

# Thunderbolt Athletics

## 23-24 Sports Information

Register for Thunderbolt sports by completing the following documents and returning them to the front office **on time**.

### MANDATORY PAPERWORK

□□□□□

Athletic contract

Athlete emergency card

Proof of medical insurance

Medical Release Form

Concussion statement & acknowledgement form

Physical (good for 1 year from the date seen by doctor)

Forms can be picked up in the front office or found online at <https://thunderbolt.lhusd.org>

All must be turned in to the front office in person or by email to [shannah.wysocki@lhusd.org](mailto:shannah.wysocki@lhusd.org) by 3pm on the deadline date.

### Fall Sports

Football	Volleyball	Cross Country	Spirit line -Fall and Winter
Interscholastic	Interscholastic	Interscholastic	Interscholastic
Tryout sport	Tryout Sport	Non tryout sport	Tryout sport
\$200 sports fee	\$200 sports fee	\$100 sports fee	\$100 sports fee

### Fall Deadline Dates

<i>Registration</i>	<i>Paperwork due</i>	<i>Tryouts</i>	<i>Practice Begins</i>	<i>Sports Fee Due</i>
July 17 <sup>th</sup> - Aug. 7 <sup>th</sup>	August 7 <sup>th</sup>	Starts Aug. 8 <sup>th</sup>	August 14 <sup>th</sup>	August 16 <sup>th</sup>
Fall Sports Parents meeting will be on Monday, August 7 at 5:00pm in the cafeteria.				

### Winter Sports

Girls Basketball	Boys Basketball	Spirit line -Fall and Winter
Interscholastic	Interscholastic	Interscholastic
Tryout Sport	Tryout Sport	Tryout sport
\$200 sports fee	\$200 sports fee	\$100 sports fee

### Winter Deadline Dates

<i>Registration</i>	<i>Paperwork due</i>	<i>Tryouts</i>	<i>Practice Begins</i>	<i>Sports Fee Due</i>
Oct.2 <sup>nd</sup> - Oct 27 <sup>th</sup>	October 27 <sup>th</sup>	October 30 <sup>th</sup>	November 6 <sup>th</sup>	November 17 <sup>th</sup>
Winter Sports Parents meeting will be on Monday, October 23 at 5:00pm in the cafeteria				

### Spring Sports

Softball	Baseball	Track & Field
Interscholastic	Interscholastic	Interscholastic
Tryout sport	Tryout Sport	Non tryout sport
\$200 sports fee	\$200 sports fee	\$100 sports fee

### Spring Deadline Dates

<i>Registration</i>	<i>Paperwork due</i>	<i>Tryouts</i>	<i>Practice Begins</i>	<i>Sports Fee Due</i>
Jan.15 <sup>th</sup> - Feb 2 <sup>nd</sup>	February 2 <sup>nd</sup>	February 5 <sup>th</sup>	February 12 <sup>th</sup>	February 23 <sup>rd</sup>
Spring Sports Parents meeting will be on Monday, February 5 at 5:00pm in the cafeteria				

*\*Tryouts and practices dates are subject to change*

**THUNDERBOLT MIDDLE SCHOOL**  
**SPORTS PARTICIPATION FEES**  
2023-2024

***Sport fees are listed below.***

***There is an annual cap of \$200 to play sports at Thunderbolt.***

*All monies collected will support athletic department expenses.*

*The Sports Participation Fee must be paid in full -or- payment arrangements made with the office IN PERSON prior to first regular season game/competition.*

**\$100 Sports**

- Co-ed Cross Country / non-tryout sport / fall / Aug-Oct
- Spirit line / tryout sport / fall/winter / Aug-Feb
- Co-ed Track / non-tryout sport / spring / Jan-Apr

**Fees are not due until the student has made the team.**



**\$200 Sports**

- Boys Baseball / tryout sport / spring / Jan-Apr
- Boys & Girls Basketball / tryout sport / winter / Oct-Feb
- Football / tryout sport / fall / Aug-Oct
- Girls Softball / tryout sport / spring / Jan-Apr

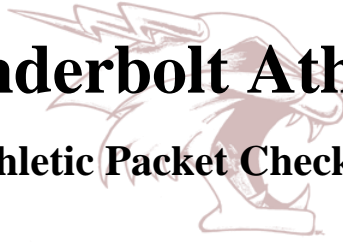
**Fees are not due until the student has made the team.**

*Tax credits may be used to cover the athletics participation fee:*

- *If a family participates in the tax credit program by giving toward another tax credit activity, (Educational Tour Group, etc.) participation will not count toward the athletics fee.*
- *If parents participate in the tax credit program at other schools in the district, that participation will not count toward the athletics fee.*
- *A student or parent may ask a relative or another individual to make a tax credit contribution in the student's name in any amount up to \$400 (for couples filing jointly) and specify on the tax credit form that the money is to be applied to the athlete's fee.*

# Thunderbolt Athletics

## Athletic Packet Checklist



Athlete's Name: \_\_\_\_\_

SY: 23-24

Please circle all the sports the athlete would like to play during the 23-24 school year:

Fall Sports      Football      Volleyball      Cross Country  
 Winter Sports      Boys Basketball      Girls Basketball      Soccer      Spirit line  
 Spring      Baseball      Softball      Track

Form	Parent Checklist	<i>Athletic Department use only</i>
<i>Emergency Card</i>		
Insurance Information		
Medical Information		
Athlete's Signature		
Parent's Signature		
<i>Medical Release Form</i>		
Special health conditions or allergies		
Box check indicating needs medicine or special accommodations		
Parent Signature		
<i>Athletic Team Contract</i>		
Athlete's signature		
Parent's signature		
<i>AIA Traumatic Brain Injury</i>		
Athlete's Signature		
Parent's signature		
<i>Annual Physical Evaluation</i>		Exp. Date:
Completely filled out (all 6 pages)		
Yes/no questions answered		
Athlete's signature		
Parent's signature		
Doctor's signature		
<i>Parent/ Spectator Agreement</i>		
Signatures		
<i>Turn in date and Initials</i>	XXXXXXXXXXXXXX	



## THUNDERBOLT STUDENT ATHLETE EMERGENCY CARD – 2023/2024

Student Name (print clearly): \_\_\_\_\_ Grade: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Address: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_

Parent/Guardian (print name): \_\_\_\_\_

### **INSURANCE (*mandatory – must be filled out*):**

Insurance Company Name: \_\_\_\_\_ Policyholder Name: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

**or** Student Accident Insurance Check one: 24 Hour Coverage \_\_\_\_ At School Coverage \_\_\_\_  
(Purchase online: [www.studentinsurance-kk.com](http://www.studentinsurance-kk.com))

Policy #: \_\_\_\_\_ Date Paid: \_\_\_\_/\_\_\_\_/\_\_\_\_

### **SPECIFIC MEDICAL INFORMATION:**

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_ Frequency: \_\_\_\_\_

Other: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone #: \_\_\_\_\_

I/We, the undersigned parent(s)/guardians of the above named student, do hereby give and grant unto any medical doctor or hospital, my/our consent and authorization to render such aid, treatment or care to said student, as in the judgment of the said doctor or hospital, may be required, on an emergency basis, in the event said student should be injured or stricken ill while participating in interscholastic activity sponsored or sanctioned by the Arizona Interscholastic Association, or Thunderbolt Middle School. I/We understand and agree that TBOLT is not financially responsible for accident or injury resulting from my child's participation in any school related activity and that I/We assume this responsibility. I/We give permission for above named student to participate in organized interscholastic athletics, realizing that such activity involved the potential for injury which is inherent in all sport. I/We acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis, quadriplegic or death. **When traveling the coach will store and administer all medication per directions.**

\_\_\_\_\_  
Date

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

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

### **OFFICE USE ONLY**

\_\_\_\_\_  
Cleared for Tryouts/Games Athletic Contract \_\_\_\_\_ Proof of Insurance \_\_\_\_\_ Concussion Statement \_\_\_\_\_

Physical Expires on: \_\_\_\_\_ Medical Release form \_\_\_\_\_ Team Manager \_\_\_\_\_

**Lake Havasu Unified School District #1**  
**2200 Havasupai Blvd, LHC, AZ 86403**

**SPECIAL HEALTH ACCOMMODATIONS - MEDICAL RELEASE FORM**

Field Trips, Sports and Excursions require a medical release from parents. This information would be appreciated for all off-campus trips in the event of an emergency or to provide care for daily treatments for special health conditions.

**Special health conditions or allergies:** \_\_\_\_\_

Please ✓ one box and **SIGN and date below.**

☐ My student will **NOT** need medication or special accommodations for this trip.

☐ My student **WILL** need medication or special accommodations for this trip. (Fill out the following information)

My student takes the following medication: \_\_\_\_\_

At this time of day: \_\_\_\_\_

Prescription medication is to be provided in the container prepared by the pharmacy and over-the-counter medication must be in the original packaging. Both should be presented to the school health office in advance and **parent consent forms** must be on file. Medication is to be given by principal's designee.

**X**

\_\_\_\_\_  
PARENT'S SIGNATURE

\_\_\_\_\_  
DATE

**COACHES INSTRUCTIONS FOR MEDICATION ADMINISTRATION TO STUDENTS ON FIELD TRIPS**

\_\_\_\_\_ is to receive his/her medication according to the instructions on the original pharmacy labeled bottle.

The medication will be kept in a secure area by the principal's designee. Only the principal's designee may administer the medication.

Wash hands before and after giving the medication.

Review the 5 "R's" three times to ensure the student is taking the correct medication. The five "R's" include the right name, right medication, right dose, right time and right route. The five "R's" must be reviewed when removing the medication from the secure area, before removing the proper dosage, and before returning the medication to the secure area.

Give the student the authorized medication without touching the pills, and observe the student for possible side effects following administration.

Document all medications given on the Medication/Treatment Log upon returning the medication to health office personnel.

In the event of an adverse reaction or side effect, the following procedure should take place:

1. Call 911 if Life Threatening.
2. Notify parent and administrator, immediately.
3. Notify health office.
4. Document on medication log upon returning from field trip.

# Thunderbolt Middle School Athletic Team Contract

## **Thunderbolt Middle School Athletics Mission Statement**

*The mission of the Athletic department at Thunderbolt Middle School is to support students in building their academic knowledge, promote teamwork, build relationships, and sportsmanship at athletic competitions. The athletic program at Thunderbolt Middle School is believed to be a valuable asset of the total educational journey and operates and supports all initiatives of the school.*

## **Expectations for Thunderbolt Athletes**

1. Athletes are expected to be role models to other students in the school and show model behavior and academic success.
2. Athletes will represent Thunderbolt at all sporting events showing good sportsmanship.
3. Athletes will treat teachers, staff, coaches, and other students with respect and kindness.
4. Athletes will arrive on time to school, classes, and practice.

## **Before Tryouts**

1. All paperwork needs to be turned in by the due date and approved for a student to tryout, which includes a sports physical (valid for 1 year).
2. Students will need to be eligible; they cannot have any grade below a “D” to try-out for a team.
3. Students cannot have in-school or out-of-school suspension at the time of tryouts. They cannot have any major discipline issues and no more than four referrals for the year.
4. All outstanding fines and fees will need to be paid before tryouts.

## **Criteria to Make the Team & Eligibility:**

1. The coach has the sole responsibility to decide the makeup of the team and who will play in a game or contest. Coaches may ask for feedback from current or past teachers regarding grades & citizenship. Final selection may be at the discretion of the Athletic Director. In order to be selected for a sports team coaches may consider:
  - A. Academics
  - B. Behavior/ Discipline
  - C. Athletic Ability – Based on coaches’ criteria
2. Commitment to School Sports Team: A student who becomes a member of a school team commits him or herself to that team over any other sports club or organization for the duration of the school’s season.
3. Academics: Students MUST pass all classes each week in order to be eligible to compete in interscholastic activities – students may not have any F’s. Failure to receive a cumulative passing grade in EVERY class will result in the student being restricted from competition, but not from practice.
  - A. Eligibility will be determined on Monday each week, expect at the beginning of a quarter.
  - B. Those students will be ineligible to compete the following week from Monday through Saturday.

C. Students are responsible to notify parents of ineligibility status, but parents are encouraged to monitor their child's grades on ParentVue.

- It is the student athlete's responsibility to contact the teacher to clear up any grade issues.
- More than three (3) weeks of ineligibility can result in suspension from the team and all sports/activities for that season. No refunds will be given.

### **Playing Time:**

If a student or parent has concerns about playing time, the coach needs to be contacted at the appropriate time. If the coach and parent are unable to resolve the issue, then the parent needs to contact the Athletic Director.

### **Attendance:**

1. On occasion, an athletic game will result in a student athlete missing instructional time. When this happens, the student athlete is responsible for all missed work and will make arrangements with teachers to make up missed assignments in a timely manner.
2. Returning late from away games will not result in an excused absence the next school day. Student athletes are expected to be in regular attendance the day following the athletic competition.
3. Students will not be allowed to participate at practice OR in a game if they are absent during any part of the day. If the absence is a non-illness related doctor or dentist appointment, they can participate only if they have a written excuse from the doctor's or dentist's office AND have turned in the excuse to the Attendance Office before the game/practice. If a student is absent on the Friday or day before a weekend event, they may not participate in the weekend event.
4. Attendance at practice is critical to the success of the program and the development of the individual player and team. Students must communicate with coaches regarding absences and late arrivals to practice. Absences and late arrivals may result in loss of playing time or being removed from the team.

### **Transportation Guidelines:**

1. Athletes are required to *travel TO all athletic events by school transportation*. Athletes may travel home from athletic events with their parents/ guardians when the ALTERNATIVE TRANSPORTATION form is submitted to the Athletic Director for approval a minimum of 24 hours PRIOR to the trip. Athlete must check out with the coach before leaving the event with their parent/ guardian. Coaches will not be allowed to accept late Alternative Transportation forms at the event. Athletes not adhering to the transportation policy will be disciplined. The Athletic Director can make exceptions to the transportation rule when a unique situation comes up; however, the parents/guardians of players must get the okay **24 hours prior** to the day of the event.
2. Athletes are not permitted to leave the site of the athletic contest unless they are with a coach.



3. When boys and girls are traveling together on the same bus to and from an athletic contest, they will sit with their team, separate from one another.
4. Parents must be ready to pick up students from practices and competitions on time. Parents will be given a grace period of fifteen minutes before being called by coaches. If a student has not been picked up from a practice after thirty minutes the police will be called to transport the student home. Coaches are not allowed to transport students in their personal vehicle. If students are late being picked up more than three times, the student may be removed from the team at the discretion of the Athletic Director.

### **Uniforms:**

1. Team uniforms are property of the school. The athlete is responsible for all school equipment/uniforms issued to them and will return all items in the same condition they were issued. Uniforms should be washed regularly on cold setting and hung up to dry. Do not place uniforms in a dryer.
2. Uniforms need to be returned clean within 72 hours of the last game or the next school day and must be turned into the coach, not the Athletic Office, with student's full name written on paper and attached by safety pin.
3. No athlete may check out a uniform/equipment for another sport until he/she has been cleared from the previous sport.
4. Any athlete who has quit or has been removed from a team will turn in all equipment immediately or pay the replacement cost. The student athlete and/or parents are financially responsible for any damage to uniforms, equipment and facilities due to misuse and negligence. Lost or damaged uniforms must be paid for at the full cost of replacement by the end of the sports season.

### **Fees:**

1. There is a cost associated per player for each individual sport. The sports fee costs can be found online at the Thunderbolt website: [www.thunderbolt.lhusd.org](http://www.thunderbolt.lhusd.org)
2. The Sports Participation ***Fees must be paid in full, or payment arrangements made by the Friday before the first game/meet.*** Athletes will be removed from the team if the first payment or full fee is not paid the business day prior to the first game/competition. Please be aware that if a game/competition is on a Monday, fees and initial payment plan must be taken care of on the Friday before.
3. Payment plans must remain current throughout the season, or the athlete will be suspended from competitions/games until the account is caught up.
4. Athletes will not be permitted to try out for a sports team if the sports fee from a previous team has not been paid in full.

5. Playing time is determined by coach & coaching staff; participation fee *does not* constitute equal playing time.

### **Injuries, Treatment, Insurance, and Informed Consent:**

1. Students participating in athletics must show proof of health insurance coverage. If a personal health insurance is not currently in force, the parent can purchase student accident insurance online at: [www.kandkinsurance.com](http://www.kandkinsurance.com). Failure to have health insurance or the correct sport health insurance policy at any time during the season will result in immediate ineligibility until a health insurance is back in place.
2. It is the responsibility of the athlete and his/her parent to report injuries that have not been witnessed by the coaches. Injuries **MUST** be reported promptly and accurately to the coach in charge. Coaches will complete an Accident Report form and turn it in to the office to be filed.
3. Following an injury, the student will not be permitted to participate in practices or games without a medical release from a medical practitioner.
4. This acknowledges that I grant permission for my child to participate in the indicated sport(s). I also give my consent to authorize the team trainers, coaches, or physicians to render any necessary first aid or other medical treatment. I further give my consent to authorize team trainers, coaches, or physicians to use their own judgment in securing medical aid and emergency medical transport in my absence.
5. The student and parent are required to watch the online video entitled “Athletic Informed Consent” on the Thunderbolt website. The student and parent realize there are risks involved in participating in any sport, and the risks include a full range of injuries from minor to severe. There is a possibility the participant might die, become paralyzed, or suffer brain damage or other serious permanent injury as a result of their participation in this sports program. The student and parent realize that neither the protective equipment nor padding used in the sport, the safety rules and procedures of the sport, the coaching instruction he/she receives, nor the sports medicine care he/she is provided will guarantee safety or prevent all injuries he/she might sustain. It is the responsibility of the student to follow the coaches’ instructions regarding playing techniques, training, and team rules. The student and parent agree to accept these risks as a condition of participation.

### **Discipline:**

It is an honor and privilege to compete in interscholastic athletics. Athletes at Thunderbolt Middle School occupy a position of leadership and influence. They are expected to set an example of sportsmanship, integrity, and exemplary conduct. We are proud of our athletic accomplishments and reputation, which is based not only on win/loss records, but on the conduct our athletes exhibit on and off the field. The following guidelines will be applied to ALL participants in our athletic program:

1. The student conduct code as outlined in the student handbook will apply to ALL athletes. Athletes who earn **seven or more demerits** will be removed from the team for the season.

\*Demerits are earned for disciplinary and tardy referrals.

Detention (lunch or after school) = 1 demerit per day

In School Suspension = 2 demerits per day

Out of School Suspension = 3 demerits per day

\*Once an athlete reaches seven or more demerits, parents will be contacted, and all issued equipment must be returned within five school days or a replace fee will be charged.

2. Any athlete that receives a referral within a week of a game/meet scheduled will not be able to participate in the game for the week. They may continue to practice with the team.
3. The use, possession and/or distribution of tobacco products, vapes, juuls, alcohol, drugs and/or paraphernalia at any time will result in suspension from the team for the season. Violation of this rule for a second time will result in suspension from the athletic program for the remainder of the school year.
4. Severe disciplinary infractions may result in suspension from the team and/or athletic program. EXAMPLES: theft, pilferage, unsportsmanlike conduct, assault, insubordination, etc. Suspensions will be handled by the Athletic Director.
5. Any arrest of an athlete, police citation issued to an athlete, or actions which bring disrepute to the athletic program, may result in suspension from the team for the season and/or school year.
6. A player ejected from a contest for any reason shall be subject to disciplinary actions by either the Athletic Director or coach.
7. Students who have out of school suspension (OSS) or in school suspension (ISS) are not allowed to travel, practice, attend games, or participate in athletics until the disciplinary obligation is completed. Students are not allowed to compete in games on the same day that they have completed ISS or OSS. Students will not be eligible from the start of attending ISS or OSS until it is completed.

By signing below, the student and parent acknowledge that they have read and will adhere to the policies, standards, and guidelines outlined in the Thunderbolt student handbook and any additional player/coaches' contract, including all components of this document. If unable to access the student handbook online, the student and parent may request a printed copy from the main office of the school. Furthermore, refunds will not be issued if an athlete is removed from the team. This document is to be signed by each athlete and/or team manager participating on a team sport during the current school year and only needs signed once per academic year.

--	--	--	--

*Student's Name (Print)*

*Student's Signature*

*Date*

*Grade*

--	--	--

*Parent/ Guardian Name (Print)*

*Parent/ Guardian Signature*

*Date*

***\*This contract is good for the entire 2023-2024 school year and will be kept on file in the Athletic Director's office.***

(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: \_\_\_\_\_

Gender: \_\_\_\_\_

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?	<input type="checkbox"/>	<input type="checkbox"/>
2) Do you have an ongoing medical conditional (like diabetes or asthma)?	<input type="checkbox"/>	<input type="checkbox"/>
3) Are you currently taking any prescription or nonprescription (over-the-counter) medicines or supplements? (Please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>
4) Do you have allergies to medicines, pollens, foods or stringing insects? (Please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>
5) Does your heart race or skip beats during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
6) Has a doctor ever told you that you have (check all that apply): <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> A Heart Murmur <input type="checkbox"/> High Cholesterol <input type="checkbox"/> A Heart Infection	<input type="checkbox"/>	<input type="checkbox"/>
7) Have you ever spent the night in a hospital?	<input type="checkbox"/>	<input type="checkbox"/>
8) Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>
9) 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 11)	<input type="checkbox"/>	<input type="checkbox"/>
10) Have you had any broken/fractured bones or dislocated joints? (If yes, check affected area in the box below in question 11):	<input type="checkbox"/>	<input type="checkbox"/>
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, check affected area in the box below):	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Shoulder <input type="checkbox"/> Upper Arm <input type="checkbox"/> Elbow <input type="checkbox"/> Forearm		
<input type="checkbox"/> Hand/Fingers <input type="checkbox"/> Chest <input type="checkbox"/> Upper Back <input type="checkbox"/> Lower Back <input type="checkbox"/> Hip <input type="checkbox"/> Thigh		
<input type="checkbox"/> Knee <input type="checkbox"/> Calf/Shin <input type="checkbox"/> Ankle <input type="checkbox"/> Foot/Toes		

	Y	N
12) Have you ever had a stress fracture?	<input type="checkbox"/>	<input type="checkbox"/>
13) Have you ever 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 medication?	<input type="checkbox"/>	<input type="checkbox"/>
19) Were you born without, are you missing, or do you have a non-functioning 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) 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"/>
26) While exercising in the heat, do you have severe muscle cramps or become ill?	<input type="checkbox"/>	<input type="checkbox"/>
27) 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"/>
28) Have you ever been tested for sickle cell trait?	<input type="checkbox"/>	<input type="checkbox"/>
29) Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
30) Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
31) Do you wear protective eyewear, such as goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>
32) Are you happy with your weight?	<input type="checkbox"/>	<input type="checkbox"/>
33) Are you trying to gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
34) Has anyone recommended you change your weight or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>
35) Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>
36) 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
37) Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
38) How old were you when you had your first menstrual period?	_____	
39) How many periods have you had in the last year?	_____	

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"/>

### Explain "Yes" Answers Here

### COVID-19...

	Y	N
1) Has your child been diagnosed with COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
1a) If yes, is your child still having symptoms from their COVID-19 infection?	<input type="checkbox"/>	<input type="checkbox"/>
2) Was your child hospitalized as a result for complications of COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
3) Has your child been diagnosed with Multi-Inflammatory Syndrome in Children (MIS-C)?	<input type="checkbox"/>	<input type="checkbox"/>
4) 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?	<input type="checkbox"/>	<input type="checkbox"/>
5) Has your child returned back to full participation in sports?	<input type="checkbox"/>	<input type="checkbox"/>
6) Has your child had direct or known exposure to someone diagnosed with COVID-19 in the past 3 months?	<input type="checkbox"/>	<input type="checkbox"/>
6a) Was your child tested for COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
7) Did your child receive the COVID-19 vaccine?	<input type="checkbox"/>	<input type="checkbox"/>
7a) What was the manufacturer of the vaccine? _____		
7b) Date of vaccination(s) _____		

### Explain "Yes" Answers Here

**Patient Health Questionnaire Version 4 (PHQ-4)**

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  $\geq 3$  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](https://spark.adobe.com/page/lltwyoLpTAp0V/)

[spark.adobe.com/page/lltwyoLpTAp0V/](https://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

1-800-273-8255 or [suicidepreventionlifeline.org](https://suicidepreventionlifeline.org)

The Trevor Lifeline

866-488-7386 (for gender diverse youth)



**Family History Questions: Please Tell Me About Any Of The Following In Your Family...**

	Y	N
1) 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"/>
2) Are there any family members who died suddenly of "heart problems" before age 50?	<input type="checkbox"/>	<input type="checkbox"/>
3) Are there any family members who have unexplained fainting or seizures?	<input type="checkbox"/>	<input type="checkbox"/>
4) Are there any relatives with certain conditions, such as:		
	Y	N
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	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
	Y	N
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	<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 Student-Athlete

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



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 *
<b>Medical</b>			
Appearance	<input type="checkbox"/>		
Eyes/Ears/Throat/Nose	<input type="checkbox"/>		
Hearing	<input type="checkbox"/>		
Lymph Nodes	<input type="checkbox"/>		
Heart	<input type="checkbox"/>		
Murmurs	<input type="checkbox"/>		
Pulses	<input type="checkbox"/>		
Lungs	<input type="checkbox"/>		
Abdomen	<input type="checkbox"/>		
Genitourinary &	<input type="checkbox"/>		
Skin	<input type="checkbox"/>		
<b>Musculoskeletal</b>			
Neck	<input type="checkbox"/>		
Back	<input type="checkbox"/>		
Shoulder/Arm	<input type="checkbox"/>		
Elbow/Forearm	<input type="checkbox"/>		
Wrist/Hands/Fingers	<input type="checkbox"/>		
Hip/Thigh	<input type="checkbox"/>		
Knee	<input type="checkbox"/>		
Leg/Ankle	<input type="checkbox"/>		
Foot/Toes	<input type="checkbox"/>		

\* - 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 recommendations 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

**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: \_\_\_\_\_

**2023-24 CONSENT TO TREAT FORM**

Parental consent for minor athletes is generally required for sports medicine services, defined as services including, but not limited to, evaluation, diagnosis, first aid and emergency care, stabilization, treatment, rehabilitation and referral of injuries and illnesses, along with decisions on return to play after injury or illness. Occasionally, those minor athletes require sports medicine services before, during and after their participation in sport-related activities, and under circumstances in which a parent or legal guardian is not immediately available to provide consent pertaining to the specific condition affecting the athlete. In such instances it may be imperative to the health and safety of those athletes that sports medicine services necessary to prevent harm be provided immediately, and not be withheld or delayed because of problems obtaining consent of a parent/guardian.

Accordingly, as a member of the Arizona Interscholastic Association (AIA), \_\_\_\_\_ (name of school or district) requires as a pre-condition of participation in interscholastic activities, that a parent/guardian provide written consent to the rendering of necessary sports medicine services to their minor athlete by a qualified medical provider (QMP) employed or otherwise designated by the school/district/AIA, to the extent the QMP deems necessary to prevent harm to the student-athlete. It is understood that a QMP may be an athletic trainer, physician, physician assistant or nurse practitioner licensed by the state of Arizona (or the state in which the student-athlete is located at the time the injury/illness occurs), and who is acting in accordance with the scope of practice under their designated state license and any other requirement imposed by Arizona law. In emergency situations, the QMP may also be a certified paramedic or emergency medical technician, but only for the purpose of providing emergency care and transport as designate

**PLEASE PRINT LEGIBLY OR TYPE**

"I, \_\_\_\_\_, the undersigned, am the parent/legal guardian of, \_\_\_\_\_, a minor and student-athlete at \_\_\_\_\_ (name of school or district) who intends to participate in interscholastic sports and/or activities.

I understand that the school/district/AIA employs or designates QMP's (as defined above) to provide sports medicine services (as also defined above) to the school's interscholastic athletes before, during or after sport-related activities, and that on certain occasions there are sport-related activities conducted away from the school/district facilities during which other QMP's are responsible for providing such sports medicine services. I hereby give consent to any such QMP to provide any such sports medicine services to the above-named minor. The QMP may make decisions on return to play in accordance with the defined scope of practice under the designated state license, except as otherwise limited by Arizona law. I also understand that documentation pertaining to any sports medicine services provided to the above-named minor, may be maintained by the QMP. I hereby authorize the QMP who provides such services to the above-named minor to disclose such information about the athlete's injury/illness, assessment, condition, treatment, rehabilitation and return to play status to those who, in the professional judgment of the QMP, are required to have such information in order to assure optimum treatment for and recovery from the injury/illness, and to protect the health and safety of the minor. I understand such disclosures may be made to above-named minor's coaches, athletic director, school nurse, any classroom teacher required to provide academic accommodation to assure the student-athlete's recovery and safe return to activity, and any treating QMP.

If the parent believes that the minor is in need of further treatment or rehabilitation services for the injury/illness, the minor may be treated by the physician or provider of his/her choice. I understand, however, that all decisions regarding same day return to activity following injury/illness shall be made by the QMP employed/designated by the school/district/AIA.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_