will display respect for officials and leave the resolution of any conflicts to coaches. Student athletes, as leaders, should demonstrate the ability to accept defeat as well as to be gracious winners.

Personal Appearance and Grooming

Athletes in Katy ISD will conform to a higher standard of personal appearance and grooming because these student leaders represent their team, coaches, school, district, and community. These standards will apply at all times, whether in school or during travel to and from athletic competitions. To be eligible for participation on any athletic team, students must adhere to the following guidelines for grooming and dress:

Hair – Hair will be clean, well groomed, out of eyes, and styled in a way that is not distracting and/or designed to be conspicuous. Facial hair such as mustaches, beards, goatees, and extremely long sideburns are not allowed.

Dress – Athletes will conform to expected standards of dress at all times, including the following:

- Earrings are not to be worn by male athletes at school or school-related/school sponsored events.
- Body piercing is discouraged and may not be visible except in the case of earrings worn by female athletes.
- Tattoos are discouraged, and if present, the coach may require them to be covered.
- Athletic uniforms may not be altered or augmented in any way, since all team members traveling with a team will be dressed in accordance with the coach's specifications and with the personal appearance and grooming standards outlined in the team guidelines.

School Equipment

Student athletes are financially responsible for all equipment issued in their name. Unauthorized use of athletic uniforms or equipment will be considered a form of theft.

Practice Regulations

Athletes are responsible for:

- Notifying the appropriate coach of an anticipated absence prior to a practice or game. Failure to make proper notifications may result in suspension from the team.
- Obeying all rules established by the coach.
- Refraining from the use of profanity or vulgar language.
- Contributing their best at all times.

Locker Room

Athletes are expected to:

- Display appropriate behavior and refrain from “horse play” such as throwing towels, etc.
- Obtain permission from a coach prior to entering the equipment room.
- Return their equipment to its proper place before leaving the dressing room each day.

Travel

Athletes, traveling as part of a team, will be expected to adhere to the following:

- Arrive at the designated location prior to scheduled meeting and departure time. Failure to fulfill this obligation may result in athletes being excluded from the trip.
- Assume responsibility for bringing appropriate equipment, if applicable.
- Dress in a neat and appropriate manner that complies with all dress and grooming guidelines or as directed by the coach.
- Demonstrate appropriate behavior and good citizenship from the time of departure and return to the campus.
- Travel and return on the bus unless a prior written request has been made by a parent or guardian for the athlete to be released to their custody at the completion of the activity. All athletes must ride the bus to the event, and no athlete will be released to anyone other than a parent or guardian at the conclusion of the activity.

Withdrawing from the Team (Quitting a Sport)

Athletes wishing to withdraw from the team after the first contest:

- Will forfeit any award for the sport.
- Will be ineligible for participation in another sport until the end of the season of the sport from which they have withdrawn unless the head coaches of both sports agree to their participation.

Training Rules

Athletes will refrain from using or possessing tobacco of any kind, consuming or possessing alcoholic beverages, or using or possessing any prohibited drugs such as marijuana, narcotics, or steroids.

NOTE: State law has added steroids to the list of illegal drugs. Anabolic steroids are for medical use only. State law prohibits the possession, dispensing, delivery, or administering of an anabolic steroid in any manner not allowed by state law. State law prohibits bodybuilding, muscle enhancement or increasing muscle bulk or strength through the use of anabolic steroid or human growth hormone by a person who is in good health without a valid medical purpose. Only a medical doctor may prescribe an anabolic steroid or human growth hormone for a person. A violation of state law concerning anabolic steroids or human growth hormones is a criminal offense punishable by confinement in jail or imprisonment in the Texas Department of Corrections. This law became effective September 1, 1989.

The **required forms** (colored pages) must be filled out completely and returned to the head coach or athletic trainer at your school.

The following **required forms** are included in the packet:

- KISD Athletic Guidelines and Code of Conduct Notification and Agreement/ Student Information
- Parent Authorization to Consent to Treatment of Student Athlete
- UIL Pre-Participation Physical Evaluation- Medical History and Physical Examination
- UIL Parent and Student Agreement/Acknowledgement Form- Anabolic Steroid Use and Random Steroid Testing (**High School Athletes Only**)
- UIL Acknowledgement of Rules
- KISD Voluntary Drug Testing Agreement (**High School Athletes Only**)
- Football Helmet Information Sheet/Inspection Checklist (**Football Only**)
- Bona Fide Residence (**High School Athletes Only**)

NO ATHLETE WILL BE ALLOWED TO PARTICIPATE UNTIL ALL REQUIRED FORMS ARE COMPLETED, SIGNED, AND RETURNED TO THE HEAD COACH OR ATHLETIC TRAINER.

If you have any questions about the information or requirements of the Student/Parent Athletic Participation Packet; please contact the head coach or athletic trainer at your school. Contact information can be found on the athletics page at www.katyisd.org.

Additional information about Katy Independent School District athletic policies and guidelines including **athletic insurance, student travel, the athletic participation fee, and athletic eligibility** can be found on the athletics page at www.katyisd.org.

Further Information about **UIL policies and procedures** can be found at www.uil.utexas.edu.

Important health and safety information and policies can be found at www.katyisd.org. A written copy of all documents will be provided by request. Contact the head coach or athletic trainer at your campus to request a copy.

This form is for High School Athletes Only

Katy Independent School District
**Student and Parent/Guardian Consent to Random Drug Testing
2011-2012**

| | | | | |
|-------------------------|-------|-------------|------------------|--------|
| Student Legal Name: | | Last | First | Middle |
| Campus | Grade | Student ID# | | |
| Name of Parent/Guardian | | | Telephone Number | |

Statement of Purpose and Intent

Participation in competitive afterschool extracurricular activities and/or parking on campus in Katy Independent School District (herein after referred to as the "District") is a privilege. These students carry a responsibility to themselves, their fellow students, their parents, and their school to set the highest possible examples of conduct, which includes avoiding the use of illegal drugs, performance-enhancing drugs, and/or alcohol.

Participation

Each student who desires to participate in competitive afterschool extracurricular activities and/or parking permit privileges shall be provided with written information regarding the District's random drug testing policy and a *Student and Parent/Guardian Consent to Random Drug Testing* form, which shall be read, signed and dated by the student, parent and/or person otherwise in lawful control of the student. The consent requires the student to provide a urine sample to be tested for illegal drugs, performance-enhancing drugs, and/or alcohol when chosen through the random selection process. No student shall be allowed to practice or participate in any competitive afterschool extracurricular activities and/or parking permit privileges until the *Student and Parent/Guardian Consent to Random Drug Testing* form is properly signed and returned.

Student Authorization

I, the above-named student, understand after having read the information regarding the District's random drug testing, that, out of care for my health and safety and that of other students, the District will enforce the rules applying to the use of illegal drugs, performance-enhancing drugs, and/or alcohol. As a member of one of the groups designated for inclusion in random drug testing, I realize that the personal decision that I make daily in regard to the consumption/use of illegal drugs, performance-enhancing drugs, and/or alcohol may affect my health and well being as well as the possible endangerment of those around me and reflect upon the group with which I am associated. If I choose to violate the random drug testing policy regarding the use of illegal drugs, performance-enhancing drugs, and/or alcohol any time while I am involved in any activity, including in-season or off-season activities, and/or parking permit privileges, I understand upon determination of that violation, I will be subject to restrictions as outlined in the random drug testing policy.

| | |
|----------------------|------|
| Signature of Student | Date |
|----------------------|------|

Parent/Guardian Authorization

As the parent(s)/guardian(s) of the above-named student, I/we have read and understand the District's random drug testing policy. I/We desire that he/she participate in the competitive afterschool extracurricular activities and/or parking permit privileges of the District, and I/we hereby voluntarily agree to be subject to the terms of the random drug testing policy. I/We accept the method of obtaining urine samples, testing and analysis of such specimens, and all other aspects of the program. I/We further agree and consent to the disclosure of the sampling, testing, results, and restrictions as provided in this program.

| | |
|------------------------------|------|
| Signature of Parent/Guardian | Date |
|------------------------------|------|

Sport: _____

| Student's Information | | |
|------------------------------|----------------------|----------------------|
| <small>Last</small> | <small>First</small> | <small>MI</small> |
| Name | | |
| <small>Street</small> | <small>City</small> | <small>State</small> |
| Address | | |
| DOB | Age | 2011-2012 Grade |
| Home Phone | Cell Phone | Student ID # |
| Father's Information | | |
| <small>Last</small> | <small>First</small> | <small>MI</small> |
| Name | | |
| <small>Street</small> | <small>City</small> | <small>State</small> |
| Address | | |
| Employer | E-mail Address | |
| Address | Home Phone | |
| Work Phone | Cell Phone | |
| Mother's Information | | |
| <small>Last</small> | <small>First</small> | <small>MI</small> |
| Name | | |
| <small>Street</small> | <small>City</small> | <small>State</small> |
| Address | | |
| Employer | E-mail Address | |
| Address | Home Phone | |
| Work Phone | Cell Phone | |
| In case of emergency contact | Relationship | Phone |

KISD Athletic Guidelines and Code of Conduct Notification and Agreement

I have read and understand all parts of the Katy Independent School District Athletic Guidelines and Code of Conduct and have retained a copy for my records. As a Katy Independent School District Student-Athlete and Parent, we will abide by stated policies and rules.



Student Signature _____ Parent Signature _____ Date: _____



This form is for High School Athletes Only



University Interscholastic League

U ST

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.utexas.edu. 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.utexas.edu. 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: _____

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

| | Yes | No | | Yes | No |
|--|--------------------------|--------------------------|--|----------------------------------|------------------------------------|
| 1. Have you had a medical illness or injury since your last check up or sports 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 passed out during or after exercise? | <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 sport 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 had chest pain 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"/> |
| Do you get tired more quickly than your friends do during exercise? | <input type="checkbox"/> | <input type="checkbox"/> | Have you broken or fractured any bones or dislocated any joints? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had racing of your heart or skipped heartbeats? | <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 had high blood pressure or high cholesterol? | <input type="checkbox"/> | <input type="checkbox"/> | If yes, check appropriate box and explain below. | | |
| Have you ever been told you have a heart murmur? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Head | <input type="checkbox"/> Elbow | <input type="checkbox"/> Hip |
| Has any family member or relative died of heart problems or of sudden unexpected death before age 50? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Neck | <input type="checkbox"/> Forearm | <input type="checkbox"/> Thigh |
| 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"/> Back | <input type="checkbox"/> Wrist | <input type="checkbox"/> Knee |
| 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"/> Chest | <input type="checkbox"/> Hand | <input type="checkbox"/> Shin/Calf |
| Has a physician ever denied or restricted your participation in sports for any heart problems? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Shoulder | <input type="checkbox"/> Finger | <input type="checkbox"/> Ankle |
| 4. Have you ever had a head injury or concussion? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Upper Arm | <input type="checkbox"/> Foot | |
| Have you ever been knocked out, become unconscious, or lost your memory? | <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"/> |
| If yes, how many _____ When was the last _____ | | | Do you lose weight regularly to meet weight requirements for your sport? | <input type="checkbox"/> | <input type="checkbox"/> |
| times? _____ concussion? | | | 17. Do you feel stressed out? | <input type="checkbox"/> | <input type="checkbox"/> |
| How severe was each one? (Explain below) | | | 18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had a seizure? | <input type="checkbox"/> | <input type="checkbox"/> | Females Only | | |
| Do you have frequent or severe headaches? | <input type="checkbox"/> | <input type="checkbox"/> | 19. When was your first menstrual period? | _____ | |
| Have you ever had numbness or tingling in your arms, hands, legs, or feet? | <input type="checkbox"/> | <input type="checkbox"/> | When was your most recent menstrual period? | _____ | |
| Have you ever had a stinger, burner, or pinched nerve? | <input type="checkbox"/> | <input type="checkbox"/> | How much time do you usually have from the start of one period to the start of another? | _____ | |
| 5. Are you missing any paired organs? | <input type="checkbox"/> | <input type="checkbox"/> | How many periods have you had in the last year? | _____ | |
| 6. Are you under a doctor's care? | <input type="checkbox"/> | <input type="checkbox"/> | What was the longest time between periods in the last year? | _____ | |
| 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"/> | An individual answering in the affirmative to any question relating to a possible cardiovascular health issue (question three above), as identified on the form, should be restricted from further participation until the individual is examined and cleared by a physician, physician assistant, chiropractor, or nurse practitioner. | | |
| 8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? | <input type="checkbox"/> | <input type="checkbox"/> | **EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary): | | |
| 9. Have you ever been dizzy during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | _____ | | |
| 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 the athlete, 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 athletic competition, 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: _____

THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.

For School Use Only:

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

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 athletic 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'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) | | | |
| Skin | | | |
| Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis) | | | |

MUSCULOSKELETAL

| | | | |
|---------------|--|--|--|
| 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 games/matches.

ACKNOWLEDGEMENT OF RULES

Attention School Authorities: This form must be signed yearly by both the student and parent/guardian and be on file at your school before the student may participate in any practice session, scrimmage, or contest. A copy of the student's medical history and physical examination form signed by a physician or medical history form signed by a parent must also be on file at your school.

Student's Name _____ Date of Birth _____
Current School _____

Parent or Guardian's Permit

I hereby give my consent for the above student to compete in University Interscholastic League approved sports, and travel with the coach or other representative of the school on any trips.

It is understood that even though protective equipment is worn by the athlete whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the high school assumes any responsibility in case an accident occurs.

I have read and understand the University Interscholastic League rules on the reverse side of this form and agree that my son/daughter will abide by all of the University Interscholastic League rules.

The undersigned agrees to be responsible for the safe return of all athletic equipment issued by the school to the above named student.

If, in the judgement of any representatives 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, licensed athletic 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.

I have been provided the UIL Parent Information Manual regarding health and safety issues including concussions and my responsibilities as a parent/guardian. I understand that failure to provide accurate and truthful information on UIL forms could subject the student in question to penalties determined by the UIL.

The UIL Parent Information Manual is located at www.uil texas.org/files/athletics/manuals/parent-information-manual.pdf.

Your signature below gives authorization that is necessary for the school district, its licensed athletic trainers, coaches, associated physicians and student insurance personnel to share information concerning medical diagnosis and treatment for your student.

To the Parent: Check any activity in which this student is allowed to participate.

- | | | | |
|---------------|----------|-------------------|---------------|
| Baseball | Football | Softball | Tennis |
| Basketball | Golf | Swimming & Diving | Track & Field |
| Cross Country | Soccer | Team Tennis | Volleyball |
| Wrestling | | | |

Date _____
Signature of parent or guardian _____
Street address _____
City _____ State _____ Zip _____
Home Phone _____ Business Phone _____

GENERAL INFORMATION

School coaches may not:

- Transport, register, or instruct students in grades 7-12 from their attendance zone in non-school baseball, basketball, football, soccer, softball, or volleyball camps (exception: See Section 1209 of the Constitution and Contest Rules).
- Give any instruction or schedule any practice for an individual or a team during the off-season except during the one in school day athletic period in baseball, basketball, football, soccer, softball, or volleyball
- Schools and school booster clubs may not provide funds, fees, or transportation for non-school activities.

GENERAL ELIGIBILITY RULES

According to UIL standards, students could be eligible to represent their school in interscholastic activities if they:

- are not 19 years of age or older on or before September 1 of the current scholastic year. (See Section 446 of the Constitution and Contest Rules for exception).
- have not graduated from high school.
- are enrolled by the sixth class day of the current school year or have been in attendance for fifteen calendar days immediately preceding a varsity contest.
- are full-time students in the participant high school they wish to represent.
- initially enrolled in the ninth grade not more than four years ago.
- are meeting academic standards required by state law.
- live with their parents inside the school district attendance zone their first year of attendance. (Parent residence applies to varsity athletic eligibility only.) When the parents do not reside inside the district attendance zone the student could be eligible if: the student has been in continuous attendance for at least one calendar year and has not enrolled at another school; no inducement is given to the student to attend the school (for example: students or their parents must pay their room and board when they do not live with a relative; students driving back into the district should pay their own transportation costs); and it is not a violation of local school or TEA policies for the student to continue attending the school. Students placed by the Texas Youth Commission are covered under Custodial Residence (see Section 442 of the Constitution and Contest Rules).
- have observed all provisions of the Awards Rule.
- have not been recruited. (Does not apply to college recruiting as permitted by rule.)
- have not violated any provision of the summer camp rule. Incoming 10-12 grade students shall not attend a baseball, basketball, football, soccer, or volleyball camp in which a seventh through twelfth grade coach from their school district attendance zone, works with, instructs, transports or registers that student in the camp. Students who will be in grades 7, 8, and 9 may attend one baseball, one basketball, one football, one soccer, one softball, and one volleyball camp in which a coach from their school district attendance zone is employed, for no more than six consecutive days each summer in each type of sports camp. Baseball, Basketball, Football, Soccer, Softball, and Volleyball camps where school personnel work with their own students may be held in May, after the last day of school, June, July and August prior to the second Monday in August. If such camps are sponsored by school district personnel, they must be held within the boundaries of the school district and the superintendent or his designee shall approve the schedule of fees.
- have observed all provisions of the Athletic Amateur Rule. Students may not accept money or other valuable consideration (tangible or intangible property or service including anything that is usable, wearable, salable or consumable) for participating in any athletic sport during any part of the year. Athletes shall not receive valuable consideration for allowing their names to be used for the promotion of any product, plan or service. Students who inadvertently violate the amateur rule by accepting valuable consideration may regain athletic eligibility by returning the valuable consideration. If individuals return the valuable consideration within 30 days after they are informed of the rule violation, they regain their athletic eligibility when they return it. If they fail to return it within 30 days, they remain ineligible for one year from when they accepted it. During the period of time from when students receive valuable consideration until they return it, they are ineligible for varsity athletic competition in the sport in which the violation occurred. Minimum penalty for participating in a contest while ineligible is forfeiture of the contest.
- did not change schools for athletic purposes.

I understand that failure to provide accurate and truthful information on UIL forms could subject the student in question to penalties determined by the UIL.

I have read the regulations cited above and agree to follow the rules.

Date

Signature of student



Katy Independent School District

Parent Authorization to Consent to Treatment of Student

| | | | | |
|-------------------------|---------|----------|----------------------------|-------------|
| Name of Student: (Last) | (First) | (Middle) | Date of Birth (mm/dd/yyyy) | Grade Level |
|-------------------------|---------|----------|----------------------------|-------------|

As the parent(s)/guardian(s) of the above-named student, a minor, I/we do hereby authorize a Katy Independent School District staff member(s), to act as my/our agent(s), to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and/or hospital care which is deemed advisable by, and is to be rendered under, the general or special supervision of any licensed physician/surgeon, whether such diagnosis or treatment is rendered at the office of said physician/surgeon or at a hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician/surgeon, in the exercise of his/her best judgment, may deem advisable.

I/We hereby authorize any hospital which has provided treatment to the above-named minor to surrender physical custody of such minor to the agent(s) upon completion of treatment.

It is understood that I/we must assume legal responsibility for any expenses incurred for medical treatment which may not be covered by my/our personal insurance, Medicaid, or Medicare.

| | | | | |
|---------------------------------|---------------------|---------------------|---------|----------|
| Name of Father/Guardian: (Last) | | | (First) | (Middle) |
| Father's Home Phone | Father's Work Phone | Father's Cell Phone | | |
| Name of Mother/Guardian: (Last) | | | (First) | (Middle) |
| Mother's Home Phone | Mother's Work Phone | Mother's Cell Phone | | |

I/We have read and understand the extent of this authorization and that it shall remain effective until the end of the current school year, from August 1, 20__ through July 31, 20__.

| | |
|-------------------------------|------|
| Signature of Parent/Guardian: | Date |
|-------------------------------|------|

Insurance Information

| | | | |
|---|------------------------------|-----------------------------------|---|
| Name of Insured Policyholder: Last | | First | Middle |
| Billing Address of Policyholder: Street | | City | State Zip |
| Insurance Company | | | |
| Group No.: | | Certificate or Policy No.: | |
| Type of Insurance Plan | | | |
| <input type="checkbox"/> HMO | <input type="checkbox"/> PPO | <input type="checkbox"/> Medicaid | <input type="checkbox"/> Medicare <input type="checkbox"/> Other: _____ |

Katy Independent School District
Football Helmet Information Sheet

1. Warning Label

Your helmet should have a warning label in it. Whether the label has been removed or covered up, you should be aware of it and what it says.

Warning

Do not use this helmet to butt, ram, or spear an opposing player. This is in violation of the football rules. Such use can result in severe head or neck injury, paralysis, or death to you, as well as possible injury to your opponent. No helmet can prevent all head or neck injuries a player might receive while participating in football.

2. N.O.C.S.A.E. Standards

All helmets must have a N.O.C.S.A.E. sticker inside or stamped on back of helmet.

3. Shell

- a. No visible cracks in shell.
- b. Fixtures or velcro to hold protective parts are intact and functional.
- c. All chin strap snap fixtures are in place and functional.

4. Mask

- a. Not bent out of shape.
- b. No excessive metal showing.
- c. Properly installed with correct hardware and hangers.
No bolts, screws, nuts used other than type designed for this purpose.

5. Protective Parts

- a. No signs of cracks, deterioration, or compressed out of original shape.
- b. No alterations from original design.
- c. All securely fastened to shell with fixtures designed for this purpose.

6. Air Liners

Will hold air and is properly installed and inflated.

7. Alterations

- a. Only original manufactured parts are used when replacements are needed.
- b. No alterations from original manufacturers design permitted.

8. Jaw Pads

- a. Should have proper thickness to hold helmet firm against face.
- b. Snaps are intact and hold the pads securely.

9. Chin Straps

- a. Should be properly adjusted to give a firm pressure on the chin.
- b. All snaps in place and each snapped properly.

10. Paint and Touch Up

- a. No helmet shall be painted or touched up with any paint other than recommended by the manufacturer.
- b. No spray can substance, paint, polish, clear lacquer, or cleaner should be used on helmet unless approved by the manufacturer.

Warning

Paints, lacquers, or cleaners other than those approved by the manufacture may damage the helmet shell, causing it to crack or shatter on contact.

I have reviewed the above inspection list with my coach and have discussed it with my parents. I thoroughly understand each item and my responsibility to inspect my helmet prior to each use.

| | |
|------------------|------|
| Player signature | Date |
|------------------|------|

I realize the player should be the person most concerned about the safety and proper maintenance of his football helmet. I give my consent for this player to assume the responsibility of inspecting his helmet prior to each usage, and to use the ten inspection steps listed above as a general guideline.

| | |
|---------------------------|------|
| Parent/Guardian signature | Date |
|---------------------------|------|

Katy Independent School District
Football Helmet Inspection Check List

Player

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
| 1. Warning Label | | | | | | | | | | | | | | | | | | | |
| 2. N.O.C.S.A.E. | | | | | | | | | | | | | | | | | | | |
| 3. Shell | | | | | | | | | | | | | | | | | | | |
| 4. Mask | | | | | | | | | | | | | | | | | | | |
| 5. Protection parts | | | | | | | | | | | | | | | | | | | |
| 6. Air lines | | | | | | | | | | | | | | | | | | | |
| 7. Alterations | | | | | | | | | | | | | | | | | | | |
| 8. Jaw pads | | | | | | | | | | | | | | | | | | | |
| 9. Chin straps | | | | | | | | | | | | | | | | | | | |
| 10. Paint and touch up | | | | | | | | | | | | | | | | | | | |
| Player initial <i>(check above)</i> | | | | | | | | | | | | | | | | | | | |
| Coach initial | | | | | | | | | | | | | | | | | | | |

Player responsibility

Inspect my helmet prior to each usage (refer to Football Helmet Information Sheet). **Never wear a damaged helmet.** If any of the above inspections indicate a need for repair and/or replacement, notify the proper authority. **Do not wear the helmet until corrections have been made. This is my responsibility.**

| | |
|------------------|------|
| Player signature | Date |
|------------------|------|

Parent responsibility

Instruct player that he is the person who should have the most concern about the safety and proper maintenance of his helmet. Give consent for player to assume the responsibility of inspecting his helmet prior to each usage following the ten inspection steps listed above. **This is my responsibility.**

| | |
|---------------------------|------|
| Parent/Guardian signature | Date |
|---------------------------|------|

Coach responsibility

- See that each player has a helmet that has a sticker or stamp showing it was manufactured to meet N.O.C.S.A.E. approved standards.
- Take steps to see that through proper maintenance the helmet is maintained to meet these standards.
- Set up periodic checks to examine the helmets with each player so both the coach and player are assured the helmet meets these standards through proper maintenance.
- Each item of inspection has been thoroughly explained to each player so he can inspect his own helmet prior to each usage (refer to Football Helmet Information Sheet).
- The warning label has been thoroughly discussed and emphasis made that the player should never butt, ram, or spear an opposing player, and the consequences that could follow if he were to do so. **This is my responsibility.**

| | |
|-----------------|------|
| Coach signature | Date |
|-----------------|------|

Verification of Bona Fide Residence for UIL Athletic Participation in Katy Independent School District

| | | | |
|---|------|-------|--------|
| Student's Name: | Last | First | Middle |
| Parent's/Legal Guardian's Name: | Last | First | Middle |
| Bona Fide Address | | | |
| School for which UIL Participation is Requested | | | |

As the parent/legal guardian* of the above-named student athlete, I (we) understand that participation in any UIL activity in the Katy Independent School District requires that the student be a bona fide resident of the District and the specific school attendance zone of the school in which UIL participation is requested. A bona fide residence, as defined in Section 442(h) of the UIL's *Constitution and Contest Rules*, is as follows:

"The residence shall be the domicile which is a fixed, permanent, and principal home for legal purposes. The residence is not bona fide under UIL rules unless it complies with all of the following criteria:

1. Does the student's parent, guardian, or other person whose residence determines the student's residence own a house or condominium or rent a house, apartment or other living quarters in the school district and attendance zone?
2. Do the student and the parent or guardian have their furniture and personal effects in the district and attendance zone?
3. Do the student and the parent or guardian receive their mail (other than office mail) in the district and attendance zone?
4. Is the parent or guardian registered to vote in the district and attendance zone?
5. Do the parents or guardians regularly live in the district and attendance zone, and intend to live there indefinitely?"

In signing this form, I acknowledge that I am aware that falsifying information regarding enrollment is a criminal offense under Penal Code 37.10 and that the District may file charges against me.

| | |
|------------------------------|------|
| Signature of Parent/Guardian | Date |
| Signature of Student | Date |

*Parent/Legal Guardianship for UIL eligibility must meet the criteria specified in the UIL's *Constitution and Contest Rules* at Section 442 (a)-(h).

NOTE: In addition to this form, each athlete in grades 9-12 must also provide:

1. A copy of the athlete's birth certificate. (The birth certificate is required the first year only.)
2. A copy of a current utility bill (water, gas, or electric bill) from the household in which the athlete is residing. (A new utility bill is required every year.)

Athletic Code of Conduct

The discipline code for athletes has been developed in compliance with the District's Board-approved *Discipline Management Plan and Student Code of Conduct*, but with increased requirements due to the higher standards expected of athletes as student leaders. It is the intent of the athletic staff of Katy ISD to emphasize that self-discipline is an integral and essential part of any successful academic and athletic program. Specific information regarding the levels of discipline violations, and consequences, can be found in the Board-approved *Discipline Management Plan and Student Code of Conduct* which is given to every student at the beginning of the school year. Students disciplined for infractions at the campus-level will also receive one or more of the following consequences under the athletic code of conduct.

Level I and II Discipline Violations – Disciplinary offenses in Level I and II range from mild to more severe acts of misconduct that will result in one or more of the following consequences:

- a. Coach/athlete conference.
- b. Coach/athlete conference with additional sport-appropriate conditioning activities.
- c. Coach/athlete/parent conference and a behavior contract.
- d. Coach/athlete/parent conference and possible suspension for one or more games.

Repeated violations of Level I and II behaviors may result in more serious consequences or removal from the team and athletic program.

Level III Discipline Violations – Level III offenses are acts of misconduct which are serious and which disrupt the orderly educational process. Examples of disciplinary options at this level include suspension, assignment to ISS, referral to law enforcement, arrest, and/or restitution of damages. Athletes are prohibited from participating in or attending any school-sponsored/school-related activities during the period in which they are suspended and/or placed in ISS. In addition to campus-based consequences, the Athletic Department may impose one or more of the following consequences:

- a. Coach/athlete conference.
- b. Coach/athlete conference with additional sport-appropriate conditioning activities.
- c. Coach/athlete/parent conference and a behavior contract.
- d. Coach/athlete/parent conference and suspension for one or more games.
- e. Removal from athletic program.

Level IV Discipline Violations – Level IV offenses are primarily acts of misconduct for which removal to the OAC is mandatory. The period of removal to the OAC will be based upon district guidelines that are in effect at the time the offense occurs. Athletes are prohibited from participating in or attending any school-sponsored/school-related activities during the period of removal to the OAC. The Athletic Department may also impose one or more of the following consequences in addition to the OAC placement.

- a. Coach/athlete conference.
- b. Coach/athlete conference with additional sport-appropriate conditioning activities.
- c. Coach/athlete/parent conference and a behavior contract.
- d. Removal from athletic program.

For athletes to re-enter the athletic program after having been removed for any reason, the following procedure will be followed:

- Athletes and their parents(s)/guardians(s) will meet with the Campus Athletic Council*. At this meeting a probationary contract for re-entry into the athletic program will be developed. After discussing the specific contents and obligations outlined in the contract, all parties present will be required to sign the contract.
- Upon re-entry into the program on a probationary status, athletes will be suspended from any participation in any competition other than practices for a period of ten consecutive school days.
- The suspension will begin on the first day of re-enrollment on the school campus.

- During the ten-day probationary suspension, athletes will be required to complete additional sport-appropriate conditioning activities as directed by the coach.

*Campus Athletic Council shall be composed of the Campus Athletic Coordinator, Assistant Athletic Coordinator, the head coach of the sport involved, and the principal or an appropriate assistant principal of the campus.

Katy Independent School District
Athletic Guidelines and Code of Conduct

All Level IV drug and alcohol-related violations will result in removal from athletics and will also require athletes and their parent(s)/guardians(s) to meet with the Campus Athletic Council to consider a probationary contract for re-entry.

A second Level IV violation (regardless of where the infraction occurs) will result in a suspension for one calendar year from the date of the second incident. Any second violation during the junior high years (grades 7-8) will result in a one-year suspension. After a first offense in high school, any second violation during the high school years (grades 9-12) will result in a one-year suspension.

Level V Discipline Violations – Any behavior that falls into this category requires mandatory expulsion from school and all school-sponsored/school-related activities.

Athletes involved in a Level V disciplinary infraction will automatically be suspended from the athletic program for a period of one calendar year from the date of the incident. Upon completion of this suspension from athletics, athletes who desire re-entry into the program must meet with the Campus Athletic Council and be accompanied by their parent/guardian. At this meeting, a probationary contract will be developed outlining the requirement for re-entry. If all parties agree to the contract, as evidenced by their signatures, the student will be allowed to re-enter the program on a probationary basis.

Specific Athletic Code Violations and Consequences

Drug Violations

Student athletes who are arrested and charged with selling, giving, or delivering to another person or possessing, using, or being under the influence of drugs (including steroids) whether on or off campus, will be automatically suspended from the athletic program until guilt or innocence is determined. Athletes found guilty of an alleged offense will be suspended from all athletic participation of any kind for a period of one calendar year from the date of the incident. In cases where a campus has jurisdiction to take disciplinary action, athletes must complete any campus-level disciplinary sanctions before being eligible to return to the athletic program.

Deferred Adjudication/Deferred Prosecution

Deferred adjudication does not equate to “not guilty”. A judge may, after receiving a plea of guilt or a plea of nolo contendere, defer further proceedings without entering an adjudication of guilt, and place a defendant on community service. In effect, if the defendant complies with the conditions of probation as ordered by the judge for a specified period of time, the defendant would receive the benefit of not actually being found guilty of the offense as charged. During the period of deferred adjudication, athletes will remain suspended from participation in any athletic activities.

Likewise, deferred prosecution does not equate to “not guilty”. The prosecuting attorney may defer prosecution for any child if the preliminary investigation results in a determination that further proceedings in the case are necessary. The probation officer or other officer of the court may also request deferred prosecution in certain circumstances as allowed by statute. Deferred prosecution simply delays the court hearing regarding the student’s case for a period not to exceed six (6) months. The child is not detained during or as a result of deferred prosecution. At the end of the deferred prosecution period, the court hearing is scheduled for a determination to be

made in the criminal case. During the period of deferred prosecution, athletes will remain suspended from participation in any athletic activities.

Indictment for a Felony

Athletes, while under indictment for a felony, whether on or off campus, will not be allowed to participate in any capacity in the athletic program. (This includes exclusion from both practices and games.) When guilt or innocence is established, re-admission to the athletic program will be determined based upon that outcome. In cases where the campus has jurisdiction to take disciplinary action, the student must complete any campus-level disciplinary sanctions before returning to the athletic program. Likewise, students on deferred adjudication will need to complete the probationary period specified by the judge prior to consideration for reinstatement in the athletic program.

Katy Independent School District
Athletic Guidelines and Code of Conduct

Appeals

Athletes are provided the same opportunity to appeal a disciplinary consequence for a violation of the Board-approved *Discipline Management Plan and Student Code of Conduct*, where applicable, in the same manner as all other students. Disciplinary actions resulting from a violation of the Katy ISD Athletic Code of Conduct are not appealable.

The contents of these guidelines are not contractual, and do not give rise to a claim of breach of contract against the school district. Further, the contents of these guidelines apply to all athletes in the Katy Independent School District, as the contents now appear or may be amended in the future.

It is the policy of Katy ISD not to discriminate on the basis of sex, disability, race, religion, color, or national origin in its educational programs and/or activities or in its employment practices.

Katy Independent School District Sponsored Physical Examinations

The Katy Independent School District offers athletic physical examinations annually. Although KISD recommends the use of your family doctor for the physical examination, the following mass screenings are available as an economical convenience for its patrons. KISD sponsored physical examinations will be performed by the Medical Colleges of Texas at a nominal fee of \$25. The medical history portion of the Preparticipation Physical Evaluation must be filled out in its entirety before the Physical Examination is administered.

| 2011 Physical Schedule | | | | |
|------------------------|----------|----------------|-----------------|---------------|
| Day | Date | Facility | Location | Time |
| Tues | 05/03/11 | BJH | Competition Gym | 5:30pm-6:15pm |
| Wed | 05/04/11 | THS | Gym 4 | 5:30pm-6:15pm |
| Thurs | 05/05/11 | MCHS | Competition Gym | 5:30pm-6:15pm |
| Tues | 05/10/11 | MMJH | Competition Gym | 5:30pm-6:15pm |
| Wed | 05/11/11 | MDJH | Competition Gym | 5:30pm-6:15pm |
| Thurs | 05/12/11 | WMJH | Competition Gym | 5:30pm-6:15pm |
| Tues | 05/17/11 | MRHS | Competition Gym | 5:30pm-6:15pm |
| Wed | 05/18/11 | BDJH | Competition Gym | 5:30pm-6:15pm |
| Thurs | 05/19/11 | SLHS | Competition Gym | 5:30pm-6:15pm |
| Wed | 05/25/11 | KHS | Competition Gym | 5:30pm-6:15pm |
| Thurs | 05/26/11 | CRHS | Competition Gym | 5:30pm-6:15pm |
| Wed | 07/27/11 | MRHS | Competition Gym | 6:00pm-6:45pm |
| Thurs | 07/28/11 | KHS | Competition Gym | 6:00pm-6:45pm |
| Tues | 08/02/11 | THS | Gym 4 | 6:00pm-6:45pm |
| Wed | 08/03/11 | MCHS | Competition Gym | 6:00pm-6:45pm |
| Thurs | 08/04/11 | SLHS | Competition Gym | 6:00pm-6:45pm |
| Mon | 08/08/11 | CRHS | Competition Gym | 6:00pm-6:45pm |
| Wed | 08/10/11 | MPJH | Competition Gym | 6:00pm-6:45pm |
| Tues | 08/16/11 | WCJH | Competition Gym | 6:00pm-6:45pm |
| Wed | 08/17/11 | CJH | Competition Gym | 6:00pm-6:45pm |
| Mon | 08/22/11 | Merrell Center | South Lobby | 6:00pm-6:45pm |
| Tues | 08/23/11 | Merrell Center | South Lobby | 6:00pm-6:45pm |
| Wed | 08/24/11 | OAC | Main Entrance | 6:00pm-6:45pm |