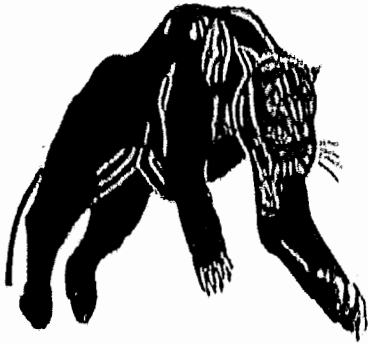


# AMPHITHEATER PUBLIC SCHOOLS



*Amphitheater  
High School*



*Canyon del Oro  
High School*



*Ironwood Ridge  
High School*

## ***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 the Amphitheater Public Schools, the encompassing Region/Conference/League, the Arizona Interscholastic Association (AIA), and the National Federation of State High School Associations (NFHS).

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 or high school in his/her designated attendance area. Any exceptions to the domicile requirement must be approved by the Athletic Office and the AIA prior to participation.
2. Be eligible in all areas of interscholastic eligibility in accordance with the rules and guidelines of the NFHS, AIA, the Region/Conference/League, Amphitheater District, and site athletic department.

**AND**

As a condition of interscholastic participation in the Amphitheater Public Schools, each interscholastic participant and parent(s)/guardian(s) **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 high 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. Annual Preparticipation Physical Evaluation - Parent (need 2 copies) (page 13)
2. Acknowledgement of Rules and Terms for Interscholastic Participation (page 11)
3. Mild Traumatic Brain Injury/Concussion Statement (page 12)

**TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN**

1. Consent for Interscholastic Participation and Emergency Information (page 10)

**ADDITIONAL REQUIRED INFORMATION**

1. Annual Preparticipation Physical Examination - Doctor (need 2 copies) (page 14)
2. Copy of birth certificate (First time participants only)
3. Copy of last semester grades
4. Paid participation fee

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

The following are some of the more important eligibility rules that are set forth by the Amphitheater District and the Arizona Interscholastic Association (AIA) for its member schools. Failure to comply with these rules can cause an athlete to be declared ineligible and all contests in which the athlete participated in to be forfeited.

1. Domicile rule – The parent’s domicile is defined as the place where a person has his/her true, fixed and permanent home and to which, whenever absent, he or she has the intention of returning. A student shall have only one domicile for the purpose of athletic eligibility.

All students who wish to participate in athletics must have a parent or court appointed legal guardian domiciled in the \_\_\_\_\_ attendance zone.

A student who has a court appointed legal guardian must have the guardianship approved by the Arizona Interscholastic Association (AIA) prior to participation (see the Athletic Director).

Any exception to the domicile requirement must be approved by the Athletic Office and the AIA prior to participation. (Please make an appointment to discuss your individual situation.)

2. A student is privileged with eligibility for 4 consecutive seasons in each sport or activity and for 8 consecutive semesters after he or she enrolls in the 9<sup>th</sup> grade (including 9<sup>th</sup> grade year).
3. A student who is a member of a high school team shall not compete in any other organization in the same sport during the interscholastic season of competition.
4. If a student becomes 19 years of age after September 1<sup>st</sup>, he or she is eligible to compete for the remainder of that school year if all other qualifications are met.
5. **ACADEMIC ELIGIBILITY** – Each student must be enrolled in at least five classes to maintain eligibility. Seniors with 16 or more credits and on track to graduate may be enrolled in four classes to maintain 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.**
6. Amphitheater District has a zero tolerance drug philosophy. Any interscholastic participant who uses/possesses or transfers alcohol, drugs or tobacco **at any time during the season,** will be immediately removed from their team for the entire season.
7. All participants must have passed ALL previous semester’s classes. Students may tryout and practice in an activity but cannot compete until academic eligibility is restored. (Refer to Rule 5 above.)
8. 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.
9. All senior participants must have taken all sections of the AIMS Test, prior to being eligible to compete during their 7<sup>th</sup> and 8<sup>th</sup> semester of high school.
10. Each student participant will pay a \$40.00 participation fee for each sport/activity in which he/she competes. This fee is **non-refundable** after the first contest.

11. Before a participant can **TRYOUT OR PRACTICE** he/she must have on file:
  - a) Completed **Pre-participation Form and Physical Examination Forms** (pages 13 & 14)
  - b) Signed Consent for **Interscholastic Participation Form** (page 9) and **Emergency Information** (page 10)
  - c) Copy of **birth certificate** (1<sup>st</sup> time participants only)
  - d) Copy of **last semester report card** (incoming 9<sup>th</sup> graders only)
  - e) Signed **Acknowledgement of Rules and Terms** for Interscholastic Participation Form (page 11)
  - f) **Mild Traumatic Brain Injury/Concussion Statement** (page 12)
  - g) **Paid Participation Fee**
12. 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.
13. If any student is injured they should see the Athletic Trainer as soon as possible. The Trainer will assess the injury and may make specific recommendations. Prior to returning to practice or competition an injured athlete must be cleared by the Athletic Trainer.
14. 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. **Amphitheater District is not responsible for any items or valuables in locker-rooms/lockers.**
15. Athletic equipment is not to be worn for personal use. If an athlete is wearing school issued equipment for non-game activities, the equipment will be confiscated.
16. 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.
17. Athletes who quit an athletic team during the sport season may not tryout for another sport in the same season, and may not tryout for another sport until after the season of competition is over for the sport he/she quits. Exception is a written waiver from the Head Coach from the sport from which he/she quits.
18. All students will travel to events on district transportation and will abide by all district bus rules and regulations.
19. Participation in off-season fundraising does not guarantee a spot on the roster or playing time. Participation in off-season camps does not guarantee a spot on the roster or playing time. There will be no individual refunds on any funds raised. All funds go into the team account.
20. The coaching staff in each sport establishes letter awards criteria.

## 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 participation conduct, residency requirements, Amphitheater, Region/Conference/League, AIA eligibility 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, AIA, or school.

**I understand that the District rules and consequences regarding drugs, alcohol or tobacco apply to my student-athlete at ALL times during the season of participation, whether he/she is at a school function, away from school with friends or by him/herself. (See page 2, #6).**

### STUDENT RESIDENCE REQUIREMENT

1. Attend the school in the student's designated attendance zone (See athletic office with problems).
2. Reside with parent(s) or legal guardian(s) at the primary residence address of the student's parent(s) or 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 guidelines, Amphitheater District and AIA 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 or her parent(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 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 or her coach or team.
7. Refrain from interfering with the coach.
8. Willing to let the coach be responsible for my son or 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. Will not circumvent any rules or guidelines of the AIA, Amphitheater 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 son or 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 or 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 or daughter is injured, I will assure that he or she does not participate until the student/athlete has been released by the treating physician and athletic trainer.

**I understand that the District rules and consequences regarding drugs, alcohol and tobacco apply to my student-athlete at ALL times during the season of participation, whether he/she is at a school function, away from school with friends or by him/herself. (See page 2, #6).**

**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 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 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 students' 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 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 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.

## 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](http://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.

Student Name \_\_\_\_\_

Grade \_\_\_\_\_

School year \_\_\_\_\_

ID # \_\_\_\_\_

Gender \_\_\_\_\_

*Parent/Student Use*

**Please check appropriate boxes**

**Fall Sports**

- Cross Country \_\_\_\_\_
- Football \_\_\_\_\_
- Golf \_\_\_\_\_
- Spiritline \_\_\_\_\_
- Swimming \_\_\_\_\_
- Volleyball (girls) \_\_\_\_\_

**Winter Sports**

- Basketball (girls) \_\_\_\_\_
- Basketball (boys) \_\_\_\_\_
- Soccer (girls) \_\_\_\_\_
- Soccer (boys) \_\_\_\_\_
- Spiritline \_\_\_\_\_
- Wrestling \_\_\_\_\_

**Spring Sports**

- Baseball \_\_\_\_\_
- Softball \_\_\_\_\_
- Tennis (girls) \_\_\_\_\_
- Tennis (boys) \_\_\_\_\_
- Track (girls) \_\_\_\_\_
- Track (boys) \_\_\_\_\_
- Volleyball (boys) \_\_\_\_\_

*School Use Only*

**Returning Student**

- Physical Packet \_\_\_\_\_
- Fee Paid      Fall \_\_\_\_\_
- Winter \_\_\_\_\_
- Spring \_\_\_\_\_

*School Use Only*

**Transfer Student**

- 520 \_\_\_\_\_
- 530 \_\_\_\_\_
- Grades \_\_\_\_\_
- Birth Certificate \_\_\_\_\_
- Physical Packet \_\_\_\_\_
- Fee Paid      Fall \_\_\_\_\_
- Winter \_\_\_\_\_
- Spring \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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**





ARIZONA INTERSCHOLASTIC ASSOCIATION

7007 North 18th Street, Phoenix, Arizona 85020-5552

Phone: (602) 385-3810

Exam Date \_\_\_\_\_

2011-2012 ANNUAL PREPARTICIPATION PHYSICAL EVALUATION

(The Parent or Guardian should fill out this form with assistance from the student athlete.)

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_
School \_\_\_\_\_ Sport(s) \_\_\_\_\_
Address \_\_\_\_\_ Phone \_\_\_\_\_
Personal Physician \_\_\_\_\_ Hospital Preference \_\_\_\_\_
In case of emergency, contact:
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_ (C) \_\_\_\_\_
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_ (C) \_\_\_\_\_

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

1. Has a doctor ever denied or restricted your participation in sports for any reason? YES NO
2. Do you have an ongoing medical condition (like diabetes or asthma)?
3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or supplements? (Please specify):
4. Do you have allergies to medicines, pollens, foods, or stinging insects? (Please specify):
5. Have you ever passed out or nearly passed out DURING exercise?
6. Have you ever passed out or nearly passed out AFTER exercise?
7. Have you ever had discomfort, pain, or pressure in your chest during exercise?
8. Does your heart race or skip beats during exercise?
9. Has a doctor ever told you that you have (check all that apply):
10. Has a doctor ever ordered a test for your heart? (ex: ECG, echocardiogram)
11. Has anyone in your family died for no apparent reason?
12. Does anyone in your family have a heart problem?
13. Has any family member or relative died of heart problems or of sudden death before age 50?
14. Does anyone in your family have Marfan syndrome?
15. Have you ever spent the night in the hospital?
16. Have you ever had surgery?
17. Have you ever had an injury (sprain, muscle/ligament tear, tendonitis, etc.) that caused you to miss a practice or game? If yes, circle affected area in the boxes below:
18. Have you had any broken/fractured bones or dislocated joints? If yes, circle affected area in the boxes below:
19. 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, circle affected area in the boxes below:
20. Have you ever had a stress fracture?
21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?
22. Do you regularly use a brace or assistive device?
23. Has a doctor told you that you have asthma or allergies?
24. Do you cough, wheeze, or have difficulty breathing during or after exercise?
25. Is there anyone in your family who has asthma?
26. Have you ever used an inhaler or taken asthma medicine?
27. Were you born without, are you missing, Or do you have a nonfunctioning kidney, eye, testicle or any other organ?
28. Have you had infectious mononucleosis (mono) within the last month?
29. Do you have any rashes, pressure sores, or other skin problems?
30. Have you had a herpes skin infection?
31. 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")?
32. Have you ever had a seizure?
33. Do you have headaches with exercise?
34. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit, falling, stingers or burners?
35. When exercising in the heat, do you have severe muscle cramps or become ill?
36. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?
37. Have you ever been tested for sickle cell trait?
38. Have you had any problems with your eyes or vision?
39. Do you wear glasses or contact lenses?
40. Do you wear protective eyewear, such as goggles or a face shield?
41. Are you happy with your weight?
42. Are you trying to gain or lose weight?
43. Has anyone recommended you change your weight or eating habits?
44. Do you limit or carefully control what you eat?
45. Do you have any concerns that you would like to discuss with a doctor?
FEMALES ONLY
46. Have you ever had a menstrual period?
47. How old were you when you had your first menstrual period?
48. How many periods have you had in the last year?

Explain "Yes" answers here:
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

I hereby state that, to the best of my knowledge, my answers to 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 \_\_\_\_\_
FORM 15.7-A 02/11

## 2011-2012 ANNUAL PREPARTICIPATION PHYSICAL EVALUATION

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ % Body fat (optional) \_\_\_\_\_ Pulse \_\_\_\_\_ BP \_\_\_\_ / \_\_\_\_ (\_\_\_\_ / \_\_\_\_, \_\_\_\_ / \_\_\_\_)

Vision R 20 / \_\_\_\_ L 20 / \_\_\_\_ Corrected: Y N Pupils: Equal \_\_\_\_ Unequal \_\_\_\_

	NORMAL	ABNORMAL FINDINGS	INITIALS *
<b>MEDICAL</b>			
Appearance			
Eyes/Ears/Nose/Throat			
Hearing			
Lymph Nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary †			
Skin			
<b>MUSCULOSKELETAL</b>			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand/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

Not cleared for:       All sports       Certain sports: \_\_\_\_\_ Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of physician (print/type) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of physician \_\_\_\_\_, MD / DO / NP / PA-C

**Arizona Interscholastic Association, Inc.**

**Mild Traumatic Brain Injury (MTBI) / Concussion**

**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: \_\_\_\_\_