



ARIZONA CHARTER ACADEMY

Arizona Charter Academy Athletic Checklist

STUDENT NAME: _____ GRADE: _____

Dear Parent/Guardian and Athlete:

Welcome to Arizona Charter Academy Athletic/Activity programs. The state and the school require each student to establish eligibility by submitting all required forms to the Athletic Department. The eligibility requirements are listed below. Please check off 1-6 when completed.

_____ **1. Physical Examination and Physical Forms:** All students must have a physical examination dated on or after March 1 and will be good through the completion of the upcoming school year. The medical provider must be one of the following: M.D., D.O., N.P., or PA-C. Please ensure all forms are filled and signed.

_____ **2. Athletic Emergency & Insurance Form:** All forms must be completed and signed by the parent/guardian. You must provide proof of accident and health insurance coverage for the student. Please provide the insurance carrier's name and policy number.

_____ **3. State and School District Academic Requirements:**
A. Students must be passing all classes according to the latest progress report. An "F" grade, or incomplete grade will constitute a failure and will make an athlete ineligible.
B. All **Bulldog Checks** need to be initial by each teacher. Once bulldog check is completed it, form needs to be turned in to Athletic Director.

_____ **4. Athletic/ Spectator Code of Conduct:** All student athletes must read and understand the Athletic Code of Conduct. The athletic code of conduct is a binding contract for the school year the student participates at Arizona Charter Academy.

_____ **5. Athletic Participation Form and Fee:** All student athletes must submit the athletic participation fee of \$50 to the Middle School Front Office. All student athletes must pay for every activity they are involved.

_____ **6. Informed Consent Form:** All student athletes must have signed by parent/guardian and turned in an Informed Consent Form, which serves as a liability and travel permission slip.

All forms need to be turned in the MS front office before tryouts



**INFORMED CONSENT & ACKNOWLEDGEMENT AGREEMENT
ARIZONA CHARTER ACADEMY BULLDOG ATHLETICS**

I/We, _____, parents/guardians of _____ who is a student at Arizona Charter Academy and wishes to participate in an athletic activity for Middle School athletic program. If accepted in the sport/activity to participate in all fitness activities of ACA and in consideration of allowing our son/daughter _____ to participate in such activity, give our consent for such participation by our son/daughter.

We understand that our son/daughter is required to be in good physical shape and condition and that the activities in which he/she will be asked and expected to participate in are strenuous and demand physical strength and endurance.

It has also been explained to us that the Bulldog sports teams are an activity in which the risk of injury is high, that any one of the activities involving our son/daughter's participation in fitness class in general could lead to serious injury, including partial or total paralysis, even death. We have also discussed this with our child and among ourselves. Despite this understanding of the possibility of serious or catastrophic injury or death and the risks involved, we still consent to the participation in this activity by our son/daughter.

We also understand that our son/daughter will be required to travel to locations off campus for practices/games for the purpose of participating in sport activities and that transportation will be provided to him/her by the coaches, advisors, and/or the school. We also consent to such transportation.

We represent to you that, to the best of our knowledge and belief, our son/daughter has no physical, medical, or mental disability or other limitation that would restrict his/her ability to fully participate in this activity as described and explained to us. We have been informed that our child should be examined by a physician prior to participation in the activities described above.

We agree to, and by signing this agreement, release the coaches/teachers and staff of Arizona Charter Academy, the Executive School Council and the Governing Board of Success School District from any claim of negligence by ourselves, our son/daughter, our heirs, executors and assigns, forms any liability arising from claims for damages for injury to our son/daughter and any claims for loss of or damage to his/her property which may arise out of his/her participation in the Arizona Charter Academy sports program or athletic activity for the 20__ - 20__ academic year.

Parent signature _____ Date _____

Parent signature _____ Date _____

All forms need to be turned in the MS front office before tryouts



EMERGENCY CONTACT/ INSURANCE INFORMATION

Student Name: _____

Name of sports you plan to participate in:

Fall _____ Winter _____ Spring _____

Should a medical emergency occur we will make every effort to contact you about treatment for your son or daughter. In the event you cannot be reached, we ask that you give us permission to provide emergency medical treatment and any follow-up care by a licensed physician.

I, THE UNDERSIGNED OR DESIGNATED REPRESENTATIVE FOR THE STUDENT, GIVE MY CONSENT FOR CARE. I GRANT PERMISSON TO ARIZONA CHARTER ACADEMY TO PROVIDE EMERGENCY TREATMENT FOR _____ (SON OR DAUGHTER) AND FOLLOW UP CARE BY A LICENSED PHYSICIAN. I UNDERSTAND THAT NO GUARANTEES OR PROMISES ARE MADE CONCERNING THE OUTCOME OF TREATMENT.

Signature of Parent/Guardian _____ Today's Date _____ Student's Date of Birth _____

Guardian Name: _____ Home Phone: _____
Address: _____ City: _____ Zip: _____
Father's Cell Phone: _____ Mother's Cell Phone: _____

IN CASE OF EMERGENCY: If parent/guardian is not immediately available, contact:
Friend/Relative: _____ Phone: _____
Friend/Relative: _____ Phone: _____
Family Physician: _____ Phone: _____

Hospital Preference:

MEDICAL ALERT(S)

Insurance:

I clearly understand that it is the school district's policy that all students participating in interscholastic activities must have insurance and that the school cannot pay any medical cost from injury to a student.

Insurance Company: _____ Policy Number: _____

Please provide copy of insurance card, both front and back.

All forms need to be turned in the MS front office before tryouts



ARIZONA CHARTER ACADEMY

Arizona Charter Academy
ATHLETIC FEES

PLEASE RETURN THIS FORM INDICATING PAYMENT TO YOUR COACH/ OR THE FRONT OFFICE THE DAY UNIFORMS ARE HANDED OUT OR BEFORE

Tax Payer's Name(s) _____

Address: _____ City _____ State _____ Zip _____

Home Phone: _____ Work/Cell: _____

Above Information Required for the Arizona School Tax Credit and Charitable Donation

Student Name _____ Sport _____

Payments can be made by cash, check (made out to ACA), debit/credit card in the Business Office, or by filling out the information below.

FOR YOUR CONVENIENCE

Credit Card Authorization (Visa , MasterCard, American Express and Discover only)

CC number _____ Exp. Date _____

Name as it appears on card _____ Signature _____ Date _____

Statement mailing address: _____ City _____ State _____ Zip _____

Total amount to charge on card : _____ Circle one MC VISA AMEX DISCOVERY

One time charge on card of \$ _____ upon receipt.

All extra-curricular activity/athletic fees are eligible to be applied toward your Arizona School Tax Credit for the calendar year in which they are paid. Arizona citizens filing Arizona income tax returns may claim an Arizona School Tax Credit up to \$400.00 for joint filing and \$200.00 for a single filing. Please fill out one form per contributor. Make check payable to Arizona Charter Academy, P.O. Box 1929, Surprise, AZ 85378. This payment is eligible for the Arizona State income tax credit as allowed by A.R.S. §43-1089.01. A letter of appreciation will be sent in January acknowledging the amount of fees they have paid between the beginning of school and the end of December that may be applied toward their Arizona School Tax Credit. This letter is proof that you have paid fees for extra-curricular activities that you may apply toward your Arizona School Tax Credit when you file your Arizona income tax return.

All forms need to be turned in the MS front office before tryouts

Student Athlete Behavior Contract

Athlete's Name: _____

As student athletes, you are bound by a stricter morale and behavioral code than non-student-athletes. As such, you will be responsible for conducting yourself in a manner above and beyond non-student athletes. If you choose to accept this responsibility, you and your guardian must sign this contract, and in doing so, you agree to abide by the consequences set forth below:

Every member of ACA Athletic Program has a duty to represent himself/herself, the team, and the school in the best manner possible. This applies to your behavior both in school and out of school. You are expected to avoid situations where you might be accused of wrong -doing. Being in the "wrong place at the wrong time" is not an excuse if you chose to be there in the first place.

In-school discipline problems resulting in ISS, Saturday School or Suspension may result in dismissal from the athletic program. The following violations may also result in suspension from the ACA Athletic Program:

1. Using substance of any kind are prohibited, if found student will be **terminated** from the team.
2. Missing practice (unless excused by the Coach) – Must inform coach 2 days ahead if you will be missing practice.
3. Skipping class or school- Absent students cannot participate in game (will be benched from the game.)
4. Conduct yourself in the appropriate and respectful manner at all times. - Whether at school, a game, or at practice- you must remember that you represent ACA and your behavior will reflect on our school. So, treat other teams, school, spectators, and officials with the upmost respect. Remember, without them there would not be a game.
5. Accept your role on the team- Realize that a team is made of individuals and not everyone can start or play at the same time. Try to be the best at whatever role your team needs you to play.
6. Electronic communication (text, Facebook, Twitter, Instagram, etc...) should be positive and should never negatively reflect on other teammates or coaching staff. If it is not positive, do not post it.

By signing below, you affirm that you have read this and fully understand the rules set forth by this contract. You are also stating that you understand that violations if ACA Athletic Program behavior policies could result in you being dismissed from the athletic program.

Athlete Signature: _____ Date: _____

Guardian Signature: _____ Date: _____

All forms need to be turned in the MS front office before tryouts