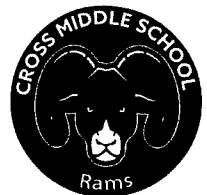




**Amphitheater
Middle**



**Coronado
K-8**



**Cross
Middle**



**La Cima
Middle**



**Wilson
K-8**

PARTICIPATION FORMS for INTERSCHOLASTIC ACTIVITIES

2023-2024



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Lisa Stickney, Secretary
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701 W. Wetmore Road Tucson, AZ 85705
(520) 696-5191 fax: (520) 696-5083

Amphitheater Unified School District does not discriminate on the basis of race, color, religion/religious beliefs, gender, sex, age, national origin, sexual orientation, creed, citizenship status, marital status, political beliefs/affiliation, disability, home language, family, social or cultural background in its programs or activities and provides equal access to the Boy Scouts and other designated youth groups. Inquiries regarding the District's non-discrimination policies are handled at 701 W. Wetmore Road, Tucson, Arizona 85705 by the Equity & Safety Compliance Officer and Title IX Coordinator, (520) 696-5164, TitleIXCoordinator@amphi.com, or the Executive Director of Student Services, (520) 696-5230, studentservices@amphi.com.

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, 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 “T”, “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 interscholastic 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.**

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 students' 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 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

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**

AIA

ARIZONA INTERSCHOLASTIC ASSOC.
 7007 N. 18TH ST., PHOENIX, AZ 85020
 PHONE: (602) 385-3810

2023-24

ANNUAL PREPARTICIPATION PHYSICAL EVALUATION

**EXCLUSIVE URGENT CARE
PARTNER OF THE AIA**

(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 stinging 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	<input type="checkbox"/>	<input type="checkbox"/>
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 non-functioning 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

	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?	_____	

Explain "Yes" Answers Here

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"/> |

Explain "Yes" Answers Here

COVID-19...

- | | Y | N |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1) Has your child been diagnosed with COVID-19? | <input type="checkbox"/> | <input type="checkbox"/> |
| 1a) If yes, is your child still having symptoms from their COVID-19 infection? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Was your child hospitalized as a result for complications of COVID-19? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Has your child been diagnosed with Multi-Inflammatory Syndrome in Children (MIS-C)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Did your child have any special tests ordered for their heart or lungs or were referred to a heart specialist (cardiologist) to be cleared to return to sports? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Has your child returned back to full participation in sports? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Has your child had direct or known exposure to someone diagnosed with COVID-19 in the past 3 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6a) Was your child tested for COVID-19? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) Did your child receive the COVID-19 vaccine? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7a) What was the manufacturer of the vaccine? _____ | | |
| 7b) Date of vaccination(s) _____ | | |

Explain "Yes" Answers Here

Patient Health Questionnaire Version 4 (PHQ-4)

Over the last two weeks, how often have you been bothered by any of the following problems? (circle responses)

	Not At All	Several Days	Over Half The Days	Nearly Every Day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of ≥ 3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

If you score a sum of 3 or greater on either questions 1 and 2, or 3 and 4, you may have anxiety or depression that is affecting you more than normal. In this case, it is recommended that you talk to a trusted health care provider such as your primary care physician, your athletic trainer at school, or a counselor at school. If there is not someone you feel comfortable talking to or you are interested in learning more to help yourself or a friend, please use the resources provided below.

For more information regarding student-athlete mental health:
Quiet Suffering - A Resource for Student-Athlete Mental Health
spark.adobe.com/page/lltwyoLpTAp0V/

Teen Lifeline Call and Text Crisis Line
(602) 248-8336 (TEEN)

Outside Maricopa county call: 1-800-248-8336 (TEEN)

Hours are: Call 24/7/365 | Text weekdays 12-9 p.m. & weekends 3-9 p.m. | Peer counseling 3-9 p.m. daily

Crisis text line: Text HOME to 741741 to connect with a crisis counselor

National Suicide Prevention Lifeline
1-800-273-8255 or suicidepreventionlifeline.org

The Trevor Lifeline
866-488-7386 (for gender diverse youth)



ARIZONA INTERSCHOLASTIC ASSOC.
7007 N. 18TH ST., PHOENIX, AZ 85020
PHONE: (602) 385-3810

2023-24
ANNUAL PREPARTICIPATION
PHYSICAL EVALUATION

EXCLUSIVE URGENT CARE
PARTNER OF THE AIA

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

			Y	N
1)	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"/>
2)	Are there any family members who died suddenly of "heart problems" before age 50?		<input type="checkbox"/>	<input type="checkbox"/>
3)	Are there any family members who have unexplained fainting or seizures?		<input type="checkbox"/>	<input type="checkbox"/>
4)	Are there any relatives with certain conditions, such as:			
		Y	N	
	Enlarged Heart	<input type="checkbox"/>	<input type="checkbox"/>	
	Hypertrophic Cardiomyopathy (HCM)	<input type="checkbox"/>	<input type="checkbox"/>	
	Dilated Cardiomyopathy (DCM)	<input type="checkbox"/>	<input type="checkbox"/>	
	Heart Rhythm Problems	<input type="checkbox"/>	<input type="checkbox"/>	
	Long QT Syndrome (LQTS)	<input type="checkbox"/>	<input type="checkbox"/>	
	Short QT Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	
	Brugada Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	
			Y	N
	Catecholaminergic Polymorphic Ventricular Tachycardia (CPVT)		<input type="checkbox"/>	<input type="checkbox"/>
	Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC)		<input type="checkbox"/>	<input type="checkbox"/>
	Marfan Syndrome (Aortic Rupture)		<input type="checkbox"/>	<input type="checkbox"/>
	Heart Attack, Age 50 or Younger		<input type="checkbox"/>	<input type="checkbox"/>
	Pacemaker or Implanted Defibrillator		<input type="checkbox"/>	<input type="checkbox"/>
	Deaf at Birth		<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 Student-Athlete

Signature of Parent/Guardian

Date

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

Date



ARIZONA INTERSCHOLASTIC ASSOC.
7007 N. 18TH ST., PHOENIX, AZ 85020
PHONE: (602) 385-3810

2023-24
ANNUAL PREPARTICIPATION
PHYSICAL EXAMINATION

NextCare
URGENT CARE
EXCLUSIVE URGENT CARE
PARTNER OF THE AIA

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

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

* - 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: _____

Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of:

Recommendations: _____

Name of Physician (Print/Type): _____ Exam Date: _____

Address: _____ Phone: _____

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



ARIZONA
INTERSCHOLASTIC
ASSOCIATION

OUR STUDENTS, OUR TEAMS . . . OUR FUTURE.

**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, 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/concussion/HeadsUp/youth.html>) on what a concussion is and has given me an opportunity to ask questions.
- 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, spiritline 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: _____

2023-24 CONSENT TO TREAT FORM

Parental consent for minor athletes is generally required for sports medicine services, defined as services including, but not limited to, evaluation, diagnosis, first aid and emergency care, stabilization, treatment, rehabilitation and referral of injuries and illnesses, along with decisions on return to play after injury or illness. Occasionally, those minor athletes require sports medicine services before, during and after their participation in sport-related activities, and under circumstances in which a parent or legal guardian is not immediately available to provide consent pertaining to the specific condition affecting the athlete. In such instances it may be imperative to the health and safety of those athletes that sports medicine services necessary to prevent harm be provided immediately, and not be withheld or delayed because of problems obtaining consent of a parent/guardian.

Accordingly, as a member of the Arizona Interscholastic Association (AIA), _____ (name of school or district) requires as a pre-condition of participation in interscholastic activities, that a parent/guardian provide written consent to the rendering of necessary sports medicine services to their minor athlete by a qualified medical provider (QMP) employed or otherwise designated by the school/district/AIA, to the extent the QMP deems necessary to prevent harm to the student-athlete. It is understood that a QMP may be an athletic trainer, physician, physician assistant or nurse practitioner licensed by the state of Arizona (or the state in which the student-athlete is located at the time the injury/illness occurs), and who is acting in accordance with the scope of practice under their designated state license and any other requirement imposed by Arizona law. In emergency situations, the QMP may also be a certified paramedic or emergency medical technician, but only for the purpose of providing emergency care and transport as designate

PLEASE PRINT LEGIBLY OR TYPE

"I, _____, the undersigned, am the parent/legal guardian of, _____,
a minor and student-athlete at _____
(name of school or district) who intends to participate in interscholastic sports and/or activities.

I understand that the school/district/AIA employs or designates QMP's (as defined above) to provide sports medicine services (as also defined above) to the school's interscholastic athletes before, during or after sport-related activities, and that on certain occasions there are sport-related activities conducted away from the school/district facilities during which other QMP's are responsible for providing such sports medicine services. I hereby give consent to any such QMP to provide any such sports medicine services to the above-named minor. The QMP may make decisions on return to play in accordance with the defined scope of practice under the designated state license, except as otherwise limited by Arizona law. I also understand that documentation pertaining to any sports medicine services provided to the above-named minor, may be maintained by the QMP. I hereby authorize the QMP who provides such services to the above-named minor to disclose such information about the athlete's injury/illness, assessment, condition, treatment, rehabilitation and return to play status to those who, in the professional judgment of the QMP, are required to have such information in order to assure optimum treatment for and recovery from the injury/illness, and to protect the health and safety of the minor. I understand such disclosures may be made to above-named minor's coaches, athletic director, school nurse, any classroom teacher required to provide academic accommodation to assure the student-athlete's recovery and safe return to activity, and any treating QMP.

If the parent believes that the minor is in need of further treatment or rehabilitation services for the injury/illness, the minor may be treated by the physician or provider of his/her choice. I understand, however, that all decisions regarding same day return to activity following injury/illness shall be made by the QMP employed/designated by the school/district/AIA.

Date: _____ Signature: _____