

## Athletic Packet

Student Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Did you play a sport at Anthem last year? \_\_\_\_\_

All players are required to turn in the **completed Athletic Packet prior to tryouts.**

All athletic packets must be stapled in numerical order by page.

Page 1: Athletic Fees

Page 2: Athletic Emergency Information Form

Page 3: Family and Coach Agreement

Page 4-5: Annual Preparticipation Physical Evaluation

Page 6: Annual Preparticipation Physical Examination

Page 7: Athletic Informed Consent Form

Page 8: Concussion Course

Page 9: Printed Concussion Certificate

**ATHLETIC FEES FOR 2018-2019**

In 2018-2019 the Deer Valley Unified School District faced another year of reduced funding by the State Legislature. As a result, and in an effort to balance the district's budget, the DVUSD Governing Board has approved an athletic fee for the 2018-2019 school year. The approved fee is in compliance with legislation passed in 1995, A.R.S. 15-342.24, enabling schools to assess reasonable fees for optional extra-curricular activities and programs. The purpose of the athletic fee is to provide revenue to maintain and operate athletic programs, which exceeds \$2,000,000 per year, for 7<sup>th</sup>-8<sup>th</sup> grade and high school students. These fees collected will help defray the expenses of operating the DVUSD athletic programs.

<b>2018-2019 Approved Athletic Fees</b>	
7 <sup>th</sup> /8 <sup>th</sup> grade athlete	\$60 per sport (\$120 maximum per athlete)
9 <sup>th</sup> -12 <sup>th</sup> grade athlete	\$100 per sport (\$200 maximum per athlete)
Family	\$300 maximum per family/household*
<p><i>* A family or family household is defined by the United States Census Bureau for statistical purposes as "a householder and one or more other people related to the householder by birth, marriage, or adoption."</i></p>	

**ATHLETIC FEE PAYMENTS**

- o It is the parent's responsibility to keep receipts when paying for multiple family members in regards to tracking a family maximum amount being met.
- o Athletic fees are non-refundable
- o The 2018-2019 DVUSD Athletic Fees do not guarantee playing time in competition.
- o Hardship waivers forms are available in the school office or athletic office (HS only)



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



- CHECK ALL THAT APPLY
- |                                    |                                     |                                   |  |
|------------------------------------|-------------------------------------|-----------------------------------|--|
| <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    |  |

**\*\*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**

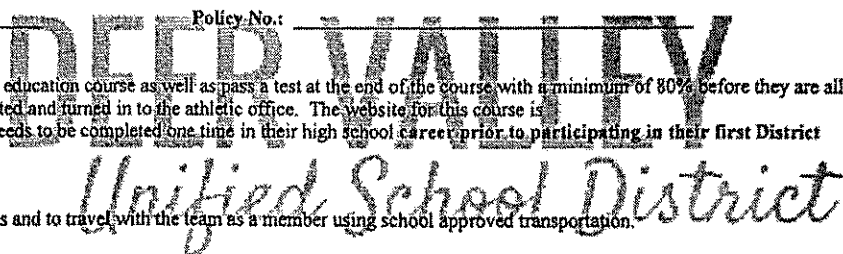
In order to participate in District organized athletics, each student together with their parent or guardian must view the online Informed Consent Sports Injury video prior to participating in their first District organized athletic sport. A link to this video can be found at <http://www.dvUSD.org/Page/11429>. 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.

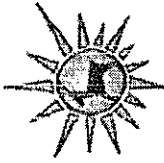
PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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/Dcmain/1301>

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_





Deer Valley  
Unified School District

# FAMILY AND COACH AGREEMENT

## COACH TO FAMILY/STUDENT-ATHLETE

## FAMILY/STUDENT-ATHLETE TO COACH

### 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.

### 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 \_\_\_\_\_

Printed Name of Parent \_\_\_\_\_

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

Signature of Coach \_\_\_\_\_

6/9/2010



## 2018-2019 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?	<input type="checkbox"/>	<input type="checkbox"/>
2) Has your child ever had extreme shortness of breath during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
3) Has your child had extreme fatigue associated with exercise (different from other children)?	<input type="checkbox"/>	<input type="checkbox"/>
4) Has your child ever had discomfort, pain or pressure in his/her chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
5) Has a doctor ever ordered a test for your child's heart?	<input type="checkbox"/>	<input type="checkbox"/>
6) Has your child ever been diagnosed with an unexplained seizure disorder?	<input type="checkbox"/>	<input type="checkbox"/>
7) Has your child ever been diagnosed with exercise-induced asthma not well controlled with medication?	<input type="checkbox"/>	<input type="checkbox"/>

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

#### 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: \_\_\_\_\_



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

**Females Only**

**Explain "Yes" Answers Here**

	Y	N
38) Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
39) How old were you when you had your first menstrual period?		
40) How many periods have you had in the last year?		



**2018-2019 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/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: \_\_\_\_\_

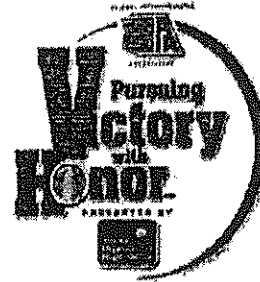
Name of Physician(Print/Type): \_\_\_\_\_ Exam Date: \_\_\_\_\_

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

Signature of Physician: \_\_\_\_\_, MD/DO/ND/NMD/NP/PA-C/CCSP



## Athletic Informed Consent Form



This form is to be completed and signed by student and parent/guardian after viewing an Informed Consent Presentation and is required prior to athletic participation.

### STUDENT ACKNOWLEDGEMENT OF RISK AND WARNING

\_\_\_\_\_  
Student Last Name (Printed)

\_\_\_\_\_  
First Name (Printed)

\_\_\_\_\_  
ID #

I hereby acknowledge that I have viewed an Informed Consent Presentation and that I have been properly advised, cautioned, and warned by the proper school personnel that by participating in interscholastic athletics and activities I am exposing myself to the risk of injuries, ranging from minor to severe. I realize that injury could result in a temporary or permanent impairment or loss in the use of limbs, brain damage, paralysis, or even death. I understand that coach instruction, protective equipment and medical care provided does not prevent or eliminate the risk of injury. I have viewed the video entitled "DVUSD Athletic Informed Consent Video" and I understand the message it conveys. I have had an opportunity to have questions answered regarding the risk of participation in my chosen sports. Having been so cautioned and warned, it is still my desire to participate in athletic activities. I acknowledge that I do so with full knowledge and understanding of the risk of injury to which I am exposing myself.

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

\_\_\_\_\_  
Date

### PARENT / GUARDIAN ACKNOWLEDGEMENT OF RISK AND WARNING

\_\_\_\_\_  
Parent/Guardian Name (Printed)

\_\_\_\_\_  
Relationship

I/we hereby acknowledge that I/we have viewed an Informed Consent Presentation and that I/we have been properly advised, cautioned, and warned by the proper school personnel that by participating in interscholastic athletics and activities my/our child named above is being exposed to the risk of injuries, ranging from minor to severe. I/we realize that injury could result in a temporary or permanent impairment or loss in the use of limbs, brain damage, paralysis, or even death. I/we understand that coach instruction, protective equipment and medical care provided does not prevent or eliminate the risk of injury. I/we have viewed the video entitled "DVUSD Athletic Informed Consent Video" and understand the message it conveys. I/we have had an opportunity to have questions answered regarding the risk of participation in my/our child's chosen sports. Having been so cautioned and warned, I/we given consent for my/our child named above to participate in athletic activities. I/we acknowledge that I/we do so with full knowledge and understanding of the risk of injury to which she/he is being exposed.

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

\_\_\_\_\_  
Date



PAGES



## BRAINBOOK CONCUSSION EDUCATION

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.

1. Go to this site:

Concussion Education



**brainbook**

<http://aiaacademy.org/users/login/brainbook>

2. Register as a Student
3. Enter Demographic information -
4. Select sport this season and any season in the future - remember to include all future sports
5. Complete the course, don't skip anything. You must have 80% to pass.
6. Print the certificate and bring it to Athletic Department - Verify through Athletic Secretary
7. 7-8 athletes will select the High School you will be going to in the future.
8. Age selection for 7-8 athletes would be the lowest age available to select.