Arizona Charter Academy
Athletic Checklist

STUDENT NAME: _____ **GRADE:**_____

Dear Parent/Guardian and Athlete:

Welcome to Arizona Charter Academy Athletic/Activity programs. The State, School and AZ Interscholastic Association require each student to establish eligibility by submitting all required forms to the Athletic Department. The eligibility requirements are listed below. As you complete each step, please initial it on the line that is provided. Your packet is then ready to give to the Athletic Secretary in the front office.

_____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 3 forms are filled and signed.

_____2. **Athletic Emergency & Insurance Form:** Both sides 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. **Birth Certificate:** All student athletes must have a copy of their original birth certificate on file in the front office. Please confirm with office personnel that this is present.

_____4. **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. Students must be enrolled in a minimum of five (5) classes. Exception: Seniors who must be on track to graduate.

_____5. **New / Continuing / Transfer Student History:** This information is necessary prior to eligibility clearance.

List all school(s) attended in the last 12 months:

_____

Addresses:_____

Date last attended:_____

Athletics/Activities participated in:_____

Are you now or have you ever been home-schooled? _____

_____6. **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 every year the student is enrolled at Arizona Charter Academy. This is located in the back of the Athletic Handbook.

_____ 7. **Athletic Participation Form and Fee**: All student athletes must submit the athletic participation fee to AD or the front office, in order to be cleared. All student athletes must pay for every activity they are involved with. The fees vary per sport and activity. **Please include the Athletic Payment Form for your fee to be considered as a tax credit.**

_____ 8. **Brainbook**: It is required by the AIA, that all student athletes complete the Brainbook Concussion Training Course provided by the AIA. You must take the test and print out the certificate and turn in with this checklist. Course is located at http://aiaacademy.org/users/login/brainbook.

_____ 9. **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.

ARIZONA CHARTER ACADEMY

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 the High School and Junior High School athletic program and 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 of 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

ARIZONA CHARTER ACADEMY

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

Parent/ Guardian Name:_____
Home Phone:_____
Address: _____
City: _____ Zip: _____
Father's Business Phone: _____Mother's Business Phone:_____
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.

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.

Scholarships are available (and confidential) for those families meeting the criteria for financial assistance. If you think you qualify please contact the front office at 623-974-4959.

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.

PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

REVISED 1-6-09

This **MEDICAL HISTORY FORM** must be completed ***annually*** by parent (or guardian) and student in order for the student to participate in athletic activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an athletic event.

Student's Name: (print) _____Sex _____ Age_____Date of Birth_____

Address _____Phone_____

Grade_____ School _____

Personal Physician _____Phone_____

In case of emergency, contact:

Name _____Relationship _____Phone (H) _____(W)_____

Explain "Yes" answers in the box below. Circle questions you don't know the answers to.** ***Any Yes answer to questions 1, 2, 3, 4, 5, or 6 requires further medical evaluation which may include a physical examination. Written clearance from a physician, physician assistant, chiropractor, or nurse practitioner is required before any participation in UIL practices, games or matches***

		Yes	No
1.	Have you had a medical illness or injury since your last check up or sports physical?	☐	☐
2.	Have you been hospitalized overnight in the past year?	☐	☐
	Have you ever had surgery?	☐	☐
3.	Have you ever passed out during or after exercise?	☐	☐
	Have you ever had chest pain during or after exercise?	☐	☐
	Do you get tired more quickly than your friends do during exercise?	☐	☐
	Have you ever had racing of your heart or skipped heartbeats?	☐	☐
	Have you had high blood pressure or high cholesterol?	☐	☐
	Have you ever been told you have a heart murmur?	☐	☐
	Has any family member or relative died of heart problems or of sudden unexpected death before age 50?	☐	☐
	Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelpathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm?	☐	☐
	Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	☐	☐
	Has a physician ever denied or restricted your participation in sports for any heart problems?	☐	☐
4.	Have you ever had a head injury or concussion?	☐	☐
	Have you ever been knocked out, become unconscious, or lost your memory?	☐	☐
	If yes, how many times? _____ When was the last concussion? _____		
	How severe was each one? (Explain below)		
	Have you ever had a seizure?	☐	☐
	Do you have frequent or severe headaches?	☐	☐
	Have you ever had numbness or tingling in your arms, hands, legs, or feet?	☐	☐
	Have you ever had a stinger, burner, or pinched nerve?	☐	☐
5.	Are you missing any paired organs?	☐	☐
6.	Are you under a doctor's care?	☐	☐
7.	Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?	☐	☐
8.	Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	☐	☐
9.	Have you ever been dizzy during or after exercise?	☐	☐
10.	Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	☐	☐
11.	Have you ever become ill from exercising in the heat?	☐	☐
12.	Have you had any problems with your eyes or vision?	☐	☐
13.	Have you ever gotten unexpectedly short of breath with exercise?	☐	☐
	Do you have asthma?	☐	☐
	Do you have seasonal allergies that require medical treatment?	☐	☐
14.	Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	☐	☐
15.	Have you ever had a sprain, strain, or swelling after injury?	☐	☐
	Have you broken or fractured any bones or dislocated any joints?	☐	☐
	Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	☐	☐
	If yes, check appropriate box and explain below.		
16.	Do you want to weigh more or less than you do now?	☐	☐
	Do you lose weight regularly to meet weight requirements for your sport?	☐	☐
17.	Do you feel stressed out?	☐	☐
18.	Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	☐	☐

☐ Head ☐ Elbow ☐ Hip
☐ Neck ☐ Forearm ☐ Thigh
☐ Back ☐ Wrist ☐ Knee
☐ Chest ☐ Hand ☐ Shin/Calf
☐ Shoulder ☐ Finger ☐ Ankle
☐ Upper Arm ☐ Foot

Females Only

19. When was your first menstrual period? _____
When was your most recent menstrual period? _____
How much time do you usually have from the start of one period to the start of another? _____
How many periods have you had in the last year? _____
What was the longest time between periods in the last year? _____

An individual answering in the affirmative to any question relating to a possible cardiovascular health issue (question three above), as identified on the form, should be restricted from further participation until the individual is examined and cleared by a physician, physician assistant, chiropractor, or nurse practitioner.

*****EXPLAIN 'YES' ANSWERS IN THE BOX BELOW*** (attach another sheet if necessary)**:**

_____

_____

_____

It is understood that even though protective equipment is worn by the athlete, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the school assumes any responsibility in case an accident occurs.

If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student.

If, between this date and the beginning of athletic competition, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful responses could subject the student in question to penalties determined by the UIL

Student Signature: _____Parent/Guardian Signature: _____ Date: _____

THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.

For School Use Only:

This Medical History Form was reviewed by: Printed Name_____Date_____ Signature_____

PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION

Student's Name _____ Sex _____ Age _____ Date of Birth_____

Height _____ Weight_____ % Body fat (optional) _____ Pulse _____ BP____/____ (____/____, ____/____)
brachial blood pressure while sitting

Vision R 20/_____ L 20/___ Corrected: ☐ Y ☐ N Pupils: ☐ Equal ☐ Unequal

As a minimum requirement, this **Physical Examination Form** must be completed prior to junior high athletic participation and again prior to first and third years of high school athletic participation. It ***must*** be completed if there are yes answers to specific questions on the student's MEDICAL HISTORY FORM on the reverse side. **** Local district policy may require an annual physical exam.***

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine position.			
Heart-Auscultation of the heart in the standing position.			
Heart-Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

*station-based examination only

CLEARANCE

☐ Cleared

☐ Cleared after completing evaluation/rehabilitation for: _____

_____

☐ Not cleared for:_____Reason: _____

Recommendations: _____

_____

The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner, will not be accepted.

Name (print/type) _____ Date of Examination:_____

Address:_____

Phone Number: _____

Signature:_____

Must be completed before a student participates in any practice, before, during or after school, (both in-season and out-of-season) or games/matches.