

# Sports Participation Packet

Fall Sports Packets Due: **JULY 29, 2019**

Winter Sports Packets Due: **Before Winter Season**

Spring Sports Packets Due: **Before Spring Season**

**For School Year 2019-2020**

**These documents must be submitted BEFORE a student athlete can participate, INCLUDING PRACTICE, in a sport.**

- ❑ Emergency Information Sheet
- ❑ Consent to Treat form – *Must be signed by parent*
- ❑ Parent Permission Sheet – *Must be signed by parent*
- ❑ Copy of Insurance Card
- ❑ Annual Pre-participation Physical Evaluation Sheet and the Annual Physical Examination Sheet – *physical must be from an MD, DO, NP, or PA-C*  
**(Physicals completed on or after March 1<sup>st</sup> of a given school year are valid for the entire ensuing school year)**
- ❑ **HIGH SCHOOL ONLY:** Mild Traumatic Brain Injury (MTBI)/Concussion Form  
*(Yearly throughout High School)*
- ❑ **HIGH SCHOOL ONLY:** AIA Brainbook online concussion course  
*(One time throughout High School)*
- ❑ **HIGH SCHOOL ONLY:** Parents and students read the AIA Position Statement  
*(Yearly throughout High School)*
- ❑ **A Copy** of the student-athlete's birth certificate  
*(One time throughout Middle/High School years)*
- ❑ Parents view Sports Risks Video (<http://scathletics.us/hq/sports-risks-video/>)  
*(One time throughout Middle/High School years)*
- ❑ Return all **completed** forms to the Athletic Office or the Middle/High School Office

**DO NOT give the forms to your coach!**

## Emergency Information Sheet 2019-2020

<b>Student Name</b>	
<b>Grade Entering 2019</b>	
<b>Family Email Address</b>	
Family Doctor	
Allergies or medical conditions	
Medical insurance carrier	
Group #/Policy	
Insurance Telephone #	

**For Office Use Only:**

- Safety Video
- Birth Certificate
- Brain Book

**Father or Male guardian**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Cell phone \_\_\_\_\_

**Mother or Female guardian**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Work phone \_\_\_\_\_  
 Cell phone \_\_\_\_\_

**Persons to contact in the event we are unavailable**

**First choice**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Cell phone \_\_\_\_\_

**Second Choice**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Work phone \_\_\_\_\_  
 Cell phone \_\_\_\_\_

## Parent Permission Sheet 2019-2020

Student name \_\_\_\_\_  
 Grade entering \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_  
 Home phone \_\_\_\_\_

Returning SCA Student  
 10<sup>th</sup>, 11<sup>th</sup> or 12<sup>th</sup> Grade Transfer Student

**Participation and Risk Acknowledgment**

Please check all sports your student MAY POSSIBLY participate in during this school year. I/We give permission for the student named above to participate in any of the following SCA interscholastic sports that are checked below. I/We 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 total disability, paralysis, quadriplegia or even death. Being aware of this, I/we pledge to carry and maintain adequate health insurance to cover the student named above for the duration of the time he/she participates in athletics at SCA. I/We understand that our family is solely responsible for any and all cost incurred as a result of any SCA athletic injury.

**CHECK the HIGH SCHOOL (9<sup>th</sup>-12<sup>th</sup>) Sport(s) you will be participating in:**

- | <i>Fall</i>   | <i>Winter</i>                             | <i>Spring</i>                               |
|---|---|---|
| <input type="checkbox"/> Boys & Girls Cross Country | <input type="checkbox"/> Boys Basketball  | <input type="checkbox"/> Boys Baseball      |
| <input type="checkbox"/> Football                   | <input type="checkbox"/> Girls Basketball | <input type="checkbox"/> Boys Golf          |
| <input type="checkbox"/> Girls Golf                 | <input type="checkbox"/> Boys Soccer      | <input type="checkbox"/> Girls Softball     |
| <input type="checkbox"/> Spiritline                 | <input type="checkbox"/> Girls Soccer     | <input type="checkbox"/> Boys Tennis        |
| <input type="checkbox"/> Boys & Girls Swim          | <input type="checkbox"/> Spiritline       | <input type="checkbox"/> Girls Tennis       |
| <input type="checkbox"/> Girls Volleyball           |   | <input type="checkbox"/> Boys & Girls Track |

**CHECK the MIDDLE SCHOOL (6<sup>th</sup>-8<sup>th</sup>) Sport(s) you will be participating in:**

- | <i>Fall</i>                               | <i>Winter</i>                                | <i>Spring</i>                             |
|---|--|---|
| <input type="checkbox"/> Football         | <input type="checkbox"/> Boys Baseball       | <input type="checkbox"/> Boys Basketball  |
| <input type="checkbox"/> Co-Ed Soccer     | <input type="checkbox"/> Co-Ed Cross Country | <input type="checkbox"/> Girls Basketball |
| <input type="checkbox"/> Co-Ed Golf       | <input type="checkbox"/> Girls Softball      | <input type="checkbox"/> Co-Ed Track      |
| <input type="checkbox"/> Girls Volleyball |  | <input type="checkbox"/> Co-Ed Golf       |
| <input type="checkbox"/> Girls Cheer      |  | <input type="checkbox"/> Co-Ed Swim       |

**Statement of Support**

I/We realize that upon joining an athletic team at SCA, the student named above places himself/herself under the authority of the coach. An athlete is expected to attend all team functions and abide by the team rules the coach establishes. At no time is it appropriate for parents or player to openly defy the coach or publicly criticize decisions made by the coaching staff. An athlete may be dismissed from a team at the coach's discretion. All items of concern should be handled first by player and coach, or parents and coach, before involving the athletic or school-wide administration (see Athletic Handbook for details).

**Equipment Care and Responsibility**

I/We realize that the athlete's family is fully responsible for the return of all equipment. An athlete will be denied further participation in sports and/or access to school records if equipment is not returned and fees go unpaid.

I have read and understand the above policies.

**Parent(s) signature** \_\_\_\_\_ **Date** \_\_\_\_\_



## 2019-20 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 OR TYPE

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

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

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

Date: \_\_\_\_\_ Signature: \_\_\_\_\_



## 2019-20 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: \_\_\_\_\_  
Gender: \_\_\_\_\_  
Grade: \_\_\_\_\_  
School: \_\_\_\_\_  
Sport(s): \_\_\_\_\_  
Personal Physician: \_\_\_\_\_  
Hospital Preference: \_\_\_\_\_

In case of emergency contact:  
Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone (Home): \_\_\_\_\_  
Phone (Work): \_\_\_\_\_  
Phone (Cell): \_\_\_\_\_  
-----  
Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone (Home): \_\_\_\_\_  
Phone (Work): \_\_\_\_\_  
Phone (Cell): \_\_\_\_\_

Explain "Yes" answers on the following page.  
Circle questions you don't know the answers to.

	<b>Y</b>	<b>N</b>
1) Has a doctor ever denied or restricted your participation in sports for any reason?		
2) Do you have an ongoing medical conditional (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 stringing insects? (Please specify): _____		
5) Does your heart race or skip beats during exercise?		
6) Has a doctor ever told you that you have (check all that apply): High Blood Pressure      A Heart Murmur      High Cholesterol      A Heart Infection		
7) Have you ever spent the night in a hospital?		
8) Have you ever had surgery?		
9) Have you ever had an injury (sprain, muscle/ligament tear, tendinitis, etc.) that caused you to miss a practice or game? (If yes, check affected area in the box below in question 11)		
10) Have you had any broken/fractured bones or dislocated joints? (If yes, check affected area in the box below in question 11):		
11) Have you had a bone/joint injury that required X-rays, MRI, CT, surgery, injections, rehabilitation physical therapy, a brace, a cast or crutches? (If yes, check affected area in the box below):		
Head                      Neck                      Shoulder                      Upper Arm                      Elbow                      Forearm		
Hand/Fingers              Chest                      Upper Back                      Lower Back                      Hip                      Thigh		
Knee                      Calf/Shin                      Ankle                      Foot/Toes		

**Y N**

- 12) Have you ever had a stress fracture?
- 13) Have you ever been told that you have, or have you had an X-ray for atlantoaxial (neck) instability?
- 14) Do you regularly use a brace or assistive device?
- 15) Has a doctor told you that you have asthma or allergies?
- 16) Do you cough, wheeze or have difficulty breathing during or after exercise?
- 17) Is there anyone in your family who has asthma?
- 18) Have you ever used an inhaler or taken asthma medication?
- 19) Were you born without, are you missing, or do you have a nonfunctioning kidney, eye, testicle or any other organ?
- 20) Have you had infectious mononucleosis (mono) within the last month?
- 21) Do you have any rashes, pressure sores or other skin problems?
- 22) Have you had a herpes skin infection?
- 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")?
- 24) Have you ever had a seizure?
- 25) Have you ever had numbness, tingling or weakness in your arms or legs after being hit, falling, stingers or burners?
- 26) While exercising in the heat, do you have severe muscle cramps or become ill?
- 27) Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?
- 28) Have you ever been tested for sickle cell trait?
- 29) Have you had any problems with your eyes or vision?
- 30) Do you wear glasses or contact lenses?
- 31) Do you wear protective eyewear, such as goggles or a face shield?
- 32) Are you happy with your weight?
- 33) Are you trying to gain or lose weight?
- 34) Has anyone recommended you change your weight or eating habits?
- 35) Do you limit or carefully control what you eat?
- 36) Do you have any concerns that you would like to discuss with a doctor?

**Females Only**

**Explain "Yes" Answers Here**

	<b>Y</b>	<b>N</b>
37) Have you ever had a menstrual period?		
38) How old were you when you had your first menstrual period?		_____
39) How many periods have you had in the last year?		_____



## 2019-20 ANNUAL PREPARTICIPATION PHYSICAL EXAMINATION

The physician should fill out this form with assistance from the parent or guardian.)

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

Date of Birth: \_\_\_\_\_

### Patient History Questions: Please Tell Me About Your Child...

	Y	N
1) Has your child fainted or passed out DURING or AFTER exercise, emotion or startle?		
2) Has your child ever had extreme shortness of breath during exercise?		
3) Has your child had extreme fatigue associated with exercise (different from other children)?		
4) Has your child ever had discomfort, pain or pressure in his/her chest during exercise?		
5) Has a doctor ever ordered a test for your child's heart?		
6) Has your child ever been diagnosed with an unexplained seizure disorder?		
7) Has your child ever been diagnosed with exercise-induced asthma not well controlled with medication?		

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

### 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



## 2019-20 ANNUAL PREPARTICIPATION PHYSICAL EXAMINATION

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

	Normal	Abnormal Findings	Initials *
<b>Medical</b>			
Appearance			
Eyes/Ears/Throat/Nose			
Hearing			
Lymph Nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary &			
Skin			
<b>Musculoskeletal</b>			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hands/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

Cleared With Following 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





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

## **High School Only!!**

The Arizona Interscholastic Association requires all student athletes in Arizona to participate in an online, educational experience before their respective season. The learning activity will take approximately one hour to complete. Follow the directions below to complete this requirement.

1. Go to [www.aiaonline.org](http://www.aiaonline.org)
2. At the top of the page click on “Brainbook”
3. Have your student register for an account.
4. Follow the onscreen instructions.
5. You must answer 70% of the questions correctly.
6. At the end, you will be prompted to print a form to be signed by student athlete and parent.
7. Bring this form to the Athletics Office at SCA as soon as possible.
8. No student athletes will be allowed to participate in any practices until this form is on file in the Athletics Office.