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

2017-2018 ANNUAL PREPARTICIPATION PHYSICAL EVALUATION

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

Exam Date:

Name:
Sex:
Age:
Date of Birth:
Grade:
School:
Sport(s):
Address:
Phone:
Personal Physician:
Hospital Preference:

In case of emergency, contact:
Name:
Relationship:
Phone (Home):
(Work):
(Cell):

Name:
Relationship:
Phone (Home):
(Work):
(Cell):

Explain "Yes" answers on following page.
Circle questions you don't know the answers to.

	Y	N
1) Has a doctor ever denied or restricted your participation in sports for any reason?	☐	☐
2) Do you have an ongoing medical condition (like diabetes or asthma)?	☐	☐
3) Are you currently taking any prescription or nonprescription (over-the-counter) medicines or supplements? (Please specify):	☐	☐
4) Do you have allergies to medicines, pollens, foods, or stinging insects? (Please specify):	☐	☐
5) Does your heart race or skip beats during exercise?	☐	☐
6) Has a doctor ever told you that you have (check all that apply): High Blood Pressure ☐ A Heart Murmur ☐ High Cholesterol ☐ A Heart Infection ☐		
7) Have you ever spent the night in the hospital?	☐	☐
8) Have you ever had surgery?	☐	☐
* 9) Have you ever had an injury (sprain, muscle/ligament tear, tendinitis, etc.) that caused you to miss a practice or game? (If yes, circle affected area in the box below):	☐	☐
*10) Have you had any broken/fractured bones or dislocated joints? (If yes, circle affected area in the box below):	☐	☐
* 11) Have you had a bone/joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? (If yes, circle affected area in the box below):	☐	☐

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

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

Females Only

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

Explain "Yes" Answers Here

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2017-2018 ANNUAL PREPARTICIPATION PHYSICAL EVALUATION

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

Student Name: Date of Birth:

Patient History Questions: Please tell me about your child...

	Y	N
1) Has your child fainted or passed out DURING or AFTER exercise, emotion or startle?	☐	☐
2) Has your child ever had extreme shortness of breath during exercise?	☐	☐
3) Has your child had extreme fatigue associated with exercise (different from other children)?	☐	☐
4) Has your child ever had discomfort, pain or pressure in his/her chest during exercise?	☐	☐
5) Has a doctor ever ordered a test for your child's heart?	☐	☐
6) Has your child ever been diagnosed with an unexplained seizure disorder?	☐	☐
7) Has your child ever been diagnosed with exercise-induced asthma not well controlled with medication?	☐	☐

Family History Questions: Please tell me about any of the following in your family...

	Y	N
8) Are there any family members who had sudden, unexpected, unexplained death before age 50? (including SIDS, car accidents, drowning, or near drowning)	☐	☐
9) Are there any family members who died suddenly of "heart problems" before age 50?	☐	☐
10) Are there any family members who have unexplained fainting or seizures?	☐	☐
11) Are there any relatives with certain conditions, such as:		
Enlarged Heart	☐	☐
Hypertrophic Cardiomyopathy (HCM)	☐	☐
Dilated Cardiomyopathy (DCM)	☐	☐
Heart Rhythm problems:	☐	☐
Long QT Syndrome (LQTS)	☐	☐
Short QT Syndrome	☐	☐
Brugada Syndrome	☐	☐
Catecholaminergic Polymorphic Ventricular Tachycardia (CPVT)	☐	☐
Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC)	☐	☐
Marfan Syndrome (Aortic Rupture)	☐	☐
Heart Attack, age 50 or younger	☐	☐
Pacemaker or Implanted Defibrillator	☐	☐
Deaf at Birth (Congenital Deafness)	☐	☐

Explain "Yes" Answers Here

I hereby state that, to the best of my knowledge, my answers to all of the above questions are complete and correct. Furthermore, I acknowledge and understand that my eligibility may be revoked if I have not given truthful and accurate information in response to the above questions.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

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

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NextCare URGENT CARE **The Preferred Urgent Care of the Arizona Interscholastic Association**

2017-2018 ANNUAL PREPARTICIPATION PHYSICAL EXAMINATION

Name: Date of Birth:
Age: Sex:
Height: Weight:
% Body fat (optional): Pulse:
BP:___/___ (___/___, ___/___)
Vision: R20/____ L20/____ Corrected: Y☐ N☐
Pupils: Equal____ Unequal___

	Normal	Abnormal Findings	Initials*
Medical			
Appearance			
Eyes/Ears/ Throat/Nose			
Hearing			
Lymph Nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary †			
Skin			
Musculoskeletal			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand/Fingers			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot/Toes			

* Multi-examiner set-up only.
† Having a third party present is recommended for the genitourinary examination.

NOTES: _____

☐ Cleared Without Restriction
☐ Not Cleared For: ☐ All Sports ☐ Certain Sports _____ ☐ Reason: _____
Recommendations: _____

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

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: _____

Horizon Community Learning Center

Athletic Insurance Information and Waiver

Medical Authorization:

Student's Name_____

Consent is hereby given for the above named individual to participate in athletic activities, conditioning, and weight training at Horizon Community Learning Center. In the event of illness and/or injury, permission is hereby granted for the treatment of this individual whenever medical attention is needed. I am aware that any financial obligations resulting from accident and/or illness, including emergency medical treatment, is solely my responsibility and not that of Horizon Community Learning Center or any of its representatives.

_____ _____

Signature of Parent or Guardian Date Signature of Student Date

Insurance Information and Waiver:

Student's Name:_____

Insurance Carrier:_____

Group Number:_____ID Number_____

Insurance Phone Number_____Billing Address_____

WAIVER, RELEASE, AND INDEMNITY AGREEMENT

I understand that there are risks and dangers inherent in participating in athletic activities, conditioning, and weight training. I have been informed and understand that Horizon Community Learning Center does not provide insurance coverage for athletic, conditioning, or weight training injuries. I also understand that in order for my children to be allowed to participate and/or receive instruction in athletic activities, conditioning, and weight training I must give up my rights to hold Horizon Community Learning Center or any of its representatives liable for any injury or damage which my children may suffer while participating and/or receiving instruction in athletic activities, conditioning, or weight training. I understand and agree that this agreement will be binding on me, my spouse, my heirs, my personal representatives, my assigns, my children and any guardian for my children. I understand and agree that if I am signing this agreement on behalf of my child, that I will be giving up the same right for my child, as I would be giving up if I signed this document on my own behalf. I understand that I am required to have insurance that covers athletic activities, conditioning, and weight training injuries and that without my own insurance coverage my children would not be allowed to participate in any athletic activities, conditioning, or weight training with Horizon Community Learning Center.

I acknowledge that I have read this agreement and that I understand the words and language in it.

_____ _____

Printed Name of Student Signature of Student Date

_____ _____

Printed Name of Parent/Legal Guardian Signature of Parent/Legal Guardian Date

Horizon Honors High School
Horizon Honors Middle School
Horizon Honors Intermediate School
Athletic Policy/Procedure & Fee Contract

Dear Parents and Guardians,

Your student has tried out for and been selected as a member of a team at Horizon. In order to participate it is required that you and your student acknowledge that you have read, understand and accept the requirements documented in the **Athletic Handbook.** The points listed below are intended to highlight some of the details found in the handbook. **By signing this form you are accepting accountability for the entirety of the handbook.**

Initial Eligibility Requirements:

- Current behavior must be acceptable to all teachers and administration.
- A current 2.0, or better, grade point average, no failing status in any current class, or previous quarter.
- Acceptance of the responsibility for use of athletic equipment and uniforms. Any misuse or loss will be the financial responsibility of the student and parent.

Qualification Procedures:

- Obtain an annual examination by a licensed physician who completes and signs the AIA **Annual Pre-participation Physical Evaluation** by the due date.
- Complete the AIA **Annual Pre-participation Physical Evaluation** form, which provides parental/guardian permission to participate and health history by the due date.
- Complete the **AIA Mild Traumatic Brain Injury (MTBI)/Concussion** form by the due date.
- Complete the Horizon **Athletic Insurance Information and Waiver** form by the due date.
- Sign the **Athletic Policy/Procedure & Fee Contract** by the due date.
- Complete **AIA Brainbook Course Grades 9-12 (must be completed once during 4 years of HS)**
- Submit payment of the Athletic Fee by the due date.
- Turn all forms into the Athletic Assistant by the due date.

Maintaining Eligibility:

- Student Athletes are required to maintain a 2.0 Grade Point Average at all times and never have a failing status at any time in any class. Current quarter grades are used to determine eligibility, not semester grades.
- Student Athletes must attend all practices and contests unless there is a pre-approved arrangement with the coach. There is an allowance of two excused absences. More than two excused absences can result in removal from the team. Un-excused absences are never acceptable. Only the Athletic Director can approve an absence due to extenuating circumstances.
- Respectful behavior toward team members, coaches, officials, competitors and fans is required at all athletic events.

I have read and understand the Horizon Athletic Handbook.

_____ _____

Parent/Guardian Signature Date Student Signature Date

Please check one of the following:

☐ I/We give permission for the email(s) below to be shared with the Coach, Team Parent, and Athletic Assistant for team updates and news.

☐ Only use my/our email(s) for direct contact from the Athletic Assistant for team updates and news.

☐ Father's email_____

☐ Mother's email_____

HORIZON HONORS
ELEMENTARY SCHOOL

Horizon Honors Intermediate School
Athletic Transportation Release Form

Name of Student:_____ Sport:_____

Name of Parent/Guardian:_____

The student listed above, who participates in the Horizon Honors Athletic Program, will adhere to the departmental policy for student travel to and from athletic events, including but not limited to practices, games, tournaments, competition, meets and matches. **I am fully aware the school and its athletic program offer transportation to competitions and back to the original site of departure. It is my understanding my child will ride to and from the competition in a vehicle provided by Horizon Honors** or with me as parent(s)/guardian(s). I understand if my child rides home with someone other than by a Horizon Honors vehicle, it will be the responsibility of the driver to sign the student out with the responsible coach. In my absence, the student has my permission to be transported in the following manner: **(check all that apply)**

☐ When necessary, my child may ride to the game and return home with someone other than a Horizon Honors vehicle or parent/guardian. **Sign out with the coach is required.**

I give permission to the following to transport my child in my absence: (Please print)

1._____ _____
Name Cell phone number

2._____ _____
Name Cell phone number

My signature will release Horizon Honors, its coaches and Administrators from all liability for my child. I do this of my own free will and under absolutely no stress. I offer my signature on the coach's sign out sheet as approval to release my Horizon Honors student back into my control and my responsibility. In my absence, I have granted permission to the responsible parties listed above or to my student when given the permission to drive.

Any violations of this policy will result in disciplinary action taken by the team coach, the Horizon Honors Athletic Director and/or the administration of Horizon Honors Elementary School as deemed appropriate.

_____ _____
Signature of parent/guardian Date