

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



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|------------------------------------|-------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Badminton | <input type="checkbox"/> Spiritline | <input type="checkbox"/> Baseball | <input type="checkbox"/> Sand Volleyball |
| <input type="checkbox"/> X Country | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Softball | |
| <input type="checkbox"/> Football | <input type="checkbox"/> Basketball | <input type="checkbox"/> Tennis | |
| <input type="checkbox"/> Golf | <input type="checkbox"/> Soccer | <input type="checkbox"/> Track | |
| <input type="checkbox"/> Swim/Dive | <input type="checkbox"/> Wrestling | <input type="checkbox"/> Chess | |

CHECK ALL THAT APPLY

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

MEDICAL 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 high 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.

CODE OF CONDUCT/HANDBOOK

I/WE have read and understand the information on the Athletic Code of Conduct form, including the DVUSD statement of understanding and the high school Code of Conduct, and attest the fulfillment of all rules and requirements for athletes, as outlined in the Student Rights and Responsibilities Handbook.

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: _____