



AMPHITHEATER

Public Schools



**Amphitheater
Middle**



**Coronado
K-8**



**Cross
Middle**



**La Cima
Middle**



**Wilson
K-8**

**PARTICIPATION
FORMS
for
INTERSCHOLASTIC
ACTIVITIES**



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Lisa Stickney, Secretary
David Martinez, Athletic Equipment Coordinator

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**AMPHITHEATER PUBLIC SCHOOL DISTRICT
CONDITIONS FOR INTERSCHOLASTIC PARTICIPATION**

The Amphitheater Public School District sponsors a comprehensive interscholastic program for all students enrolled in our middle schools. Student participation in interscholastic activities is governed by the rules and regulations established by the Amphitheater Public School District 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 School District, and site Athletic Department.
3. As a condition of interscholastic participation in the Amphitheater Public School District, each interscholastic participant and parent(s)/guardian(s) **MUST** read and agree to the attached rules and regulation. This information has been developed to provide for the safety and welfare of each participant. After reading this information, each parent/guardian and student-athlete 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.

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

- Acknowledgement of Rules and Terms for Interscholastic Participation
- Annual pre-participation and Physical Evaluation Forms

DOCUMENTS TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN:

- Consent for Interscholastic Participation and Emergency Information

ADDITIONAL REQUIRED INFORMATION:

- Mild Traumatic Brain Injury (MTBI) / Concussion Statement (Concussion handouts available in the Middle School Athletic Office)*
- Paid participation fee

AMPHITHEATER PUBLIC SCHOOL DISTRICT ELIGIBILITY RULES FOR INTERSCHOLASTIC PARTICIPATION

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

1. A student is privileged with eligibility for three consecutive seasons in each sport or activity and for six 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 of interscholastic participation prior to enrolling in summer school for eligibility requirements.**
4. “The Amphitheater Public School District therefore maintains a zero tolerance, “24/7” policy, on the use of tobacco, drugs, or alcohol by interscholastic participants. Any interscholastic participant who uses, possesses or transfers alcohol, drugs, or tobacco, **at any time** during their active season of competition, will be immediately removed from the activity for the balance of the season. **This rule applies 24 hours a day, seven days a week, regardless of a student’s location.**”
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 may not compete until academic eligibility is restored.
6. Students **MUST** attend all classes on the day of practice or competition. **Exceptions** must be cleared through the Athletic/Activities Office prior to the absence. Violation of this rule will result in a period of ineligibility of no less than one competition.
7. Students assigned to in-school suspension or a suspension alternative shall not compete during the suspension period (schools may have more stringent policies).
8. Each student-athlete must pay a \$37.00 athletic participation fee for each sport/activity in which he/she competes. This fee is **non-refundable** after the first contest.
9. Before a participant can **TRYOUT OR PRACTICE**, he/she must have the following on file:
 - a) Signed Consent for **Interscholastic Participation** form and **Emergency Information**
 - b) Signed **Acknowledgement of Rules and Terms - Interscholastic Participation** form
 - c) **Mild Traumatic Brain Injury (MTBI) / Concussion Statement**
 - d) Completed **pre-participation** forms and **Physical Examination** forms
 - e) Paid the **Athletic Participation Fee**
10. The Amphitheater Public School 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 will 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), you will be automatically charged full replacement value for the equipment. **The Amphitheater Public School 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 the 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 contest suspension.
13. All students will travel to events on District transportation and will abide by all District bus rules and regulations.

AMPHITHEATER PUBLIC SCHOOL DISTRICT 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, school, and community.

It is the **RESPONSIBILITY** of the interscholastic participants and his/her parent(s)/guardian(s) to be familiar with the standards of student conduct, residency requirements, and Amphitheater Public School District, Region/Conference/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 Public School District or school.

STUDENT RESIDENCE REQUIREMENT:

1. Attend the school in the student’s designated attendance zone (see Athletic Office with questions).
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 (comply with school and Amphitheater Public School District guidelines).
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)/guardians(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.

AMPHITHEATER PUBLIC SCHOOL DISTRICT INTERSCHOLASTIC 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 these **“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. Willing to let the coach be responsible for my student 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. Will not circumvent any rules or guidelines of the Amphitheater Public School District or school.
12. Refrain from interfering with practices or games.
13. Respect and accept, with dignity, the final decisions of officials.

PARENT/GUARDIAN AGREEMENT:

1. Abide by the “Parent/Guardian Code of Conduct.”
2. Encourage my student 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 student’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 student is injured, I will assure 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 School District Interscholastic Department that grievances should not be addressed during or immediately after any practice or athletic contest. If a situation arises where a parent or 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 SCHOOL DISTRICT INTERSCHOLASTIC SPORTSMANSHIP/COMMUNICATION

Over the years, the Amphitheater Public School District has developed one of the state's 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 in a student's overall educational experience. The Amphitheater Public School District takes great pride in producing a quality educational experience and a "Tradition of Interscholastic Excellence."

The Amphitheater Public School District believes 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 student 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 these communication lines, 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 student. 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 student's coach:

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

Communication coaches expect from parents/guardians:

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 student wishes.

Appropriate concerns to discuss with coaches:

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

It is difficult to accept that your student may not play as much as you would 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 student'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/guardian. 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/guardian and the coach. Meetings of this nature usually do not promote resolution.

What a parent/guardian can 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 student's and your experience, with the Amphitheater Interscholastic Program, less stressful and more enjoyable.

**AMPHITHEATER PUBLIC SCHOOL DISTRICT CONSENT
FOR INTERSCHOLASTIC PARTICIPATION AND
EMERGENCY INFORMATION**

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 contacted, the school is authorized to proceed as indicated below in the order listed.

Name (friend/relative) _____ Phone Number _____

Name (friend/relative) _____ Phone Number _____

Family Physician's Name _____ Phone Number _____

Family Dentist's Name _____ Phone Number _____

Hospital Preference _____

Known Allergies _____

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 disease that are inherent risks 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 the financial responsibility of the parent/guardian, or insurance coverage provided by the parent/guardian, and that medical or other expenses are not the responsibility of the school or the school district. It is hereby understood that the consent and authorization given and granted by this form are continuing, and are intended 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

**AMPHITHEATER PUBLIC SCHOOL DISTRICT INTERSCHOLASTICS
ACKNOWLEDGEMENT OF RULES AND TERMS OF INTERSCHOLASTIC PARTICIPATION**

We, the student-athlete and parent(s)/guardian(s) 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 Evaluation
7. Physical Examination
8. Consent for Interscholastic Participation and Emergency Information
9. 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
and, _____ area;
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

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**



Arizona Interscholastic Association, Inc.

Mild Traumatic Brain Injury (MTBI) / Concussion

Annual Statement and Acknowledgement Form

I, _____ (student), acknowledge that I have to be an active participant in my own health and have the direct responsibility for reporting all of my injuries and illnesses to the school staff (e.g., coaches, team physicians, and athletic training staff). I further recognize that my physical condition is dependent upon providing an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries and/or disabilities experienced before, during or after athletic activities.

By signing below, I acknowledge:

- My institution has provided me with specific educational materials including the CDC Concussion fact sheet (<http://www.cdc.gov/headsup/highschoolsports/index.html>) on what a concussion is and has given me an opportunity to ask questions. **(Concussion handouts available in the athletic office)**
- I have fully disclosed to the staff any prior medical conditions and will also disclose any future conditions.
- There is a possibility that participation in my sport may result in a head injury and/or concussion. In rare cases, these concussions can cause permanent brain damage, and even death.
- A concussion is a brain injury, which I am responsible for reporting to the team physician or athletic trainer.
- A concussion can affect my ability to perform everyday activities, and affect my reaction time, balance, sleep, and classroom performance.
- Some of the symptoms of concussion may be noticed right away while other symptoms can show up hours or days after the injury.
- If I suspect a teammate has a concussion, I am responsible for reporting the injury to the school staff.
- I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion related symptoms.
- I will not return to play in a game or practice until my symptoms have resolved AND I have written clearance to do so by a qualified health care professional.
- Following concussion the brain needs time to heal and you are much more likely to have a repeat concussion or further damage if you return to play before your symptoms resolve.

Based on the incidence of concussion as published by the CDC the following sports have been identified as high risk for concussion; baseball, basketball, diving, football, pole vaulting, soccer, softball, spirit line, and wrestling.

I represent and certify that I and my parent/guardian have read the entirety of this document and fully understand the contents, consequences and implications of signing this document and that I agree to be bound by this document.

Student-Athlete:

Print Name: _____ Signature: _____

Date: _____

Parent or legal guardian must print and sign name below and indicate date signed:

Print Name: _____ Signature: _____

Date: _____



2020-21 ANNUAL PREPARTICIPATION PHYSICAL EXAMINATION

Name: _____ Date of Birth: _____
 Age: _____ Sex: _____
 Height: _____ Weight: _____
 % Body Fat (optional): _____ Pulse: _____
 BP: ____ / ____ (____ / ____ / ____)
 Vision: R20/____ L20/____ Corrected: Y N
 Pupils: Equal Unequal

	Normal	Abnormal Findings	Initials *
Medical			
Appearance			
Eyes/Ears/Throat/Nose			
Hearing			
Lymph Nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary &			
Skin			
Musculoskeletal			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hands/Fingers			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot/Toes			

* - Multi-examiner set-up only
& - Having a third party present is recommended for the genitourinary examination

NOTES:

Cleared Without Restriction
 Cleared With Following Restriction: _____
 Not Cleared For: All Sports Certain Sports: _____ Reason: _____
 Recommendations: _____

Name of Physician (Print/Type): _____ Exam Date: _____
 Address: _____ Phone: _____
 Signature of Physician: _____, MD/DO/ND/NMD/NP/PA-C/CCSP



2020-21 ANNUAL PREPARTICIPATION PHYSICAL EVALUATION

(The parent or guardian should fill out this form with assistance from the student-athlete)

Exam Date: _____

Name: _____
 Home Address: _____
 Phone: _____
 Date of Birth: _____
 Age: _____
 Gender: _____
 Grade: _____
 School: _____
 Sport(s): _____
 Personal Physician: _____
 Hospital Preference: _____

In case of emergency contact:
 Name: _____
 Relationship: _____
 Phone (Home): _____
 Phone (Work): _____
 Phone (Cell): _____

 Name: _____
 Relationship: _____
 Phone (Home): _____
 Phone (Work): _____
 Phone (Cell): _____

Explain "Yes" answers on the following page.
 Circle questions you don't know the answers to.

	Y	N
1) Has a doctor ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
2) Do you have an ongoing medical conditional (like diabetes or asthma)?	<input type="checkbox"/>	<input type="checkbox"/>
3) Are you currently taking any prescription or nonprescription (over-the-counter) medicines or supplements? (Please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>
4) Do you have allergies to medicines, pollens, foods or stringing insects? (Please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>
5) Does your heart race or skip beats during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
6) Has a doctor ever told you that you have (check all that apply): <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> A Heart Murmur <input type="checkbox"/> High Cholesterol <input type="checkbox"/> A Heart Infection		
7) Have you ever spent the night in a hospital?	<input type="checkbox"/>	<input type="checkbox"/>
8) Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>
9) Have you ever had an injury (sprain, muscle/ligament tear, tendinitis, etc.) that caused you to miss a practice or game? (If yes, check affected area in the box below in question 11)	<input type="checkbox"/>	<input type="checkbox"/>
10) Have you had any broken/fractured bones or dislocated joints? (If yes, check affected area in the box below in question 11):	<input type="checkbox"/>	<input type="checkbox"/>
11) Have you had a bone/joint injury that required X-rays, MRI, CT, surgery, injections, rehabilitation physical therapy, a brace, a cast or crutches? (If yes, check affected area in the box below):	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Shoulder <input type="checkbox"/> Upper Arm <input type="checkbox"/> Elbow <input type="checkbox"/> Forearm <input type="checkbox"/> Hand/Fingers <input type="checkbox"/> Chest <input type="checkbox"/> Upper Back <input type="checkbox"/> Lower Back <input type="checkbox"/> Hip <input type="checkbox"/> Thigh <input type="checkbox"/> Knee <input type="checkbox"/> Calf/Shin <input type="checkbox"/> Ankle <input type="checkbox"/> Foot/Toes		



	Y	N
12) Have you ever had a stress fracture?	<input type="checkbox"/>	<input type="checkbox"/>
13) Have you ever been told that you have, or have you had an X-ray for atlantoaxial (neck) instability?	<input type="checkbox"/>	<input type="checkbox"/>
14) Do you regularly use a brace or assistive device?	<input type="checkbox"/>	<input type="checkbox"/>
15) Has a doctor told you that you have asthma or allergies?	<input type="checkbox"/>	<input type="checkbox"/>
16) Do you cough, wheeze or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
17) Is there anyone in your family who has asthma?	<input type="checkbox"/>	<input type="checkbox"/>
18) Have you ever used an inhaler or taken asthma medication?	<input type="checkbox"/>	<input type="checkbox"/>
19) Were you born without, are you missing, or do you have a nonfunctioning kidney, eye, testicle or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>
20) Have you had infectious mononucleosis (mono) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>
21) Do you have any rashes, pressure sores or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>
22) Have you had a herpes skin infection?	<input type="checkbox"/>	<input type="checkbox"/>
23) Have you ever had an injury to your face, head, skull or brain (including a concussion, confusion, memory loss or headache from a hit to your head, having your "bell rung" or getting "dinged")?	<input type="checkbox"/>	<input type="checkbox"/>
24) Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
25) Have you ever had numbness, tingling or weakness in your arms or legs after being hit, falling, stingers or burners?	<input type="checkbox"/>	<input type="checkbox"/>
26) While exercising in the heat, do you have severe muscle cramps or become ill?	<input type="checkbox"/>	<input type="checkbox"/>
27) Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
28) Have you ever been tested for sickle cell trait?	<input type="checkbox"/>	<input type="checkbox"/>
29) Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
30) Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
31) Do you wear protective eyewear, such as goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>
32) Are you happy with your weight?	<input type="checkbox"/>	<input type="checkbox"/>
33) Are you trying to gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
34) Has anyone recommended you change your weight or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>
35) Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>
36) Do you have any concerns that you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>

Females Only

Explain "Yes" Answers Here

	Y	N
37) Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
38) How old were you when you had your first menstrual period?	_____	
39) How many periods have you had in the last year?	_____	



2020-21 ANNUAL PREPARTICIPATION PHYSICAL EXAMINATION

The physician should fill out this form with assistance from the parent or guardian.)

Student Name: _____

Date of Birth: _____

Patient History Questions: Please Tell Me About Your Child...

	Y	N
1) Has your child fainted or passed out DURING or AFTER exercise, emotion or startle?	<input type="checkbox"/>	<input type="checkbox"/>
2) Has your child ever had extreme shortness of breath during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
3) Has your child had extreme fatigue associated with exercise (different from other children)?	<input type="checkbox"/>	<input type="checkbox"/>
4) Has your child ever had discomfort, pain or pressure in his/her chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
5) Has a doctor ever ordered a test for your child's heart?	<input type="checkbox"/>	<input type="checkbox"/>
6) Has your child ever been diagnosed with an unexplained seizure disorder?	<input type="checkbox"/>	<input type="checkbox"/>
7) Has your child ever been diagnosed with exercise-induced asthma not well controlled with medication?	<input type="checkbox"/>	<input type="checkbox"/>

Family History Questions: Please Tell Me About Any Of The Following In Your Family...

	Y	N			
8) Are there any family members who had sudden/unexpected/unexplained death before age 50? (including SIDS, car accidents, drowning or near drowning)	<input type="checkbox"/>	<input type="checkbox"/>			
9) Are there any family members who died suddenly of "heart problems" before age 50?	<input type="checkbox"/>	<input type="checkbox"/>			
10) Are there any family members who have unexplained fainting or seizures?	<input type="checkbox"/>	<input type="checkbox"/>			
11) Are there any relatives with certain conditions, such as:	<input type="checkbox"/>	<input type="checkbox"/>			
Enlarged Heart	<input type="checkbox"/>	<input type="checkbox"/>	Catecholaminergic Polymorphic Ventricular Tachycardia (CPVT)	<input type="checkbox"/>	<input type="checkbox"/>
Hypertrophic Cardiomyopathy (HCM)	<input type="checkbox"/>	<input type="checkbox"/>	Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC)	<input type="checkbox"/>	<input type="checkbox"/>
Dilated Cardiomyopathy (DCM)	<input type="checkbox"/>	<input type="checkbox"/>	Marfan Syndrome (Aortic Rupture)	<input type="checkbox"/>	<input type="checkbox"/>
Heart Rhythm Problems	<input type="checkbox"/>	<input type="checkbox"/>	Heart Attack, Age 50 or Younger	<input type="checkbox"/>	<input type="checkbox"/>
Long QT Syndrome (LQTS)	<input type="checkbox"/>	<input type="checkbox"/>	Pacemaker or Implanted Defibrillator	<input type="checkbox"/>	<input type="checkbox"/>
Short QT Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	Deaf at Birth	<input type="checkbox"/>	<input type="checkbox"/>
Brugada Syndrome	<input type="checkbox"/>	<input type="checkbox"/>			

Explain "Yes" Answers Here

I hereby state that, to the best of my knowledge, my answers to all of the above questions are complete and correct. Furthermore, I acknowledge and understand that my eligibility may be revoked if I have not given truthful and accurate information in response to the above questions.

Signature of Athlete _____

Signature of Parent/Guardian _____

Date _____

Signature of MD/DO/ND/NMD/NP/PA-C/CCSP _____

Date _____



Amphitheater Public Schools
Participation in Sports and Athletic Events
COVID-19 Waiver, Release, and Assumption of Risk Form

On behalf of myself, my household members, and my minor child, _____ **[PLEASE WRITE THE NAME OF THE CHILD PARTICIPANT]** (“child”), I hereby give permission for my child to participate in the following sports program and/or athletic events: _____ **[PLEASE WRITE THE NAME OF SPORT]** (“Sports Program”) at _____ **[PLEASE WRITE THE NAME OF SCHOOL]**, a school or program in Amphitheater Public Schools. My child and I are familiar with, and knowingly and voluntarily accept, any and all risks associated with participation in the Sports Program. I acknowledge that my child’s participation is wholly voluntary and is not part of any regular school curriculum.

I specifically assume all risks and hazards associated with my child’s participation in the Sports Program including, but not limited to, the risks associated with the novel COVID-19 virus. I acknowledge that while participating in sports, my child will associate with staff and may physically contact other children and/or shared equipment, and may contract COVID-19 (and other viruses and diseases), notwithstanding any precautions taken by the school. I further acknowledge that the school cannot absolutely control the conduct of all students, guarantee that students or their parents will follow safety protocols and procedures, or prevent infected students from potentially spreading COVID-19 to my child, directly or indirectly. I understand and voluntarily assume the risk that my child may acquire COVID-19, and that the virus may subsequently be transmitted from my child to me, my family, and members of my household.

I certify that my child is in good health and has no fever. I understand that symptoms of COVID-19 include, but are not limited to, fever or chills, coughs, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea, vomiting, and diarrhea. My child currently has none of these symptoms, and I will notify the school and prevent my child from participating in the Sports Program if my child develops any of these symptoms, or if anyone in my household tests positive for COVID-19. I further certify that if my child experiences any of these symptoms, I will ensure that my child is symptom-free, without any medication, for ten (10) days before returning to the Sports Program. I will notify the school if my child tests positive for COVID-19, and my child and I will follow all COVID-19 protocols and procedures adopted by the District or school.

To the fullest extent permitted by law, I hereby agree to waive, release, and discharge any and all claims, causes of action, damages, and rights of any kind against the school, the District, the District’s insurers, the District’s governing board, and all of their respective employees, agents, representatives, and volunteers (the “Released Parties”) arising from or relating in any way to any damage, injury, trauma, illness, loss, or death that may occur to my child, me, or my household members as a result of the COVID-19 pandemic.

I further agree not to sue the Released Parties, and to defend and indemnify the Released Parties for all claims, damages, losses, or expenses, including attorneys’ fees, if a suit is filed concerning an injury, illness, or death to me, my child, or my household members as a result of the COVID-19 pandemic.

Parent/Guardian Name (Printed) _____

Parent/Guardian Signature _____ Date _____