

AJHS Athletic Participation Packet

Apache Junction High School

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Apache Junction, AZ 85120

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*Go Prospectors fight the enemy,
Make them kneel before our varsity,
We're behind you with our battle cries,
Indestructible we will do or die,
For AJHS Arizona,
We are brave and,
We are bold,
And we will fight, Prospectors
For the black and gold.*

The Apache Junction Prospector Athletics program is committed to growing student athletes as citizens by encouraging responsibility, character, and dedication while also building the skills of the athletes and fostering a competitive spirit. Our program's goals are built around achieving this sense of personal growth for each athlete as well as positively representing and bringing athletic success to Apache Junction High School.

FALL SPORTS	WINTER SPORTS	SPRING SPORTS
Football Boys Golf Girls Golf Cross Country Swim Volleyball Cheer - Multi Season	Boys Basketball Girls Basketball Boys Soccer Girls Soccer Wrestling	Baseball Softball Track & Field Boys Tennis Girls Tennis

Requirements

All student athletes must have, on file with the Athletics Office, an AIA Physical, Proof of Insurance, Permission to Participate and Acknowledgement of Risks forms, Completion of the Brainbook course, and a signed copy of the MTBI/Concussion Statement. All the forms can be found in this packet.

- **Physicals** - Per AIA Bylaw, no student may participate without a physical on file. Physicals must be completed each year prior to participation and are good for one calendar year from the signed physical date. Physicals dated AFTER March 1, 2018 will be acceptable to cover the entire 2018-2019 school year.
- **Brainbook** - Per AIA bylaw, Brainbook is a required AIA course. Student athletes are only required to complete this course once during their high school career. Students must pass with an 80% or higher. The course can be found on <https://aiaacademy.org/>. We strongly encourage all parents to take the course with their student.

AIA and Sport Specific Rules and Bylaws

The athletic program is bound by the Bylaws set forth by the AIA. All bylaws can be found at www.aiaonline.org. Unless stated otherwise in AIA bylaws, NFHS rules for specific sports are used.

Risks

All sports run the risk of injury, including the potential for catastrophic injury. All parents are required to sign the *Parent Consent and Acknowledgement of Risks* form in this packet in order for their child to participate.

AJUSD policy requires student athletes to have health insurance and provide a copy of that insurance to the Athletics Office. If your student does not have insurance, the Athletics Office can assist in obtaining low, to no cost insurance for the duration of the sports season your child is participating in.

In the event of a concussion, there is free insurance coverage provided through the AIA called *Headstrong*. This can help offset the costs of concussion treatment, even if the student already has insurance. Please contact the athletics office for information regarding use of the *Headstrong* program.

Eligibility

Students are able to participate in **one** sport per season. AIA Bylaws do not permit students to participate in multiple sports per season. A student can participate in all seasons, but only one sport per season.

Enrollment - In order to participate with AJHS Athletics, a student must be enrolled in Apache Junction High School for 5 courses during their Freshman, Sophomore, and Junior years and 4 courses their Senior year. Students are allowed 8 consecutive semesters of participation from their first enrollment as a

Freshman. This means that a 5th year Senior may not participate in athletics. On game days, Freshman, Sophomore, and Junior students must be in attendance 4 periods to participate and Seniors must be in attendance 3 periods to participate. School administration can make an exception for events such as a funeral, medical reasons, etc. Home school students that are in compliance with A.R.S. 15-802.01 may participate in AJHS athletics if they live within the AJHS boundaries.

Transfers - All transfer students must alert the Athletics office if they are interested in playing sports. If a student transfers without submitting specific AIA paperwork or without following AIA transfer procedures, they will be deemed ineligible and may lose eligibility. Any games an ineligible player participates in are forfeit.

Paperwork - All student athletes must have, on file with the Athletics Office, an **AIA Physical, Proof of Insurance, Permission to Participate and Acknowledgement of Risks forms, Completion of the Brainbook course (aiaacademy.org), and a signed copy of the MTBI/Concussion Statement.** All the forms can be found in this packet. A student will NOT be allowed to participate in any sport related event including tryouts, practices, and games until these documents are on file.

Academic - All student athletes are required to have a C or higher to avoid participation in Study Table or to be permitted to compete. Please note that a coach can raise the minimum grades required to participate. Study Table is from 2:05 - 2:35 after school. Non-attendance in Study Table will render a student ineligible to participate in practice or game, including days on which a home game is scheduled at 4:00 pm or later. Study table is not required for days on which a home game is scheduled to start at 3:55 or earlier, on days which an away game is scheduled requiring travel at 3:00 pm or earlier, and not including early release days or team picture days.

The study table process is:

- A *D* or *F* in any class requires Study Table until the next grade check, even if a passing grade is achieved early. Participation in practice and games are allowed.
- A second, consecutive *D* in any course requires continued Study Table attendance. Participation in practice and games is allowed.
- A second, consecutive *F* in the same course requires continued Study Table attendance. Participation in practice is allowed. Participation in games IS NOT allowed.
- A second, Consecutive *F* in a different course requires continued Study Table attendance. Participation in practice and games is allowed.
- Once passing grades are established on a grade check, Study Table attendance is no longer required.

*Dropping a course with an *F* grade recorded renders the student ineligible for the remainder of the season.

Tryouts - Some sports will require tryouts, while others are available to all athletes that attend. Per AIA bylaws, students may only tryout for a maximum of 2 sports PER SEASON. For example, a student might try out for volleyball but not make the team. The student could then go out to golf and participate in the golf program. However, if a student in the next season tries out for basketball and does not make the team, then tries out for soccer and does not make the team, they are then ineligible for sports until the spring season where they have an opportunity to try out for two sports again.

Non-School Participation - Students are not allowed to compete on any club, all star, or non school athletic team during the school season of a sport. For example, a volleyball player may not compete with her club during the AIA volleyball season. If a student participates with their club after the first scheduled game, the player has forfeited eligibility for one year and the school team must forfeit any match the student participated in.

Costs of Participation

AJHS charges a **\$150 Pay to Participate fee** for any sport. Being selected to the team and participating in practice and being placed on a roster constitutes participation. There is no guarantee of playing time in competition for any athlete. Please note that some sports may require additional money for sport specific equipment. This will be communicated by the coaches.

- A minimum of half the fee is due before the first competition
- The second half is due before the calendar break during their season (Fall/Winter/Spring)

The final payment dates are as follows:

- Fall Friday, September 28, 2018
- Winter Friday, December 21, 2018
- Spring Friday, March 8, 2019

Code of Conduct

Apache Junction believes in and supports the AIA's *Arizona Accord*: Trustworthiness, Respect, Responsibility, Fairness, Caring, Citizenship as important character traits for all athletes.

AJUSD Code of Conduct - All student athletes are expected to represent AJHS in a positive manner, including treating visiting schools and homeschools when on the road with respect. The AJHS Code of Conduct applies to athletes during any sporting event including practice, events, travel, before the game, during the game, and after the game. Athletic and non-athletic consequences may be issued to any student who violates the expectations in the code of conduct.

Social Media - All AJHS athletes on social media are expected to hold themselves to a higher standard. Negative behavior towards teammates, other schools, coaches, or AJHS on social media may result in consequences for the athlete. Teams are built around trust and negative treatment of teammates on social media, at practice, or in school will not be accepted.

Hazing - Hazing of any athletic participants is not acceptable. Please report any instance of hazing to the athletic office immediately.

Controlled Substances - Any illegal use of controlled substances by AJHS athletes during season may result in consequences ranging from suspension to removal from the team. This includes on or off campus.

Performance Enhancing Substances - Use of performance enhancing substances may result in consequences for the student athlete including removal from the team. The AIA official stance is attached to this packet and must be read by all athletes.

Attendance

On game days, freshman, sophomore, and junior students must be in attendance 4 periods to participate and seniors must be in attendance 3 periods to participate. School administration can make an exception for events such as a funeral, medical reasons, etc.

Transportation

All students are expected to ride the busses to and from games with the team. Under no circumstance should athletes ride to away games with other students. If a parent wants to drive their own athlete to/from an away game, that must be cleared with the head coach and the *Alternate Transportation Release Form* must be signed and on file with the Athletics Office. If the student is leaving through alternate transportation, the student must be released to a parent/guardian unless arrangements have been made with the Athletics Office and the head coach.

Coaches

AJHS Athletics strives to provide the best coaches possible for your student athletes. We understand that disagreements will happen with coaching philosophies. You are welcome to contact coaches to discuss concerns; however, we do ask that you support the coaches in conversation with your student athlete. Speaking poorly of the coach, program, or school to your student is not productive. Communicating concerns to coaches will help resolve concerns quickly and effectively. If a situation arises with a parent and coach, we ask that each party takes one day before communicating that frustration with the coach or Athletics Office. Games create a competitive atmosphere and charged conversations may happen. We ask that a day is taken to ensure the most productive conversation possible. Confrontations during games will not be tolerated and may result in removal of a parent or athlete from the playing area and potential, additional consequences. Please work to resolve concerns directly with the coach; however, the Athletic Office is available to facilitate meetings.

Lettering

In order to letter, a student athlete must dress and play in 50% of the varsity games. A coach may request through the Athletic office a varsity letter for any athlete who provided a significant contribution to the success of a varsity team



ARIZONA INTERSCHOLASTIC ASSOCIATION, INC.
7007 N 18th Street, Phoenix, Arizona 85020-5552
Phone: (602) 385-3810 Fax: (602) 385-3779

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 sports, as an activity that enhances the student-athlete's well-being by providing an environment and stimulus that promotes growth and development along a healthy and ethically based path.

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

Apache Junction Unified School District #43
Apache Junction High School

PERMISSION TO PARTICIPATE AND ACKNOWLEDGMENT OF RISKS

PARENT/GUARDIAN

I give my permission for my student named below to participate in organized interscholastic athletics, realizing that such activity involves the potential for injury, which is inherent in all sports. I acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions, the injuries can be so severe as to result in fractures, brain injuries, total disability, paralysis, quadriplegia or even death.

ACKNOWLEDGMENT OF RECEIPT, UNDERSTANDING AND ADHERENCE

PARENT/GUARDIAN & STUDENT

I have received, understand and agree to adhere to and support the following:

- AJHS Athletics policies listed in the participation packet including risks, behavior, eligibility, academics, attendance, and cost.
- AIA Position Statement addressing supplements, drugs and performance enhancing substances
- Pay to Participate Fee
- Proof of health insurance agreement

Student Name: _____

Sport(s): _____ **Student Phone Number:** _____

I acknowledge that I have received, read and understand this warning.

Student Signature: _____

Parent/Guardian Signature:	_____
Parent/Guardian Name:	_____
Address:	_____
Phone Number:	_____
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, 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: _____

EMERGENCY / CLEARANCE CARD

Student: _____ Birth Date: _____ Grade: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent Name: _____ Cell Phone: () -
Alternate Phone: () -

Family Doctor: _____ Phone: () -

Preferred Hospital: _____ Phone: () -

Insurance Co: _____

Policy No/Member ID: _____ Group#: _____

IF PARENT/GUARDIAN CANNOT BE REACHED IN AN EMERGENCY, PLEASE CONTACT:

Name: _____ Relationship _____ Phone: () -

Name: _____ Relationship _____ Phone: () -

I clearly understand that it is the **Apache Junction Unified School District (AJUSD) policy that all students participating in interscholastic activities must have health insurance** and that the school cannot pay any medical costs resulting from injury to a student. The school does NOT provide any medical insurance or claims assistance in the event of an accident. AJUSD does make voluntary student insurance available. Please contact the Athletic Office at Apache Junction High School if you would like to review and/or purchase this insurance.

I have my own insurance: Yes No I have purchased student accident insurance: Yes No

In the event I cannot be reached, I, the undersigned parent/guardian of the student named above, do hereby give and grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment or care to said student as, in the judgment of said doctor or hospital may be required, on an emergency basis, in the event said student should be injured or stricken ill while participating in an interscholastic activity sponsored by the above named school. IT IS HEREBY understood that the consent and authorization hereby given and granted are continuing, and are intended by me to be valid for 365 days unless rescinded.

Parent/Guardian Signature: _____ Date: _____

Alternate Transportation Release Form

PARENT/GUARDIAN

I give my permission for my student named below to deviate from the transportation policy of the Apache Junction Unified School District (AJUSD) by driving my student to and/or from the activity named below.

No student shall be transported by another high school student nor shall transport another student.

Student Name: _____

Activity: _____

- I understand that automobile insurance is required and I agree to provide proof of insurance prior to my student driving his or her self.
- I understand that the ability of coaches and other school officials to properly supervise students may be impaired when students are not under their direct control.
- I agree that coaches should not be held accountable when students who are authorized to use alternative means of transportation do so.
- I agree to release the AJUSD and its employees and officers from all liability for any adverse results that may occur with reference to the above-stated transportation.
- I understand that coaches reserve the right to refuse requests by players to leave their teams if, in the coaches' opinion, it serves the best interest of the individual or the program.
- I have read this document carefully and sign it voluntarily with full knowledge of its significance.

Parent/Guardian Signature:	_____
Parent/Guardian Name:	_____
Phone Number(s):	_____
Date:	_____

***Please note this form is only required if you will need to use alternate transportation during the season**

***Alternate transportation must be approved by the coach prior to game day**



2018-2019 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:
Sex:
Grade:
School:
Sport(s):
Personal Physician:
Hospital Preference:

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

Explain "Yes" answers on 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 condition (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): 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"/>	<input type="checkbox"/>
7) Have you ever spent the night in the 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, circle affected area in the box below):	<input type="checkbox"/>	<input type="checkbox"/>			
* 10) Have you had any broken/fractured bones or dislocated joints? (If yes, circle affected area in the box below):	<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, circle affected area in the box below):	<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"/>	Low 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 <input type="checkbox"/>	

1

NextCare is the preferred partner of the AIA, it is not required you visit NextCare locations for your healthcare needs.

	Y	N
12) Have you ever had a stress fracture?	<input type="checkbox"/>	<input type="checkbox"/>
13) Have you 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 medicine?	<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) Do you have headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
26) 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"/>
27) When exercising in the heat, do you have severe muscle cramps or become ill?	<input type="checkbox"/>	<input type="checkbox"/>
28) 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"/>
29) Have you ever been tested for sickle cell trait?	<input type="checkbox"/>	<input type="checkbox"/>
30) Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
31) Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
32) Do you wear protective eyewear, such as goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>
33) Are you happy with your weight?	<input type="checkbox"/>	<input type="checkbox"/>
34) Are you trying to gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
35) Has anyone recommended you change your weight or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>
36) Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>
37) Do you have any concerns that you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>

Females Only

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

Explain "Yes" Answers Here



2018-2019 ANNUAL PREPARTICIPATION PHYSICAL EVALUATION

(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 starts?	<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"/>
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"/>
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 (Congenital Deafness)	<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 _____



2018-2019 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/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): _____ Exam Date: _____
 Address: _____ Phone: _____
 Signature of Physician: _____, MD/DO/ND/NMD/NP/PA-C/CCSP

Transportation Release Form

Parent / Guardian

As parent/guardian of _____,

Student's Name

a student at Apache Junction High School, I/we understand that Apache Junction Unified School District will be providing transportation to and from _____

Name of Sport

activities in which my student desires to participate. These events will include scrimmages, practices, and AIA sanctioned games and events.

I understand that all students attending an athletic competition will be responsible for conduct to the driver of the vehicle at all times.

I understand that students are required to go and return from the athletic competitions on the transportation provided, unless prior arrangements have been made and agreed in writing by the principal or designee.

I understand that all persons participating in a field trip or excursion shall be deemed to have waived all claims against Apache Junction Unified School District for injury, illness or death occurring during or by reason of the field trip or excursion. I understand, the undersigned, the parent or legal guardian, of the above named participant, acknowledge that as a condition of my son/daughter/ward participating in said activity, agree to indemnify and hold harmless the school, its employees and volunteers, the Apache Junction Unified School District, its governing board, the individual members thereof, and all other district officers, agents and employees from any liability, lawsuit, cost, expense or claim of any type whatsoever (including attorney's fees) for any harm, injury or death arising out participation in the above stated athletic activities.

Student (Print) Date

Parent / Guardian (Print) / Date

Student (Signature)

Parent (Signature)



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 designated by state regulation and standing protocols, and not for the purpose of making decisions about return to play.

PLEASE PRINT LEGIBLY

"I, _____, the undersigned, am the parent/legal guardian of, _____, a minor and student/athlete at _____ 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 _____