

Texas Girls Coaches Association

PO Box 2137 - Austin, Tx 78768 - (512) 708-1333

Please mark all that apply

Sport			Classification	Team	Selection
Volleyball _____	Softball _____	Cheer _____	1-2-3-4A _____	Red _____	All-Star _____
Basketball _____	Track _____	CC _____	5-6A _____	Blue _____	Alternate _____

All-Star: _____ Name of School: _____

WAIVERS

PARENT OR GUARDIAN CONFIRMATION

As parent/guardian of this athlete, I give my permission for her to attend all activities required of an All-Star.

Parent/Guardian Signature: _____

COACH CONFIRMATION

I verify this athlete is in good standing.

Coach Signature: _____

PHOTOGRAPHIC CONSENT AND RELEASE FORM

I hereby authorize the Texas Girls Coaches Association, and those acting in pursuant to its authority to:

- (a) Record my likeness and voice on a video, audio, photographic, digital, electronic or any other medium.
- (b) Use my name in connection with these recordings.
- (c) Use, reproduce, exhibit or distribute in any medium (e.g. print publications, video tapes, CD-ROM, Internet) these recordings for any purpose that the Association, and acting pursuant to its authority, deem appropriate, including promotional or advertising efforts.

I release TGCA and those acting pursuant to its authority from liability for any violation of any personal or proprietary right I may have in connection with such use. I understand that all such recordings, in whatever medium, shall remain the property of TGCA.

I have read and fully understand the terms of this release.

All-Star Signature: _____

Parent Info (please print)

Name: _____

Street: _____

Phone: _____

City: _____

Zip: _____

Parent/Guardian Signature: _____

Date: _____

EMERGENCY INFO / CONSENT FOR MEDICAL TREATMENT

Sport			Classification	Team	Selection
Volleyball _____	Softball _____	Cheer _____	1-2-3-4A _____	Red _____	All-Star _____
Basketball _____	Track _____	CC _____	5-6A _____	Blue _____	Alternate _____

All-Star's Name _____ Date of Birth _____ All-Star's Cell _____

Home Address _____

Father's Name _____ Father's Cell _____ Home Phone: _____

Mother's Name _____ Mother's Cell _____ Home Phone: _____

Please answer the following questions with either Yes / No Or the appropriate answer:

Asthma _____ Inhaler Type _____ Diabetes _____ Heart Trouble _____ Epilepsy _____

Contacts/Glasses _____ Drug Allergies _____

Group Insurance _____ Policy # _____ Expiration Date _____

Family Physician _____ Physician's Phone _____

***The medical staff will not dispense any medications to the All Star athletes.**

I, _____, am the parent/guardian of _____
and do hereby authorize the Texas Girls Coaches Association to take whatever medical steps they deem necessary
in case of injury and/or illness (including giving authorization to qualified medical personnel for evaluation and
treatment) during her participation in the annual TGCA All-Star games. I do hereby agree to indemnify and save harmless
the TGCA or its representatives from any claim by any person whomsoever on account of such evaluation and treatment.

Signature of Parent/Guardian: _____ Date: _____

MEDICAL HISTORY

Please answer each question by marking "YES" or "NO".
Please use the bottom of the page to explain YES answers.

YES NO

1. Have you had a medical illness or injury since your last checkup or sports physical?		
2. Have you been hospitalized overnight in the past year?		
Have you ever had surgery?		
3. Have you ever passed out during or after exercise?		
Have you ever had chest pain during or after exercise?		
Do you get tired more quickly than your friends do during exercise?		
Have you ever had racing of your heart or skipped heartbeats?		
Have you had high blood pressure or high cholesterol?		
Have you ever been told you have a heart murmur?		
Has any family member or relative died of heart problems or of sudden unexpected death before age 50?		
Has any family member been diagnosed with enlarged heart, hypertrophic cardiomyopathy, long QT syndrome, Marfan's syndrome, or abnormal heart rhythm?		
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?		
Has a physician ever denied or restricted your participation in sports for any heart problems?		
4. Have you ever had a head injury or concussion?		
Have you ever been knocked out, become unconscious, or lost your memory?		
If yes, how many times? _____ When was the last concussion? _____		
How severe was each one? (Explain below)		
Have you ever had a seizure?		
Do you have frequent or severe headaches?		
Have you ever had numbness or tingling in your arms, hands, legs, or feet?		
Have you ever had a stinger, burner, or pinched nerve?		
5. Are you missing any paired organs?		
6. Are you under a doctor's care?		
7. Are you currently taking any prescription or non-prescription (over the counter) medication or pills or using an inhaler?		
8. Do you have any allergies (for example to pollen, medicine, food, or stinging insects)?		
9. Have you ever been dizzy during or after exercise?		
10. Do you have any current skin problems (itching, rashes, acne, warts, fungus, or blisters)?		
11. Have you ever become ill from exercising in the heat?		
12. Have you had any problems with your eyes or vision?		
13. Have you ever gotten unexpectedly short of breath with exercise?		
Do you have asthma?		
Do you have seasonal allergies that require medical treatment?		
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, foot orthotics, retainer, hearing aid)?		
15. Have you ever had a sprain, strain, or swelling after injury?		
Have you broken or fractured any bones or dislocated any joints?		
Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?		
If yes, check appropriate box and explain. ___ Head ___ Elbow ___ Hip ___ Neck ___ Forearm ___ Thigh ___ Back ___ Wrist ___ Knee ___ Chest ___ Hand ___ Shin/Calf ___ Shoulder ___ Finger ___ Ankle ___ Upper Arm ___ Foot		
16. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?		

**YOU MUST ALSO SEND A COPY OF YOUR MOST RECENT ATHLETIC PHYSICAL
(must be signed by physician within previous 2 years)**