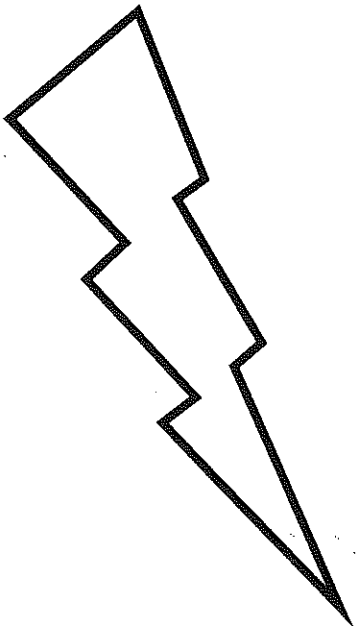
Desert Sky Middle School

Athletic Packet

2016-2017



Home of the Thunderbolts

D.V.U.S.D.ATHLETIC EMERGENCY INFORMATION FORM

NVMLC & DVCC 7-8

CHECK ALL THAT APPLY

- ☐ Spiritline
- ☐ Volleyball
- ☐ Basketball
- ☐ X Country
- ☐ Wrestling
- ☐ Baseball
- ☐ Softball
- ☐ Track

*****PLEASE READ CAREFULLY AND FULLY COMPLETE ALL PAGES AND SIGNATURE LINES AS THIS FORM HAS BEEN UPDATED*****

STUDENT:_____ STUDENT ID: _____ DATE OF BIRTH:_____ SEX:_____ GRADE _____

HOME ADDRESS:_____ CITY:_____ ZIP:_____

Father/Legal Guardian Name: _____ Mother/Legal Guardian Name: _____

Home/Cell Phone:_____ Home/Cell Phone: _____

School or schools attended last year: _____

IF PARENT OR GUARDIAN CANNOT BE CONTACTED IN AN EMERGENCY, PLEASE CONTACT:

NAME:_____ HOME PHONE:_____ CELL PHONE:_____

PHYSICIAN:_____ PHYSICIAN'S PHONE: _____

PREFERRED HOSPITAL: _____ ALLERGIES: _____

PLEASE INITIAL AND COMPLETE EACH SECTION BELOW

_____ **MEDICIAL TREATMENT/ASSISTANCE**

I hereby give consent for coaches, trainers, or a team physician to use their judgment in securing medical treatment/assistance in emergencies.

_____ **INSURANCE**

Student athlete must have medical insurance coverage. THE DEER VALLEY UNIFIED SCHOOL DISTRICT DOES NOT PROVIDE HEALTH INSURANCE FOR STUDENT ATHLETES. Parents must obtain insurance, as they are responsible for medical bills incurred as a result of participation in athletics. Parents must provide insurance information to assist coaches, trainers, other athletic staff, and medical personnel in the event an athlete may require medical assistance as a result of injury.

I have purchased school insurance: ( ) YES ( ) NO I have my own insurance: ( ) YES ( ) NO

Insurance Co: _____ **Policy No.:** _____

_____ **BRAINBOOK**

ALL athletes are required by the AIA to complete the concussion education course as well as pass a test at the end of the course with a minimum of 80% before they are allowed to compete in any sport. A certificate of completion must be printed and turned in to the athletic office. The website for this course is http://aiaacademy.org/users/login/brainbook. This course only needs to be completed one time in their high school **career prior to participating in their first District organized athletic sport.**

_____ **PERMISSION TO TRANSPORT**

I/WE give my permission to participate in interscholastic activities and to travel with the team as a member using school approved transportation.

_____ **EQUIPMENT CODE**

It is the athlete's responsibility to care for and return all equipment issued by the high school. I/WE understand and agree that all equipment issued to our son/daughter is the property of the **middle school** and must be returned in reasonable condition. Items lost, stolen or abused must be replaced and the Athletic Department reimbursed for the cost of the equipment.

_____ **Family and Coach Agreement**

I/We have read and understand the DVUSD Policy regarding the Family and Coach Agreement

_____ **PURSUING VICTORY WITH HONOR** (Located in Parent/Athlete Handbook)

I/WE have read and understand my/our responsibility regarding my behavior as set forth in on the Pursuing Victory with Honor Code of Conduct forms for parents and athletes.

ACKNOWLEDGEMENT

RELEASE OF NAME AND/OR IMAGE

I/WE give the District permission for my/our son/daughter to be photographed while participating in District sporting events, and for such photographs to be used in various media publications and formats, including but not limited to web pages, newspaper articles, district publications, and/or district site newsletter. I/WE also agree to allow such photographs to be captioned from time to time with my/our son/daughter's full name.

PARENT/GUARDIAN SIGNATURE: _____

INFORMED CONSENT SPORTS INJURY VIDEO

In order to participate in District organized athletics, each student together with their parent or guardian **must view** the online Informed Consent Sports Injury video prior to participating in their first District organized athletic sport. A link to this video can be found at http://www.dvusd.org/Page/11429. By my signature below, I confirm that my student athlete and I have viewed the online video and understand the risks involved in participation in District Athletics.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:**_____

I/WE have read, understand, and will abide by the statements listed separately and included in the Parent/Athlete Handbook found at http://www.dvusd.org/Domain/1301

PARENT/GUARDIAN SIGNATURE: _____ **DATE:**_____

STUDENT SIGNATURE: _____ **DATE:**_____

DEER VALLEY Unified School District

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: _____

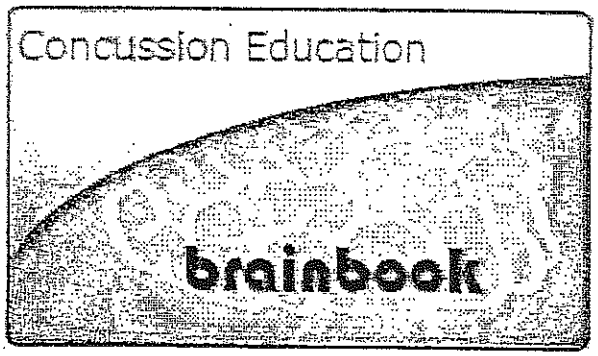
FORM 15.7-C 06/12

Brainbook Concussion Course Completion Certificate

A Brainbook Concussion Certificate must be on file at the school- This is an online course that must be completed prior to any participation. Directions for taking the course can be found at the address below. This course only needs to be completed once. (Any 8th graders that turned in their certificates during 7th grade, do not have to take the course again.

Directions for completing the course.

1. Go to http://aiaacademy.org/
2. Select Concussion - Brainbook picture shown below.



3. Register as a Student
4. Enter Demographic information -
   - Be sure to select a username and password that you will remember.
   - What School do you attend? Enter the name of the High School that you will be attending.
   - What Year are you in school? Enter 9th Grade.
   - Select sport this season and any season in the future - remember to include all future sports
5. Select "register" at the bottom of the page.
6. Log in and complete the course
7. Print Certificate and turn it in with the rest of your Athletic Clearance Packet.

Deer Valley
Unified School District

FAMILY AND COACH AGREEMENT

COACH TO FAMILY/STUDENT-ATHLETE

Steps for Agreement of Expectation:

-The coach will talk to team about expectations & sign team agreement.

-The coaches will have a pre- season meeting with parents and team.

-The coach will talk to the student first about any issues.

-The coach will talk to the parent and student with this concern.

-The coach will take continuing concerns to administration.

-The coach will help parents with access to rules of the sport.

-The coach will make available his or her e-mail and phone number.

-The coach will have an open door to students to discuss any issues.

FAMILY/STUDENT-ATHLETE TO COACH

Steps for Agreement of Expectation:

-The student will talk to the coach with concerns first.

- The student will meet with the parent and coach.

-The parent will meet with the coach and athletic director.

-The parent will meet with the athletic director.

-The parent will work with school on issues.

-The parent will let the coach do the job as coach.

-The parent and coach will follow all Six Pillars of PVWH.

-The parent will be supportive of students, teams& school.

Protocol of Meetings:

-24/48 Rule: After a game or event a parent will wait 24 to 48 hours before contacting the coach to set up a meeting.

-5 Minute meeting: 2 minutes for parent/ 2 minutes for coach/ 1 minute for resolution from the Coach or A.D.

I have read and agree to all expectations above.

Printed Student-athlete name _____ Sport(s) _____

_____ _____ _____ Printed

Name of Parent Signature of Parent Date

6/9/2010

Code of Conduct for Interscholastic Student-Athletes

We believe that interscholastic athletic competition should demonstrate high standards of ethics and sportsmanship and promote the development of good character and other important life skills. We also believe that the highest potential of sports is achieved when participants are committed to pursuing victory with honor according the six core principles: trustworthiness, respect, responsibility, fairness, caring and good citizenship, (the "Six Pillars of Character"). This Code applies to all student-athletes involved in interscholastic sports.

TRUSTWORTHINESS

Trustworthiness – be worthy of trust in all you do.

- ***Integrity*** – live up to high ideals of ethics and sportsmanship and always pursue victory with honor; do what is right even when it is unpopular of personally costly.
- ***Honesty*** – live and compete honorably; do not lie, cheat, steal or engage in any other dishonest or un-sportsmanlike conduct.
- ***Reliability*** – fulfill commitments; do what you say you will do; be on time to practices and games.
- ***Loyalty*** – be loyal to your school and team; put the team above personal glory.

RESPECT

Respect – treat all people with respect all the time and require the same of student-athletes.

Class – live and play with class, be a good sport, be gracious in victory and accept defeat with dignity, help up fallen opponents, compliment extraordinary performance, and show sincere respect in pre- and post-game rituals.

Disrespectful Conduct – do not engage in disrespectful conduct of any sort including profanity, obscene gestures, offensive remarks of a sexual nature, trash-talking, taunting, boastful celebrations, or other actions that demean individuals of the sport.

Respect Officials – treat contest officials with respect; do not complain about or argue with the official calls or decisions during or after an athletic event.

RESPONSIBILITY

Importance of Education – be a student first and commit to earning your degree and getting the best education you can. Be honest with yourself about the likelihood of getting an athletic scholarship or playing on a professional level and remember that many universities will not recruit student-athletes that do not have a serious commitment to their education, the ability to succeed academically or the character to represent their institution honorably.

Role-Modeling – Remember, participation in sports is a privilege, not a right, and that you are expected to represent your school, coach and teammates with honor, on and off the field. Consistently exhibit good character and conduct yourself as a positive role model.

Self-Control – exercise self-control; do not fight or show excessive displays of anger or frustration. Have the strength to overcome the temptation to retaliate.

Healthy Lifestyle – safeguard your health; do not use any illegal or unhealthy substances including alcohol, tobacco and drugs or engage in any unhealthy techniques to gain, lose or maintain weight.

Integrity of the Game - protect the integrity of the game; do not gamble of associate with or deal with professional gamblers.

Sexual Conduct – sexual or romantic contact of any sort between students and coaches is improper and strictly forbidden. Report misconduct to proper authorities.

FAIRNESS

Be Fair – live up to high standards of fair play; be open-minded; always be willing to listen and learn.

CARING

Concern for Others – demonstrate concern for others; never intentionally injure any player or engage in reckless behavior that might cause injury to yourself or others.

Teammates – help promote the well-being of teammates by positive counseling and encouragement or by reporting any unhealthy or dangerous conduct to coaches.

CITIZENSHIP

Play by the Rules – maintain a thorough knowledge of and abide by all applicable game and competition rules.

Spirit of Rules – honor the spirit and the letter of rules; avoid temptations to gain competitive advantage through improper gamesmanship techniques that violate the highest traditions of sportsmanship

I have read and understand the requirements of this Code of Conduct and acknowledge that I may be disciplined or removed from a team if I violate any of its provisions.

Signature (Student)	Date	Sport

Code of Conduct for the Parents Of Interscholastic Student-Athletes

We believe that interscholastic athletic competition should demonstrate high standards of ethics and sportsmanship and promote the development of good character and other important life skills. We also believe that the highest potential of sports is achieved when participants are committed to pursuing victory with honor according the six core principles: trustworthiness, respect, responsibility, fairness, caring and good citizenship, (the "Six Pillars of Character"). This Code applies to all parents of student-athletes involved in interscholastic sports.

TRUSTWORTHINESS

Trustworthiness – be worthy of trust in all you do.

- ☐ ***Integrity*** – live up to high ideals of ethics and sportsmanship; do what is right even when it's unpopular or personally costly.
- ☐ ***Honesty*** – live and act honorably, do not allow your children to lie, cheat, steal or engage in any other dishonest or un-sportsmanlike conduct.
- ☐ ***Reliability*** – fulfill commitments; do what you say you will do; be on time; when you tell your children you will attend an event, be sure to do so.
- ☐ ***Loyalty*** – be loyal to your school and team; put the team above your interests and those of your child.

RESPECT

Respect – treat people with respect all the time and require the same of your children.

Class – live and cheer with class; be gracious in victory and accept defeat with dignity; compliment extraordinary performance and show respect for all competitors.

Personal Conduct – refrain from profanity, disrespectful conduct, and the use of alcohol or tobacco in front of student-athletes or other situations where your conduct could undermine your positive impact as a role model.

Respect Officials – treat contest officials with respect; do not complain about or argue with official calls or decisions during or after an athletic event.

Respect Coaches – treat coaches with respect at all times; recognize that they have team goals beyond those of your child. Do not shout instructions to players from the stands; let coach's coach.

RESPONSIBILITY

Importance of Education – stress that student-athletes are students first. Be honest with your children about the likelihood of getting an athletic scholarship or playing on a professional level. Place the academic, emotional, physical and moral well-being of your children above desire and pressures to win.

Role-Modeling – Consistently exhibit good character and conduct yourself as a role model for your children.

Self-Control – exercise self-control; do not fight or show excessive displays of anger or frustration. Have the strength to overcome the temptation to demean others.

Integrity of the Game – protect the integrity of the game; do not gamble on your children's games.

Privilege to Compete – assure that you and your child understand that participation in interscholastic sports is a privilege, not a right, and that they are expected to represent their team, school and family with honor, on and off the field.

Healthy Lifestyle – safeguard your health; do not use any illegal or unhealthy substances including alcohol, tobacco and drugs.

FAIRNESS

Be Fair – treat all competitors fairly, be open-minded; always be willing to listen and learn.

CARING

Encouragement – encourage your children regardless of their play; offer positive reinforcement. Demonstrate sincere interest in your child's play.

Concern for Others – demonstrate concern for others; never encourage the injury of any player, official or fellow spectator.

Empathy – consider the needs and desires of our child's teammates in addition to your own; help promote the team concept by encouraging all team members, understanding that the coach is responsible for determining playing time.

CITIZENSHIP

Know the Rules – maintain a thorough knowledge of all applicable game and competition rules.

I have read and understand the requirements of this Code of Conduct and acknowledge that I may be forbidden from attending games or practices if I violate any of its provisions.

Signature (Parent/Guardian) **Date** **Sport**

AIA **ARIZONA INTERSCHOLASTIC ASSOCIATION**
7007 North 18th Street, Phoenix, Arizona 85020-5552
Phone: (602) 385-3810

2016-2017 ANNUAL PREPARTICIPATION PHYSICAL EVALUATION

(The Parent or Guardian should fill out this form with assistance from the student athlete.)

Exam Date:

Name:
Sex:
Age:
Date of Birth:
Grade:
School:
Sport(s):
Address:
Phone:
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?	☐	☐
2) Do you have an ongoing medical condition (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 stinging 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 the 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, circle affected area in the box below):	☐	☐
*10) Have you had any broken/fractured bones or dislocated joints? (If yes, circle affected area in the box below):	☐	☐
* 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):	☐	☐

Head ☐ Neck ☐ Shoulder ☐ Upper Arm ☐ Elbow ☐ Forearm ☐
Hand/Fingers ☐ Chest ☐ Upper Back ☐ Low Back ☐ Hip ☐ Thigh ☐
Knee ☐ Calf/Shin ☐ Ankle ☐ Foot/Toes ☐

AIA ARIZONA INTERSCHOLASTIC ASSOCIATION
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	Y	N
12) Have you ever had a stress fracture?		
13) Have you 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 medicine?		
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) Do you have headaches with exercise?		
26) Have you ever had numbness, tingling, or weakness in your arms or legs after being hit, falling, stingers or burners?		
27) When exercising in the heat, do you have severe muscle cramps or become ill?		
28) Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?		
29) Have you ever been tested for sickle cell trait?		
30) Have you had any problems with your eyes or vision?		
31) Do you wear glasses or contact lenses?		
32) Do you wear protective eyewear, such as goggles or a face shield?		
33) Are you happy with your weight?		
34) Are you trying to gain or lose weight?		
35) Has anyone recommended you change your weight or eating habits?		
36) Do you limit or carefully control what you eat?		
37) Do you have any concerns that you would like to discuss with a doctor?		

Females Only

	Y	N
38) Have you ever had a menstrual period?		
39) How old were you when you had your first menstrual period?		
40) How many periods have you had in the last year?		

Explain "Yes" Answers Here

ARIZONA INTERSCHOLASTIC ASSOCIATION
7007 North 18th Street, Phoenix, Arizona 85020-5552
Phone: (602) 385-3810

2016-2017 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 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:		
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 (Congenital Deafness)		

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: _____

ARIZONA INTERSCHOLASTIC ASSOCIATION
7007 North 18th Street, Phoenix, Arizona 85020-5552
Phone: (602) 385-3810

2016-2017 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

FORM 15.7-B 03/12