



**Brownsville Independent School District Participation Form for Secondary Programs**

Name of Student: \_\_\_\_\_ School ID#: \_\_\_\_\_ Grade: \_\_\_\_\_

Sex (circle one): M F DOB: \_\_\_\_\_ School: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_ Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**Attention School Authorities:** This form and all other inserts that pertain to your program must be updated and signed annually by both the student and parent/guardian and be on file at your school before the student may participate in any practice session or contest before, during, or after school.

**Parents' or Guardians' Permit For Student Participation**

I hereby give my consent for the above student to participate in University Interscholastic League approved sports, marching band, extracurricular programs, and/or alternative educational programs. The student will be allowed to travel with the coaches, directors, or other representative of the school on any approved trips in which the student is eligible.

It is understood that even though precautionary measures are taken whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the Brownsville Independent School District assumes any responsibility in case an accident occurs.

I have read and understand the University Interscholastic League rules included in this packet and agree that my son/daughter will abide by all of the University Interscholastic League rules and/or program requirements.

The undersigned agrees to be responsible for the safe return of all athletic equipment and/or uniforms issued by the school to the above named student. If, in the judgment 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, 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 whatsoever on account of such care and treatment of said student.

The UIL Athletic Parent Information Manual is located at [www.uil texas.org/files/athletics/manuals/parent-information-manual.pdf](http://www.uil texas.org/files/athletics/manuals/parent-information-manual.pdf).  
The UIL Music Resources are located at [www.uil texas.org/music/resources-forms](http://www.uil texas.org/music/resources-forms)

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.

**Circle any activity in which this student is allowed to participate:**

- Baseball Basketball Cross Country Football Golf Soccer Softball Swimming/Diving Tennis Track Volleyball Powerlifting  
Marching Band Cheerleading Dance Team BAC

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date