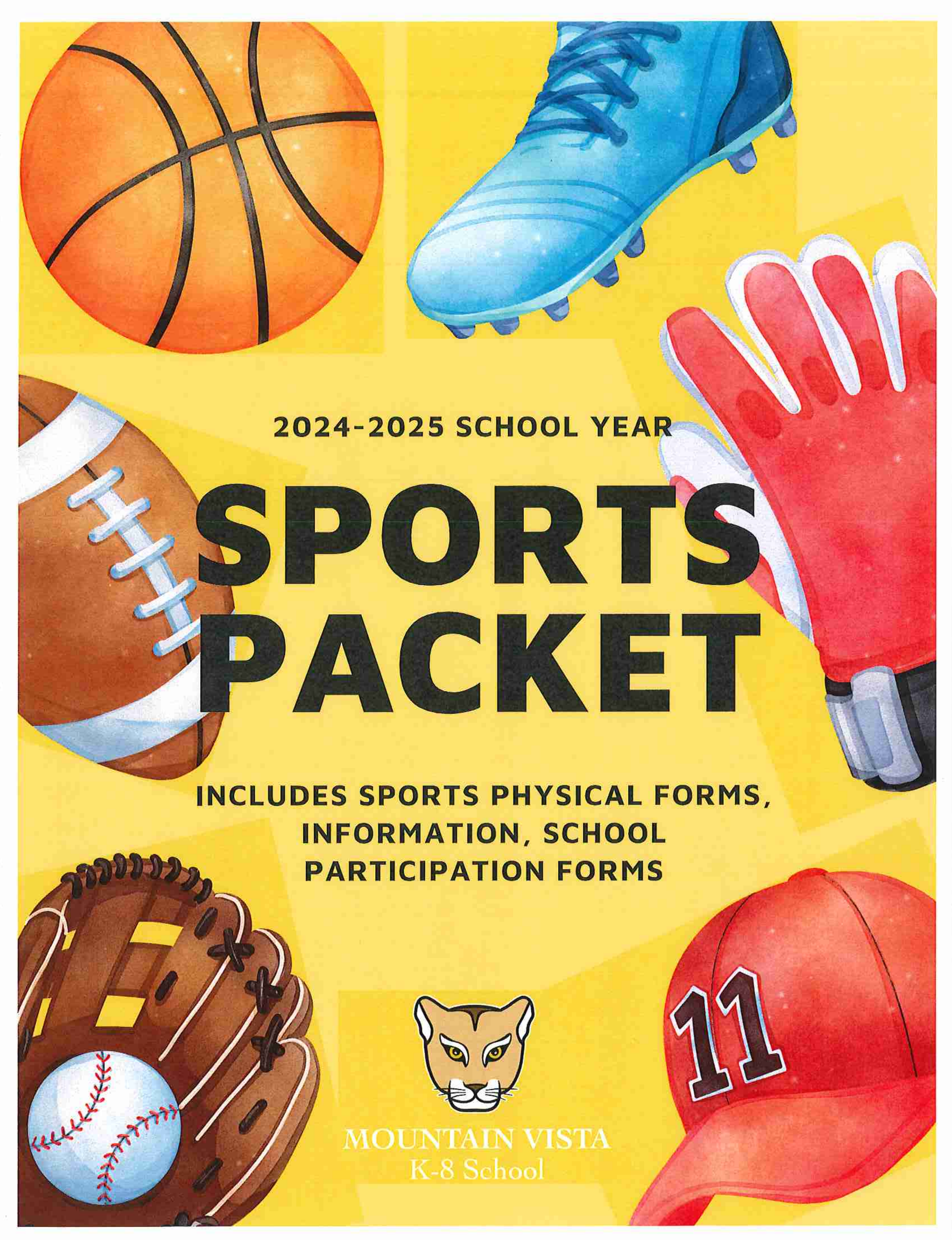

2024-2025 SCHOOL YEAR
SPORTS
PACKET
INCLUDES SPORTS PHYSICAL FORMS,
INFORMATION, SCHOOL
PARTICIPATION FORMS
11
MOUNTAIN VISTA
K-8 School

Oracle Elementary School District
Athletics Participation Guidelines

Mountain Vista K-8 School is a member of the Central Junior High Athletic League. The conference is a competitive conference including a one day system of playoffs and a championship in both the seventh and eighth grades. The Mountain Vista Athletic currently offers six official school athletic programs:

Season 1 starts at the beginning of the school year and ends mid-October:

- Girls Volleyball
- Co-Ed Flag Football
- Co-Ed Cross Country

Season 2 starts after season 1 and ends at the end of January:

- Co-Ed Wrestling
- Boys and Girls Basketball

Season 3 starts after season 2 and ends mid-April:

- Co-Ed Track and field
- Girls Softball
- Boys Baseball

1. Student participation in each season:

Team sports, excluding track and field and wrestling, will have a participation cap. If the cap is exceeded there will be a tryout system to meet the participation cap. This is necessary to avoid teams having too many participants to properly teach the fundamentals of the sport and allow for adequate playing time during the conference games. There are many years when the caps are not met. It is the desire of the Oracle School District that the tryout system is a last resort when participation numbers are higher than we are able to manage in a fair and consistent manner. The District also offers a developmental community schools athletics program that includes: basketball, flag football and soccer.

2. Participation Caps: If participation caps are utilized for a season, students that come in after teams have been determined will not be permitted to participate until the next season.

- Girls Volleyball:
  - Grade 6: **6 Athletes on a no fee, developmental basis**
  - Grade 7: **12 athletes**
  - Grade 8: **12 athletes**
- Wrestling: **No cap**
- Boys and Girls Basketball:
  - Grade 7: **12 athletes**
  - Grade 8: **12 athletes**
  - ***Grade 6 athletes may try out for the team if there are less than 12 seventh grade athletes.**
- Track and field: **No cap**
- Girls Softball:

  Combined grades 7 and 8: **15 athletes**

  ***Coaches may tryout and keep three sixth grade athletes in addition to the 15 grade 7 and 8 athletes.**
- Boys Baseball:

  Combined grades 7 and 8: **15 athletes**

***Coaches may tryout and keep three sixth grade athletes in addition to the 15 grade 7 and 8 athletes.**

3. **Playing time:**

Playing time often varies depending on the level of the competition. Coaches will make every effort to ensure that throughout the season participants get the opportunity to play meaningful periods of time during league competition. Because of varying skill levels and player experience playing time will not necessarily be equal. Coaches will monitor playing time to ensure that players do get opportunities to play during the season. If a parent is concerned about playing time, they are welcome to voice their concerns to the coach but not on the day of the game. All concerns that are not immediately related to a player's safety must be addresses utilizing the procedures outlined in the **Students-Athlete-Contract**. This procedure allows for the coaches to manage their many responsibilities on game day and will ensure that all concerns are discussed in a meaningful and productive manner. If resolution to a concern is not reached, please use the "parent concern form" which should be submitted to the athletic director through the Mountain Vista Office.

- During the one day championship tournament, playing time will likely be limited as the team progresses through the bracket.
- All coaches have the right to limit playing time as a consequence for poor behavior, academic deficiencies and missed practices.

Student-Athlete Contract

Purpose:

This athletic contract has been established to explain and to inform athletes, parents, and coaches of specific expectations relative to participation in interscholastic athletes, softball, at Mountain Vista K-8 School.

Conduct

All student-athletes are expected to adhere to the rules and responsibilities as outlined by the school and coach. Athletes are expected to understand that incidents of misconduct in or out of school may have a definite effect on participation on the softball team. Areas of concern, such as, but not all inclusive are:

a) tobacco use in any form,
b) alcohol use in any form,
c) use of drugs: depressants, stimulants, or any controlled substance.
d) use of performance enhancing drugs,
e) verbal or physical harassment,
f) sexual harassment,
g) theft and vandalism

An athlete may be suspended for part or ALL of the season for demonstrating behavior that is detrimental to the softball team. Suspensions will be handled on an individual basis. What is best for the team, first and foremost, and then what is best for the individual athlete will be the approach of the Athletic Department.

Academics

All student-athletes are required to maintain at least a 60% GPA, preferably higher, practice regular attendance to classes, and cannot receive a letter grade of F. If a player's GPA is lower than the above specified or she has received an F, she will be suspended from play until her academics have improved. We need our athletes to be successful in the classroom and on the field.

Protocol to discuss Concerns with Coaching Staff

We are here to serve you and your child. The following is the protocol we expect each parent/guardian to abide by:

1. Have the student-athlete discuss any issues/concerns with the coach. If this does not resolve the problem, proceed to #2.
2. Parent may call the coach directly to set up a meeting day and time to discuss any concerns pertaining to his/her child. Please DO NOT approach the coach before, during or after a game OR practice to discuss a concern unless the concern is an immediate emergency to the team.
3. If you are not satisfied with the outcome of your meeting, please contact the Athletic Director, Greg Reiser @ 520-896-3000, Extension 3022.

Student signature____Date__________

Parent signature____Date__________

Emergency Information and
Medical Release Form
Mt. Vista Athletics
Oracle Elementary School District #2

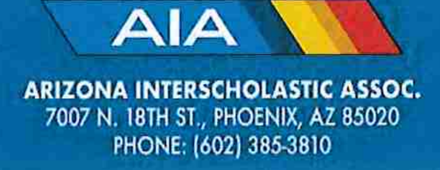
Student Name: ______________________________ Grade__________________
Birthdate ______________________ Age_____ Home Phone __________________
Parent/Guardian Name(s)____
E-mail Address: ____
Parent Cell or Work ___________________ Parent Cell or Work_______________
In an emergency, if parent/guardian cannot be contacted:
Notify ____ at
____
Child's Doctor _______________________ Doctor's Phone ____________________
Insurance Company _______________________________
Preferred Hospital ___________________ Known Allergies ___________________
____
The coach or assistant coach may apply first aid treatment until the family doctor can be contacted. Yes ___ No ____
Any other information on health the coaches should know: ______________________
____

______________________________ has my permission to participate in Mt. Vista Athletics. This includes sports for the entire school year. Practice will generally be from 2:10 PM to 4:45 PM, Monday, Tuesday, and Thursday.

Medical Release
I realize that the District's liability coverage only applies to injury if negligence is proven against the District and the terms and conditions of the contractual liability coverage provided in favor of the District have been met; in all other circumstances, the student's health insurance will provide coverage for the student's injuries. In case of accident or serious illness, I request the school/coach to contact me. If I cannot be reached, I hereby authorize the school/coach to call the physician indicated above and follow his or her instructions. If it is impossible to contact the parent or physician, the school/coach may make whatever arrangements necessary to secure medical aid and ambulance service. I have legal custody or control of my child and grant permission for any emergency treatment and/or hospital services rendered to said minor.

____
Parent/Guardian Printed Name and Date

____
Parent/Guardian Signature



ARIZONA INTERSCHOLASTIC ASSOC.
7007 N. 18TH ST., PHOENIX, AZ 85020
PHONE: (602) 385-3810

2024-25 ANNUAL PREPARTICIPATION PHYSICAL EVALUATION

EXCLUSIVE URGENT CARE PARTNER OF THE AIA

(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: ______________
Sex Assigned at Birth: ______________
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.

	Y	N
1) Has a doctor ever denied or restricted your participation in sports for any reason?	☐	☐
2) List past and current medical conditions: ______________		
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 had surgery? (Please list): ______________	☐	☐
8) 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 10)	☐	☐
9) Have you had any broken/fractured bones or dislocated joints? (If yes, check affected area in the box below in question 10):	☐	☐
10) 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		

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2024-25
ANNUAL PREPARTICIPATION PHYSICAL EVALUATION

EXCLUSIVE URGENT CARE PARTNER OF THE AIA

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

Females Only

	Y	N
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?	______	

Explain "Yes" Answers Here

ARIZONA INTERSCHOLASTIC ASSOC.
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2024-25 ANNUAL PREPARTICIPATION PHYSICAL EVALUATION

EXCLUSIVE URGENT CARE PARTNER OF THE AIA

Student Name: ______________________________

Date of Birth: ____________________

Patient History Questions: Please Share 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?	☐	☐

Explain "Yes" Answers Here

COVID-19

		Y	N
1)	Was your child hospitalized as a result for complications of COVID-19?	☐	☐
2)	Has your child had any long-term complications from COVID-19?	☐	☐
3)	Did your child have any special tests ordered for their heart or lungs or were referred to a heart specialist (cardiologist) to be cleared to return to sports?	☐	☐

Explain "Yes" Answers Here

Patient Health Questionnaire Version 4 (PHQ-4)

This page must be completed by the student-athlete

Over the last two weeks, how often have you been bothered by any of the following problems? (circle responses)

	Not At All	Several Days	Over Half The Days	Nearly Every Day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of ≥ 3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

If you score a sum of 3 or greater on either questions 1 and 2, or 3 and 4, you may have anxiety or depression that is affecting you more than normal. In this case, it is recommended that you talk to a trusted health care provider such as your primary care physician, your athletic trainer at school, or a counselor at school. If there is not someone you feel comfortable talking to or you are interested in learning more to help yourself or a friend, please use the resources provided below.

For more information regarding student-athlete mental health:
Quiet Suffering - A Resource for Student-Athlete Mental Health
spark.adobe.com/page/lLtwyoLpTAp0V/

Teen Lifeline Call and Text Crisis Line
(602) 248-8336 (TEEN)
Outside Maricopa county call: 1-800-248-8336 (TEEN)
Hours are: Call 24/7/365 | Text weekdays 12-9 p.m. & weekends 3-9 p.m. | Peer counseling 3-9 p.m. daily
Crisis text line: Text HOME to 741741 to connect with a crisis counselor

National Suicide Prevention Lifeline
988 or suicidepreventionlifeline.org

The Trevor Lifeline
866-488-7386 (for gender diverse youth)

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2024-25 ANNUAL PREPARTICIPATION PHYSICAL EVALUATION

EXCLUSIVE URGENT CARE PARTNER OF THE AIA

Family History Questions: Please Share About Any Of The Following In Your Family

	Question	Y	N
1)	Are there any family members who had sudden/unexpected/unexplained death before age 35? (including SIDS, car accidents drowning or near drowning)	☐	☐
2)	Are there any family members who died suddenly of "heart problems" before age 35?	☐	☐
3)	Are there any family members who have unexplained fainting or seizures?	☐	☐
4)	Are there any relatives with certain conditions, such as:	☐	☐

Condition	Y	N	Condition	Y	N
Enlarged Heart	☐	☐	Catecholaminergic Polymorphic Ventricular Tachycardia (CPVT)	☐	☐
Hypertrophic Cardiomyopathy (HCM)	☐	☐	Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC)	☐	☐
Dilated Cardiomyopathy (DCM)	☐	☐	Marfan Syndrome (Aortic Rupture)	☐	☐
Heart Rhythm Problems	☐	☐	Heart Attack, Age 35 or Younger	☐	☐
Long QT Syndrome (LQTS)	☐	☐	Pacemaker or Implanted Defibrillator	☐	☐
Short QT Syndrome	☐	☐	Deaf at Birth	☐	☐
Brugada Syndrome	☐	☐			

Explain "Yes" Answers Here

Additional History

	Question	Y	N
1)	Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff or dip?	☐	☐
2)	Do you drink alcohol or use illicit drugs?	☐	☐
3)	Have you ever taken anabolic steroids or used any other performance-enhancing supplements?	☐	☐
4)	Have you ever taken any supplements to help you gain or lose weight, or improve your performance?	☐	☐
5)	Do you always wear a seatbelt while in a vehicle?	☐	☐

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 Student-Athlete ______ Signature of Parent/Guardian ______ Date ______

Signature of MD/DO/ND/NMD/NP/PA-C/CCSP ______ Date ______

ARIZONA INTERSCHOLASTIC ASSOC.
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2024-25 ANNUAL PREPARTICIPATION PHYSICAL EXAMINATION

EXCLUSIVE URGENT CARE PARTNER OF THE AIA

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/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: ____________

Medically eligible for all sports without restriction with recommentations for further evaluation or treatment of:

____

Recommendations: ____________________

Name of Physician (Print/Type): ____________________ Exam Date: ____________
Address: ____________________ Phone: ____________
Signature of Physician: ____________________ , MD/DO/ND/NMD/NP/PA-C/CCSP

 NextCare is the preferred partner of the AIA. It is not required you visit NextCare locations for your healthcare needs.

AIA ARIZONA INTERSCHOLASTIC ASSOCIATION™

OUR STUDENTS, OUR TEAMS . . . OUR FUTURE.

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 06/2015