

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

Amount Paid: \_\_\_\_\_ Balance: \_\_\_\_\_

- Football
- Volleyball
- Boys Basketball
- Girls Basketball
- Baseball
- Softball
- Coed Soccer
- Cheer

## **Athletic Form Checklist/Instructions**

Checklist/Instructions for completing your sports packet:

1. \_\_\_\_ Student must submit copy of his/her birth certificate (one time throughout school years).
2. \_\_\_\_ Read and sign “Philosophy of Athletics” form.
3. \_\_\_\_ Student must submit copy of insurance card and Complete the “Statement of Insurance Coverage” .
4. \_\_\_\_ Complete and have parent sign the “Emergency Card.”
5. \_\_\_\_ Student and one parent must sign “Consent for Participation and Acknowledgement of Risks.”
6. \_\_\_\_ Student and one parent must sign “Equipment Issue Policy.”
7. \_\_\_\_ Student must have a physical every year in order to participate in sports. Take the “Preparation Physical Evaluation” to the doctor’s office to be completed. Parent must fill in the general history. Parent and student must sign and date the form and return both the physical and the Clearance Form to the Athletic Office.

**Completed packet and participation fee are due to Jenny Rivera.**

**Questions, 623-247-0106.**

## **PHILISOPHY OF ATHLETICS**

South Ridge High School's athletic program is co-curricular in nature. This is to say that its primary purpose is to compliment the academic program. The athletic program works cooperatively with other activities programs to produce responsible citizens in this community. SRHS athletics will provide the student athlete with the opportunity to develop athletic talents, achieving the highest possible level of competitiveness, without sacrificing the time and energies to excel academically and with a setting that allows for character development. Understanding that our athletes, and even our coaches occasionally, will learn lessons through mistakes, we attempt to compete with good sportsmanship. This means doing our best and brining a sportsmanship to interscholastic athletics that would model exemplary characteristics. SRHS competes in various interscholastic sports from grades 9 through 12. In girl's sports, we are members of the Arizona –Charter Athletic Association. In boy's sports, we are the associate members of the Arizona Interscholastic Association.

### **Sports Programs Offered and Participation Fees**

#### **Fall**

Summer Football Camp - \$75.00  
Football - \$125.00  
Volleyball - \$50.00  
Cheer - TBD

#### **Winter**

Boys Basketball - \$50.00  
Girls Basketball - \$50.00

#### **Spring**

Baseball - \$50.00  
Softball - \$50.00  
Coed Soccer - \$50.00

### **Requirements for Participation**

- Emergency Information Form
- Parent Consent Form
- Annual Pre-participation Physical Evaluation sheet filled out by parent & athlete
- Physical Examination summary filled out by physician ANNUALLY
- Participation Fee
- Copy of Birth Certificate – one time throughout school years
- Insurance Statement Coverage From & Copy of Insurance Card
- Equipment Issue Policy

### **Academic Eligibility/Ineligibility**

Student athletes must meet the rules ad regulations set up by the Arizona Interscholastic Association (AIA). These rules determine the eligibility in all AIA schools in Arizona.

A student is eligible for interscholastic competition if:

1. A student has not reached his/her nineteenth (19<sup>th</sup>) birthday on or before September 1 of the school year of competition.
2. A student is enrolled in at least (4) credit bearing classes for the Quarter in which the event takes place.
3. A student's school attendance has not reached four days absent in any given class.
4. A student is an amateur, having never accepted a monetary award in any form or amount.
5. A student does not participate an outside teams, in the same sport, during the sport season.
6. A student has not competed or had the opportunity to compete for more than four seasons in any one sport.
7. A transfer student who has obtained the proper AIA waiver.
8. A student is earning a passing grade of "C" in each course in which the student is enrolled as determined by the school grading intervals. Athletic eligibility is based on the previous and current grades. (Compliance with AIA and CAA no-pass/no-play requirements).
9. Students on school wide academic/behavioral probation must complete term of probation and/or make up deficiencies before they are eligible to play.
10. Academically/Behaviorally ineligible athletes may not practice or be dismissed from school for athletic activities.

### **Behavioral Eligibility**

A school administrator or coach may suspend student athletes from athletic participation for violations of team or school disciplinary codes. An athlete serving detention after school will complete that detention before reporting to practice or game.

**Parent, Player, Coach, and Fans**

1. Parents and fans are discouraged from coaching (yelling things instructional in nature) from the stands, as well as second guessing coaching decisions. Such things may contribute to confusion and tension for the athletes and ultimately detract from their performances.
2. Parents and fans should take care to remember the basics of good sportsmanship:
  - a. Show respect and appreciation to opponents.
  - b. Respect and honor decisions made of game coaches.
  - c. Respect and honor the decisions of game officials.
3. Parents and fans must remain in the stands at all times unless they have been issued a field or court pass by the head coach.
4. SRHS wishes to be known as having the character of "Good Sportsmanship" to the athletic community. This means:
  - a. Encouraging all participants (players from both sides, coaches, officials, and support personnel).
  - b. Be positive and avoid harsh words. Take care to see that your comments regarding the players on either team, coaches of either team and officials are necessary, kind, and truthful.
5. Respect home and away facilities by keeping them clean and following any posted or published rules.
6. The school reserves the right to restrict attendance for inappropriate behavior.

**Problem Resolution/Voicing Concerns and Making Suggestions**

If a parents, player or fan feels it necessary to voice concerns, they should do so through the proper means. In dealing with athletic concerns, a parent, player or fan must remember that concerns are first voiced to the coach, then to the athletic director and if necessary, school administration.

**Transportation**

The school will make every effort to provide safe team transportation to all away games.

1. **When team transportation is provided, the athlete is required to ride to and from the game with the team. Any request to do otherwise must come directly from the parent to the coach or athletic director. We ask parents to avoid doing this on a regular basis because we believe that team travel is a vital part of the overall sports experience and is conducive to team unity.**
2. Student athletes are to comply with all school travel – safety policies including wearing of seat belts (if available). School buses and rented transportation should be treated with respect and kept clean.
3. When school or rental vehicles are not available, parents or school staff will commonly be sought as drivers.
4. Student athletes should conduct themselves with acceptable behavior while in the bus, vans, and restaurants. "Loud talking" and "horseplay" are not acceptable behavior.
5. Parents should arrive to pick up their student before the team vehicle arrives at the school. The coaches will remain on campus until all students are gone. It is not desirable for coaches to wait long periods of time for students to be picked up, pick up arrangements need to be made prior to games.

**The Athlete's Commitment**

1. Attendance at all practices, assigned workshops, meetings, games is required unless otherwise stated by the coach. Special circumstances "release time" should be truly special and communicated by the athlete and parent to the coach at least 48 hours in advance.
2. Quitting-this is contrary to SRHS athletic philosophy. We believe the athlete who has been selected to a team had made a commitment to the school, teammates, and coaches. An athlete quitting a team after the tryout period will be prohibited from all new co-curricular activities until the season of the sport is completed.

**The athlete is expected to fulfill his/her commitment. Failure to comply will result in appropriate coach imposed discipline, as well as the athlete becoming ineligible for postseason recognition and awards.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**ATHLETIC EMERGENCY INFORMATION**

(Please Type or Print Legibly)

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Parent/Guardian Home Address \_\_\_\_\_

Allergies (Student) \_\_\_\_\_

Medical Conditions (Student) \_\_\_\_\_

Current Medications (Student) \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

I.D. # of Insured \_\_\_\_\_ Preferred Hospital \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Religious Preference \_\_\_\_\_

Persons below or family physician may speak for me in the event of an emergency and/or if I cannot be reached

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

You are hereby requested and authorized to provide emergency hospitalization and medical care.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**STATEMENT OF INSURANCE COVERAGE**

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

I/We, \_\_\_\_\_ affirm that I/We are the Parent \_\_\_\_\_ or Legal Guardian \_\_\_\_\_ of the above named student. I/We represent that the above named student is currently covered and will be covered during the present school year by a Health/Accident Insurance policy issued by:

\_\_\_\_\_ Policy Number \_\_\_\_\_

Which provides protection, at least in the equivalent coverage's as the policy offered by the school in the event of an accident or injury in a school supervised game or activity.

OR

To purchase school insurance, please visit [www.k12studentinsurance.com](http://www.k12studentinsurance.com) for insurance policy price and information.

\_\_\_\_\_  
Parent or Legal Guardian

**\*\*\*\* Copy of insurance card needs to be submitted along with paperwork.**

**CONSENT FOR PARTICIPATON AND ACKNOWLEDGMENT OF RISKS**

I/We hereby acknowledge awareness that participation in all sports involves a risk of injury, which may include severe injuries involving paralysis, permanent disability, or death and that these injuries may occur in some instances as the result of unavoidable accidents. I/We accept these risks in giving consent to participate in sports during the current school year by the undersigned athlete.

|                                     |       |
|-------------------------------------|-------|
| _____                               | _____ |
| Student Name (Please Print)         | Date  |
| _____                               | _____ |
| Student Signature                   | Date  |
| _____                               | _____ |
| Father/Guardian Name (Please Print) | Date  |
| _____                               | _____ |
| Father/Guardian Signature           | Date  |
| _____                               | _____ |
| Mother/Guardian Name (Please Print) | Date  |
| _____                               | _____ |
| Mother/Guardian Signature           | Date  |

## **EQUIPMENT ISSUE POLICY**

South Ridge High School makes every effort to provide the best possible equipment for any youth who participates in our athletic programs. The cost for athletic equipment is significant and we cannot, and do not, budget for items that may be lost or stolen during the school year. The school does not carry insurance to cover any equipment or articles that disappear in the manner.

Therefore, it is the policy of our athletic department that once equipment is assigned to a student for his/her use, it becomes the responsibility of the student to provide reasonable and prudent care of that equipment. If this equipment is damaged as a result of carelessness or neglect on the part of the student, the student shall be required to provide necessary funds for repair, if any.

If the equipment is misplaced, stolen, or otherwise lost, while in the care of the student, the student will be charged a reasonable replacement fee, or will be required to provide a substitute piece of equipment which is acceptable to the athletic department.

Under no circumstances are students allowed to use school-issued equipment for personal use, or without specific approval of their coach or the athletic administrator.

**We have read the above statement and understand the student's responsibility for the equipment issues for his/her use in the athletic program. Our signatures below indicate acceptance of this policy.**

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**Student Signature**

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**Date**

---

**Parent/Legal Guardian Signature**

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**Date**

# PRE-PARTICIPATION PHYSICAL EVALUATION

History Form

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

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

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

Personal Physician \_\_\_\_\_

### In case of emergency, contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (H) \_\_\_\_\_ Phone (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? \_\_\_\_\_
  - 2 Do you have an ongoing medical condition (like diabetes or asthma)? \_\_\_\_\_
  - 3 Are you currently taking any prescriptions or nonprescription (over the counter) medicines or pills? \_\_\_\_\_
  - 4 Do you have allergies to medicines, pollens, foods, or stinging insects? \_\_\_\_\_
  - 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)  
High Blood Pressure      A heart murmur  
High Cholesterol      A heart infection
  - 10 Has a doctor ever ordered a test for your heart? (for example; ECG, echocardiogram) \_\_\_\_\_
  - 11 Has anyone in your family dies 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, like a sprain, muscle or ligament tear, or tendonitis, that caused you to miss a practice or game? If yes, circle affected area below:  
18 Have you had any broken or fractured bones or dislocated joints? If yes, circle below:  
19 Have you had a bone or joint injury that required x-rays, MRI, ST, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below:  

|            |            |          |           |       |           |              |           |
|------------|------------|----------|-----------|-------|-----------|--------------|-----------|
| Head       | Neck       | Shoulder | Upper Arm | Elbow | Forearm   | Hand/Fingers | Chest     |
| Upper Back | Lower Back | Hip      | Thigh     | Knee  | Calf/Shin | Ankle        | Foot/Toes |
  - 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 ever told you that you have asthma or allergies? \_\_\_\_\_
  - 24 Do you cough, wheeze, or have difficulty breathing during or after exercise? \_\_\_\_\_
  - 25 In there anyone in your family who has asthma? \_\_\_\_\_
  - 26 Have you ever used an inhaler or taken asthma medicine? \_\_\_\_\_
  - 27 Were you born without or are you a missing a kidney, an eye, a testicle, or any other organ? \_\_\_\_\_
  - 28 Have you had infections mononucleosis (mono) within the last month? \_\_\_\_\_
  - 29 Do you have any rashes, pressure sores, or other skin problems? \_\_\_\_\_
  - 30 Have you ever had a herpes skin infection? \_\_\_\_\_
  - 31 Have you ever had a head injury or concussion? \_\_\_\_\_
  - 32 Have you been hit in the head and been confused or lost your memory? \_\_\_\_\_
  - 33 Have you ever had a seizure? \_\_\_\_\_
  - 34 Do you have headaches with exercise? \_\_\_\_\_
  - 35 Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? \_\_\_\_\_
  - 36 Have you ever been unable to move your arms or legs after being hit or falling? \_\_\_\_\_
  - 37 When exercising in the heat, do you have severe muscle cramps, or become ill? \_\_\_\_\_
  - 38 Has a Dr told you that you or someone in your family has sickle cell trait or sickle cell disease? \_\_\_\_\_
  - 39 Have you had any problems with your eyes or vision? \_\_\_\_\_
  - 40 Do you wear glasses or contact lenses? \_\_\_\_\_
  - 41 Do you wear protective eyewear, such as goggles or a face shield? \_\_\_\_\_
  - 42 Are you happy with your weight? \_\_\_\_\_
  - 43 Are you trying to gain or loose weight? \_\_\_\_\_
  - 44 Has anyone recommended you change your weight or eating habits? \_\_\_\_\_
  - 45 Do you limit or carefully control what you eat? \_\_\_\_\_
  - 46 Do you have any concerns that you would like to discuss with a doctor? \_\_\_\_\_
- Females Only:
- 47 Have you ever had a menstrual period? \_\_\_\_\_
  - 48 How old were you when you had your first menstrual period? \_\_\_\_\_
  - 49 How many periods have you had in the last 12 months? \_\_\_\_\_
- Explain "YES" answers here: \_\_\_\_\_

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of Athlete: \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

# Pre-participation Physical Evaluation

|                                  |
|----------------------------------|
| <b>PHYSICAL EXAMINATION FORM</b> |
|----------------------------------|

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

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 (males only) |        |                   |          |
| Skin                       |        |                   |          |
| <b>MUSCULOSKELETAL</b>     |        |                   |          |
| Neck                       |        |                   |          |
| Back                       |        |                   |          |
| Shoulder/arm               |        |                   |          |
| Elbow/forearm              |        |                   |          |
| Wrist/hand/fingers         |        |                   |          |
| Hip/thigh                  |        |                   |          |
| Knee                       |        |                   |          |
| Leg/ankle                  |        |                   |          |
| Foot/toes                  |        |                   |          |

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

Name of Physician (print/type) \_\_\_\_\_ Date: \_\_\_\_\_

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

Signature of Physician: \_\_\_\_\_, MD or DO