

AMPHITHEATER PUBLIC SCHOOLS



*Amphitheater
Middle*



*Coronado
K-8*



*Cross
Middle*



*La Cima
Middle*



*Wilson
K-8*

PARTICIPATION FORMS

For

INTERSCHOLASTIC ACTIVITIES

**AMPHITHEATER PUBLIC SCHOOLS
INTERSCHOLASTICS DEPARTMENT**

CONDITIONS FOR INTERSCHOLASTIC PARTICIPATION

The Amphitheater Public Schools sponsors a comprehensive interscholastic program for all students enrolled in our middle and high schools. Student participation in interscholastic activities is governed by the rules and regulations established by Amphitheater Public Schools and the Northwest League.

Prior to participating in any practice session, in-season or off-season workout session, summer workout session, or athletic season, each student/participant **MUST**:

1. Be officially enrolled in and attend the middle school in his/her designated attendance area.
2. Be eligible in all areas of interscholastic eligibility in accordance with the rules and guidelines of the Northwest League, Amphitheater District, and site athletic department.

AND

As a condition of interscholastic participation in the Amphitheater Public Schools, each interscholastic participant and parent/guardian **MUST** read and agree to the attached rules and regulations. This information has been developed to provide for the safety and welfare of each participant. After reading this information each parent/guardian and participant **IS REQUIRED TO SIGN** the following documents and return these documents to their middle school. A student-athlete cannot participate until all items have been completed.

TO BE COMPLETED AND SIGNED BY THE INTERSCHOLASTIC PARTICIPANT AND PARENT/GUARDIAN

1. Physical Evaluation (Page 7)
2. Acknowledgement of Rules and Terms for Interscholastic Participation (Page 12)

TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN

1. Emergency Card (Page 9)
2. Consent for Interscholastic Participation (Page 10)

ADDITIONAL REQUIRED INFORMATION

1. Physical Examination (Page 8)
2. Paid participation fee

**AMPHITHEATER SCHOOL DISTRICT
ELIGIBILITY RULES FOR INTERSCHOLASTIC PARTICIPATION**

The following are eligibility rules that are set forth by the Amphitheater District. Failure to comply with these rules can cause an athlete to be declared ineligible.

1. A student is privileged with eligibility for 3 consecutive seasons in each sport or activity and for 6 consecutive semesters after he/she enrolls in the 6th grade (including 6th grade year).
2. If a student becomes 15 years of age after September 1st, he/she is eligible to compete for the remainder of that school year if all other qualifications are met. (For exceptions, the Northwest League may grant a waiver.)
3. **ACADEMIC ELIGIBILITY**
 - Nine-Week Grades – Students who receive a nine-week grade of “I”, “F”, “NC”, “NM”, “U” or a Grade Point Average of less than a 2.0, will be ineligible for at least four and one-half weeks. A student’s eligibility may not be reinstated prior to the Tuesday of the fifth week. (Please review the schedule of eligibility reinstatement dates with your administrator).
 - Students may use summer school to regain eligibility for Fall participation if they meet the established criteria. You **MUST** see your administrator in charge interscholastic participation prior to enrolling in summer school for eligibility requirements.
4. Any athlete who is suspended for assault or for use/possession/transfer of alcohol, drugs, or weapons will be immediately removed from their team for the entire season.
5. High school eligibility will be determined by the grades from the spring semester of the 8th grade. Students may tryout and practice in an activity but cannot compete until academic eligibility is restored. (Refer to rule 3 above.)
6. Students assigned to in-school suspension or a suspension alternative shall not compete during the suspension period (schools may have more stringent policies).
7. Students **MUST** attend all classes on the day of practice or competition. **Exceptions** must be cleared through the office prior to the absence. Violation of this rule will result in a period of ineligibility of no less than one competition.
8. Each student athlete will pay a \$15 participation fee for each sport in which he/she competes.
9. Before an athlete can TRYOUT OR PRACTICE he/she must have on file:
 - a) Completed Physical Examination Form
 - b) Signed Consent for Emergency Form
 - c) Signed Acknowledgement of Rules and Terms for Interscholastic Participation Form
 - d) **Paid Participation Fee**
10. Amphitheater District does not provide medical insurance coverage for students who are involved in interscholastic sports. The parent(s)/guardian(s) are responsible for all medical costs due to any injury that may occur during normal practice or actual competition.
11. Students involved in athletics may be issued school equipment. All equipment is numbered and **STUDENTS MUST RETURN THE EXACT EQUIPMENT THEY WERE ISSUED TO AVOID HAVING TO PAY FOR ITS REPLACEMENT. EQUIPMENT/UNIFORM LAUNDRY DIRECTIONS SHOULD BE CAREFULLY FOLLOWED.** Damage from improper laundering of equipment is the responsibility of the student. If the equipment is not returned within 10 school days following the end of the sport season (whether lost or stolen), students will be automatically charged full replacement value for the equipment. **Amphitheater District is not responsible for any items or valuables in locker-rooms/lockers.**

12. Athletes who are ejected from any contest are ineligible for the remainder of that contest and the next scheduled contest. Students ejected for a second time are ineligible for the next two contests. A third ejection will result in the student becoming ineligible for the remainder of the sport season. Athletes who are involved in altercations or disruptions of any kind before or after the contest may be subject to a two game suspension.
13. All students who travel to events on district transportation will abide by all district bus rules and regulations.

INTERSCHOLASTIC PARTICIPANT CODE OF CONDUCT

Participation in interscholastics is a privilege. Interscholastic participants **EARN** the privilege to participate by adhering to high standards of personal conduct and ethical behavior as found within the six core principles of sportsmanship; **Trustworthiness, Respect, Responsibility, Fairness, Caring, and Good Citizenship**. These standards are intended to exemplify good character traits and are rationally related to the educational process. **Students SHOULD be aware that their personal conduct and attitude MUST reflect high standards of respect, behavior, and loyalty**. Interscholastic participants are given **UNIQUE** opportunities. Therefore, they have a **REQUIRED** responsibility to themselves, their team, their school, and their community.

It is the **RESPONSIBILITY** of the interscholastic participants and his/her parent(s)/guardian(s) to be familiar with the standards of student participation conduct, residency requirements, Amphitheater, Northwest League, and school guidelines.

STUDENT CONDUCT

1. Refrain from the use or possession of alcohol, drugs, or tobacco.
2. Refrain from any form of hazing of fellow students.
3. Refrain from the use of foul language.
4. Maintain high standards of conduct as a student and as a citizen.
5. Submit all "Participation Forms" with accurate information to the Athletic Department.
6. Do not attempt to circumvent any rules or guidelines of the Amphitheater District/Northwest League.

STUDENT RESIDENCE REQUIREMENT

1. Attend the school in the student's designated attendance zone (see office with problems).
2. Reside with parent(s)/legal guardian(s) at the primary residence address of the student's parent(s)/ legal guardian(s).

STUDENT ATHLETIC AGREEMENT

1. Abide by the "Student/Athlete's Code of Conduct." Model the "Pursuing Victory With Honor," Six Pillars of Character in all that you do.
2. Pledge to be positive about your athletic experience and accept responsibility for your actions.
3. Seek academic help if grades are poor.
4. Maintain scholastic eligibility.
5. Create, maintain, and promote team morale and high ideals of sportsmanship.
6. Be a positive role model for others.
7. Dress properly at school and observe proper etiquette.
8. Be responsible for all issued equipment.
9. Respect and abide by decisions of officials on the court/field.

It is understood that it is impossible to have a regulation for every circumstance. Discretionary judgment will be used in situations not covered by a specific written rule or guideline. A student/athlete or his/her parent(s)/guardian(s) may obtain an explanation of any part of the Student/Athlete's Code of Conduct from a coach, the school's athletic director, or the school district's athletic administrative office.

I, the student/athlete, acknowledge that I have read the terms of this Code of Conduct. I agree to conduct myself according to the terms of this Code of Conduct. I also understand and agree that if I **CHOOSE** to violate any of the terms of the Code of Conduct, my **CURRENT** or **FUTURE** participation in interscholastic athletics may be limited or terminated in addition to penalties or consequences that may result or be imposed for the violation under Amphitheater School District rules and policies.

PARENT/GUARDIAN CODE OF CONDUCT

The essential elements of character building and ethics in athletics are embodied in the concept of sportsmanship and six core principles: **Trustworthiness, Respect, Responsibility, Fairness, Caring and Good Citizenship**. The highest potential of athletics is achieved when competition reflects this **“Six Pillars of Character.”**

A good faith effort to honor the words and spirit of the following code of conduct should be made.

PARENT/GUARDIAN CONDUCT

1. Pledge to provide positive support, care, and encouragement to my student/athlete and his/her team, coaches and school.
2. Pledge to provide positive support and encouragement to the visiting team, their coaches, and school.
3. Maintain positive behavior and attitude at all athletic contests.
4. Respect the position and professionalism of the game official.
5. Refrain from the use of foul language.
6. Refrain from yelling criticism at my student/athlete and his/her coach or team.
7. Refrain from interfering with the coach.
8. Let the coach be responsible for my son/daughter during practice, games, and team related activities.
9. Refrain from making derogatory comments to players, other parents, game officials, or school administrators.
10. Sign and submit, with accurate information, all required participation forms to the athletic office.
11. Refrain from circumventing any rules or guidelines of the AIA, Amphitheater District, or school.
12. Refrain from interfering with practices or games.
13. Respect and accept the final decisions of officials with dignity.

PARENT/GUARDIAN AGREEMENT

1. Abide by the “Parent/Guardian Code of Conduct.”
2. Encourage my son/daughter to abide by the “Student/Athlete Code of Conduct.”
3. Encourage good sportsmanship by personally demonstrating positive support for all players, coaches, and game officials.
4. Be involved in my son’s/daughter’s interscholastic program.
5. Ask my student/athlete to treat other players, coaches, fans, and officials, with respect regardless of race, sex, creed, or ability.
6. Encourage my student/athlete to attend school on a regular basis and strive to excel academically.
7. Inform my student/athlete of the dangers of using and discourage the use of illegal drugs, alcohol, or tobacco.
8. If my son/daughter is injured, I will see that he/she does not participate until the student/athlete has been released by the treating physician and athletic trainer.

It is the policy of the Amphitheater Public Schools Interscholastic Department that grievances should not be addressed during or immediately after any practice or athletic contest. If a situation arises where a parent/guardian wishes to meet with a coach or address a specific issue or complaint, the following steps should be followed: (1) request a meeting at school with the coach; (2) if the problem is unresolved, arrange an appointment with the school’s Athletic Director.

AMPHITHEATER PUBLIC SCHOOLS

Sportsmanship/Communication

Over the years, the Amphitheater Public School District has developed one of the states richest interscholastic traditions. Our interscholastic participants are known for their determination, hard work, and competitiveness. Many of our teams have been recognized at the local, state, and national level for their outstanding achievements.

Interscholastic activities play an integral part of a student's overall educational experience. The Amphitheater Public School District has taken great pride in producing a quality educational experience and a ... **"Tradition of Interscholastic Excellence."**

The National Federation of State High School Associations (NFHS), the Arizona Interscholastic Association (AIA), and Amphitheater Public Schools believe that co-curricular activities promote citizenship and sportsmanship. They instill a sense of pride in community, teach lifelong lessons of teamwork and self-discipline, and facilitate the physical and emotional development of our student-athletes.

As an educational institution, our school is committed to teaching our young people to set goals, strive for excellence, and to properly handle whatever adversity they encounter along the way. This aim is the same both in the classroom and on the playing field.

The greatest challenge to good sportsmanship is adversity. When things are not going well, it is easy to blame others rather than ourselves. When this is done, the focus shifts from a positive "play hard" attitude to a negative "woe is me!" We believe it is important for our students to maintain a positive approach to handling adversity. We need the support of our parents as role models if we are to accomplish this.

Parent/Coach Relationship

We are pleased that you and your child have chosen to be involved in the interscholastic program at your school. Our goal is to provide a positive experience for all involved. Open communication is the most important factor contributing to this goal. By developing lines of communication, we will be able to resolve questions before they become conflicts.

As a parent/guardian you have a right to know what expectations are placed on your child. The following is designed to spell out all levels of communication so that parents, coaches, and athletes are aware of the steps they have available to resolve anything they think is or might become an issue:

Communication you should expect from your child's coach

1. Philosophy of the coach
2. Coaches' expectations for your child, as well as the players on the team
3. Team requirements, i.e. fees, special equipment, off-season conditioning
4. Location and times of all practices and contests
5. Discipline that results in the denial of your child's participation

Communication coaches expect from parents

1. Concerns expressed directly to the coach
2. Notification of any schedule conflict well in advance
3. Specific concerns regarding a coach's philosophy and/or expectations

The interscholastic activity experience may offer some of the most rewarding moments of a student's life. However, it is important to remember that there may be times when things will not go the way that you or your child wishes.

Appropriate concerns to discuss with coaches

1. The treatment of your child, mentally and physically
2. Ways to help your child improve
3. Concerns about your child's behavior

It is difficult to accept that your child may not play as much as you hope. Coaches are professionals. They make judgment decisions based on what they believe to be the best for all students involved. As you have seen from the list above, certain issues can and should be discussed with your child's coach.

Issues NOT appropriate to discuss with coaches

1. Playing time
2. Team strategy
3. Play calling
4. Other student-athletes

There are situations that may require a conference between coaches and a parent. It is important that both parties involved have a clear understanding of the other's position. When these conferences are necessary, the following procedures should be followed to help promote a resolution to the issue of concern.

If you have a concern to discuss with a coach, follow this procedure:

1. Call the coach to set up an appointment.
2. If the coach cannot be reached, call the school office.
3. Please do not attempt to confront a coach before or after a contest or practice. These can be emotional times for both the parent and the coach. Meetings of this nature usually do not promote resolution.

What can a parent do if the meeting with the coach did not provide a satisfactory resolution?

1. Call and set up an appointment with the athletic director to discuss the situation.
2. At this meeting, the appropriate next step can be determined.

Research indicates that a student involved in co-curricular activities has a greater chance of success during adulthood. Many of the character traits required to be a successful participant are exactly those that will promote a successful life after high school. We hope the information provided will make both your child's and your experience with the Amphitheater Interscholastic Program less stressful and more enjoyable.

**AMPHITHEATER PUBLIC SCHOOLS
ANNUAL PREPARTICIPATION PHYSICAL EVALUATION**

Parent/Guardian should fill out this form with assistance from the student athlete.

Physical for the following school year must be given on or after March 1st.

Name _____ Sex _____ Age _____ Date of Birth _____ Grade _____

Address _____ Date: _____

Emergency Contact Name _____ Phone (H) _____ (W) _____ (Cell) _____

Explain "Yes" answers below. Circle questions you don't know the answer to.

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check-up or sports physical? Do you have an ongoing or chronic illness? Are you currently being treated for an injury or condition? _____	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been hospitalized overnight? Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
3. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler? Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance? _____	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have any allergies to medications? _____ Do you have any allergies to pollen, food or stinging insects? _____ Have you ever had a rash or hives develop during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever passed out during or after exercise? Have you ever been dizzy during or after exercise? Have you ever had chest pain during or after exercise? Do you get tired more quickly than your friends 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? Have you had a severe viral infection (i.e., mononucleosis or myocarditis) within the last month? Has a doctor ever denied or restricted your participation in sports for any heart problems? Has anyone in your immediate family had the following conditions: Diabetes _____ Heart disease _____ Other _____ Sudden death prior to age 50 _____ High Blood Pressure _____	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? _____	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever had a head injury or concussion? Have you ever been knocked out, become unconscious, or lost your memory? Have you ever had numbness or tingling in your arms, hands, legs, or feet? Have you ever had a seizure? Do you have frequent or severe headaches? Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
			9. Do you cough, wheeze, or have trouble breathing during or after activity? Do you have asthma? Do you use an inhaler? Do you have seasonal allergies that require medical treatment? _____	<input type="checkbox"/>	<input type="checkbox"/>
			10. 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"/>
			11. Have you had any problems with your eyes or vision? Do you wear glasses, contacts, or protective eyewear? _____	<input type="checkbox"/>	<input type="checkbox"/>
			12. 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?	<input type="checkbox"/>	<input type="checkbox"/>
			If yes, check appropriate box below.		
			<input type="checkbox"/> Head <input type="checkbox"/> Upper Arm <input type="checkbox"/> Finger <input type="checkbox"/> Ankle		
			<input type="checkbox"/> Neck <input type="checkbox"/> Elbow <input type="checkbox"/> Hip <input type="checkbox"/> Foot		
			<input type="checkbox"/> Back <input type="checkbox"/> Forearm <input type="checkbox"/> Thigh		
			<input type="checkbox"/> Chest <input type="checkbox"/> Wrist <input type="checkbox"/> Knee		
			<input type="checkbox"/> Shoulder <input type="checkbox"/> Hand <input type="checkbox"/> Shin/Calf		
			13. Do you want to weigh more or less than you do now? Do you lose weight regularly to meet weight requirements for your sport?	<input type="checkbox"/>	<input type="checkbox"/>
			14. Do you feel stressed?	<input type="checkbox"/>	<input type="checkbox"/>
			15. Do you, or have you ever used (please check): Alcohol _____ Smokeless Tobacco _____ Cigarettes _____ Recreational Drugs _____		
			Females Only		
			16. When was your first menstrual period? _____ When was your most recent menstrual period? _____ How much time do you usually have from the start of one period to the start of another? _____ How many periods have you had in the last year? _____ What was the longest time between periods in the last year? _____		
Explanation: _____					

**I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.
I understand and acknowledge that truthful and accurate information is essential in properly determining whether the student should be cleared for athletic participation.
I hereby consent for the student named above, to be given medical care by the doctor selected by the school.**

Student Signature _____

Parent/Guardian Signature _____

Date _____

Date _____

**AMPHITHEATER PUBLIC SCHOOLS
ANNUAL PREPARTICIPATION PHYSICAL EXAMINATION**

Name: _____ Date: _____

Height: _____ Weight _____ Pulse: _____ BP: _____

Vision: R20/ _____ L20/ _____ Glasses/Contacts: Yes ___ No ___ Pupils: Equal _____ Unequal _____

ANNUAL PHYSICAL EXAMINATION

	NORMAL	ABNORMAL FINDINGS	INITIALS*
Medical			
Appearance			
<i>Skin</i>			
<i>Eyes/Ears/Nose</i>			
<i>Throat/Oropharynx</i>			
<i>Lymph Nodes</i>			
<i>Heart</i>			
<i>Pulses</i>			
<i>Lungs</i>			
<i>Abdomen</i>			
<i>Genitalia/Hernia</i>			
Musculoskeletal			
Neck			
<i>Back</i>			
<i>Shoulder/Arm</i>			
<i>Elbow/Forearm</i>			
<i>Wrist/Hand</i>			
<i>Hip/Thigh</i>			
<i>Knee</i>			
<i>Leg/Ankle</i>			
<i>Foot</i>			

*Station-based examination only

List immunizations given today: _____

CLEARANCE

Cleared _____

Cleared after completing evaluation/rehabilitation for:

Not Cleared for _____ Reason: _____

Recommendations: _____

Name of physician (print/type) _____ Date _____

Address _____ Telephone _____

Signature of physician _____ MD / DO / NP / PA-C

CONSENT FOR INTERSCHOLASTIC PARTICIPATION

Student's Name _____ Birth Date _____ Sex _____ Grade _____

Address _____ City _____ Arizona Zip Code _____

Mother/Guardian's Name _____

Home Phone _____ Cell Phone _____ Work Phone _____

Father/Guardian's Name _____

Home Phone _____ Cell Phone _____ Work Phone _____

In case of emergency, and a parent/guardian cannot be reached, contact:

Name _____ Phone Number _____

Name _____ Phone Number _____

Family Physician's Name _____ Phone Number _____

Family Dentist's Name _____ Phone Number _____

Do you have a hospital preference? _____ Name of Hospital _____

Parent(s)/Guardian(s) Permission:

I/We give our permission for the above named student to participate in organized school athletics, realizing that such activity involves the potential for injury and/or transmittable diseases that is inherent in all sports. I/We acknowledge that even with qualified coaching, use of approved equipment and strict observance of rules, injuries and/or transmittable diseases are still a possibility. On rare occasions, these injuries and/or transmittable diseases can be so severe as to result in total disability, paralysis or even death.

Consent for Emergency Care:

If emergency medical action or treatment is required, and the parent/guardian cannot be contacted, I hereby authorize my child to be given emergency medical care as deemed necessary by school officials. I understand that any expenses incurred will be paid for by the parent/guardian, or by insurance coverage provided by the parent/guardian, and that payment of any medical expense is not the responsibility of the school or the school district. It is hereby understood that the consent and authorization hereby given and granted are continuing, and are intended by me to extend throughout the current school year.

Extra-Curricular Activities Insurance:

I certify we have medical and hospital insurance to cover the above named student. The name of the insurance company is as follows:

Name of Company _____ Policy # _____

Address _____

Parent/Guardian Signature

Date

AIA POSITION STATEMENT

SUPPLEMENTS, DRUGS AND PERFORMANCE ENHANCING SUBSTANCES

PURPOSE OF FORM: All AIA Member schools are required to **ANNUALLY** communicate this AIA Position Statement on the use of supplements, drugs and performance enhancing substances to every participant in interscholastic activities. (See Article 14, Section 14.13.2)

The Arizona Interscholastic Association (AIA) views sport, and the participation of student-athletes in sport, as an activity that enhances the student-athlete's well-being by providing an environment and stimulus that promotes growth and development along a healthy and ethically based path.

- It is the position of the AIA that a balanced diet, providing sufficient calories, is optimal for meeting the nutritional needs of the growing student-athlete.
- It is the position of the AIA that nutritional supplements are rarely, if ever, needed to replace a healthy diet.
- Nutritional supplement use for specific medical conditions may be given individual consideration.
- The AIA is strongly opposed to “doping”, defined as those substances and procedures listed on the World Anti Doping Agency's Prohibited List (www.wada-ama.org).
- It is the position of the AIA that there is no place for the use of recreational drugs, alcohol or tobacco in the lifestyle of the student-athlete. The legal consequences for the use of these products by a student-athlete are supported by the AIA.

In pursuit of **Victory with Honor**, the AIA promotes the use of exercise and sport as a mechanism to establish current fitness and long-term healthy lifestyle behaviors. It is the position of the AIA that the student-athlete, who consumes a balanced diet, practices sport frequently and consistently, and perseveres in the face of challenges, can meet these goals.

**AMPHITHEATER PUBLIC SCHOOLS
INTERSCHOLASTICS**

ACKNOWLEDGEMENT OF RULES AND TERMS OF INTERSCHOLASTIC PARTICIPATION

We, the student/athlete and parent or guardian of the student/athlete, acknowledge that we have read and understand the terms, rules, and information presented in the attached documents:

1. Conditions for Interscholastic Participation
2. Eligibility Rules for Interscholastic Participation
3. Student/Athlete Code of Conduct
4. Parent/Guardian Code of Conduct
5. Sportsmanship/Communication
6. Physical Examination
7. Physical Evaluation
8. Emergency Card
9. Consent for Interscholastic Participation Form
10. AIA Position Statement
11. Acknowledgement of Rules and Terms of Interscholastic Participation

We acknowledge:

1. Our family's primary residence address is _____;
2. This address is located in _____ Middle School's attendance area;
and,
3. The student/athlete lives with the parent(s) or court appointed legal guardian(s) at the primary residence address.

We acknowledge that we have saved these documents for future reference and we will abide by all terms and conditions contained therein.

1. Conditions for Interscholastic Participation
2. Eligibility Rules for Interscholastic Participation
3. Student/Athlete Code of Conduct
4. Parent/Guardian Code of Conduct
5. Sportsmanship/Communication
6. AIA Position Statement

We agree that these rules and terms of interscholastic participation are important to the safety and well being of our interscholastic participant. We agree to abide by these rules and the terms of interscholastic participation and to conduct ourselves accordingly.

Signed: _____
Student/Athlete Date

Parent/Guardian Date