Tolleson Union High School District #214

Athletic Packet 2012-13

Please read the following information

Sports List

Fall
Cross Country
Football
Golf (Boys & Girls)
Swim (Boys & Girls)
Volleyball (Girls)

Winter
Boys Basketball
Girls Basketball
Boys Soccer
Girls Soccer
Wrestling

Spring
Baseball
Softball
Tennis (Boys & Girls)
Track and Field
Pom/Cheer Tryouts

TOLLESON UNION HIGH SCHOOL DISTRICT #214
ATHLETIC CLEARANCE REQUIREMENTS

Students must complete and check off ALL of the following eligibility requirements BEFORE being allowed to try-out or practice in interscholastic competition.

ATHLETIC PACKET FORMS:

- ☐ Domicile form
- ☐ Equipment Check Out/Parental Consent form
- ☐ Watch Informed Consent Video and complete and sign Statement of Awareness form
- ☐ Annual Pre-participation Physical Evaluation form
- ☐ A Physical Examination is required using the AIA FORM in the packet. (Physicals taken on or after March 1 of this year are good for the following school year.)
- ☐ AIA Concussion Statement and Acknowledgement (Complete and Sign) form
- ☐ Consent for Emergency Care form

ADDITIONAL ITEMS NEEDED TO COMPLETE CLEARANCE REQUIREMENTS:

- ☐ Copy of your medical insurance card. I clearly understand that it is the school district's policy that all students participating in interscholastic activities must have insurance and that the school cannot pay any medical cost from injury to a student.. School insurance is available for students without insurance.
- ☐ Complete AIA Brain Book Concussion course and print out certificate (one time only)
- ☐ Copy of your Birth Certificate
- ☐ Copy of signed NCAA Clearinghouse information sheet
- ☐ An ANNUAL Athletic Fee of $50.00 PER SPORT is due at the beginning of each sport season after you tryout and make the team. This is payable at the student bookstore.

Bring completed forms to the athletic secretary at least one week prior to try-outs or practice in order to receive a clearance slip. Do not give forms to the coach or trainer.

Wolverines | Aztecs | Lobos | Knights | Bulldogs

Tolleson Union High School District #214
Department of Athletics

DOMICILE

The following information is needed to complete your eligibility file. Your eligibility will be held in suspense until this information is received. This form needs to be turned into the Athletic Office.

Student Name_____ID #_____

List **ALL** schools previously attended and include present school.

Grade 9_____
Name of School and State

Grade 10_____
Name of School and State

Grade 11_____
Name of School and State

Grade 12_____
Name of School and State

Please circle which sports you will be trying out for.

FALL	**WINTER**	**SPRING**
Football	Basketball	Baseball
Volleyball	Soccer	Softball
Cross Country	Wrestling	Tennis
Golf		Track
Spiritline/Pom		
Swimming		

TOLLESON UNION HIGH SCHOOL DISTRICT #214
ATHLETIC STATEMENT OF AWARENESS

INSTRUCTIONS: The student and parent/guardian must read, complete, sign, and return this form before the student will be permitted to begin athletic participation. The student and parent/guardian should not sign this form until they have viewed the "Tolleson Union High School Districts Informed Consent Video" and obtained answers to any questions regarding health risks and safety practices of athletics. The video can be viewed at www.tuhsd.org.

Student Name_____ Student ID# _____

Parent/Guardian
Name _____ School _____

As a student and as the parent/guardian of the student, we acknowledge the following:

1. Health Risks and Safety Practices.

We have viewed the "Tolleson Union High School Districts Informed Consent Video" and considered the health risks associated with participation in athletics. We are also aware of the safety practices of the school's athletic program, which require the student to:

- Learn the rules of the sport.
- Diligently try to learn proper technique for the sport.
- Participate in physical conditioning in preparation for athletic competition.
- Maintain proper hydration (water intake).
- Advise the coach or trainer of any signs of physical injury.
- Advise the coach or trainer if equipment is damaged or fits poorly.

2. Insurance Needs

We are aware that Tolleson Union High School District does not provide accident or health insurance coverage for student athletes and have independently determined whether we should obtain, at our cost, such insurance. We have received information regarding a company that offers student accident and health insurance.

3. Harassment/Hazing

Abusive or humiliating harassment or hazing is strictly prohibited within Tolleson Union High School District Schools. These are unacceptable practices in any athletic, extracurricular or academic endeavor. Students who engage in any type of harassment and/or hazing can expect to be disciplined under the Tolleson Union High School District Schools "Guidelines for Student Behavior." I understand the letter and spirit of the information printed above, and will not be involved in any type of harassment and/or hazing.

4. Sportsmanship Standards

Tolleson Union High School District regards its athletic programs as a means of educating students in values of discipline, teamwork and respect for rules. Schools and their athletic teams are authorized to adopt codes of conduct for team members. Parents and spectators are also required to act in an appropriate manner during athletic events. Violation of conduct standard may result in disciplinary action, including dismissal from further athletic participation by the athlete or future attendance by a spectator.

5. AIA Position Statement – Supplements, Drugs and Performance Enhancing Substances

Tolleson Union High School District supports the Arizona Interscholastic Association (AIA) regarding this position. A balanced diet is optimal for meeting the nutritional needs of a student athlete. Nutritional supplements are rarely, if ever, needed to replace a healthy diet. Individual consideration for specific medical conditions may be given. We share strong opposition to "doping" (www.wada-ama.org). There is no place for recreational use of drugs, alcohol, or tobacco in the lifestyle of the student athlete.

6. Photo Use

I give permission for the school district to use photos taken from athletic events and for athletic purposes to be displayed on the district and school web pages.

I have read and understand the foregoing acknowledgements.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

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: _____

Your Path to the Student-Athlete Experience

If you wish to participate in NCAA Division I or II athletics, you need to be certified by The NCAA Eligibility Center. You need to qualify academically and you will also need To be cleared as an amateur student-athlete.

You are responsible for achieving and protecting your eligibility status!

For a Complete List of NCAA Courses

Visit www.eligibilitycenter.org and enter the site as an NCAA College-Bound Student-Athlete. Navigate to the "Resources" tab; click "U.S. Students" and then "List of NCAA Courses." Follow the prompts to search for your high school's list by name.

Division I
(16 Core Courses)
4 years of English.
3 years of mathematics (Algebra I or higher).
2 years of natural/physical science (1 year of lab if offered by high school).
1 year of additional English, mathematics or natural/physical science.
2 years of social science.
4 years of additional courses (from any area above, foreign language or comparative religion/philosophy).

Division II
(*16 Core Courses)
3 years of English.
2 years of mathematics (Algebra I or higher).
2 years of natural/physical science (1 year of lab if offered by high school).
3 years of additional English, mathematics or natural/physical science.
2 years of social science.
4 years of additional courses (from any area above, foreign language or comparative religion/philosophy).

***Students enrolling at an NCAA Division II college or university on or after August 1, 2013, will be required to complete 16 core courses. The current standard for Division II is 14 core courses.**

Checklist for College-Bound Student-Athletes

Steps to Take with NCAA Clearinghouse

1 Register at the beginning of your junior year at www.eligibilitycenter.org.

2 Ask your high school counselor to send your transcript to the NCAA Eligibility Center at the end of your junior year.

3 Take the ACT or SAT and use the code "9999" to have your official scores sent directly to the NCAA Eligibility Center. Taking the test your junior year will give you the ability to retake the test your senior year if you need a better qualifying score.

4 Check with your high school counselor to make sure you are on track to graduate on time with your class and have the required amount of core courses.

5 Request final amateurism certification during your senior year (beginning Apr 1). Ask your high school counselor to submit your final transcript with proof of graduation.

Please review the following information. It is important that you (parent) understand the process of getting your student/athlete cleared through the NCAA Clearinghouse. It will be your responsibility to register your son/daughter with the NCAA Clearinghouse. If you feel your son/daughter will be competing in college athletics this will be a very vital part of beginning that process. Failure to register with the NCAA Clearinghouse can delay or hinder your son/daughter ability to compete in NCAA sports.

For further information, go to www.eligibilitycenter.org

If you have any questions, please contact your site athletic director for clarification.

I have received and read the information on the NCAA Clearinghouse requirements and the registration process. I understand it is my responsibility to register my son/daughter with the NCAA Clearinghouse.

_____ Date_____

Parent Signature

Tolleson Union High School District #214
2012-13

Student _____ **ID#**_____

Name of sports you plan to participate in _____

EQUIPMENT CHECK OUT

I/We understand that equipment and uniforms are property of Tolleson Union High School District #214. I/We also understand that any equipment checked out must be returned at the **end of each season** to the athletic equipment manager. If equipment is not returned I/We understand we will be responsible for the replacement costs. **(This includes lost or stolen equipment).**

PARENTAL CONSENT TO PARTICIPATE IN INTERSCHOLASTIC ACTIVITIES

I/We give our permission for our son/daughter to participate in organized interscholastic athletics, realizing that such activity involves that potential for injury which is inherent in all sports. 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, the injuries can be so severe as to result in disability, paralysis, quadriplegia, or even death.

_____ _____
Parent/Guardian Signature **Date**

_____ _____
Student Signature **Date**

Exam Date_____

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

AIA ARIZONA INTERSCHOLASTIC ASSOCIATION
OUR STUDENTS, OUR TEAMS . . . OUR FUTURE.

2012-2013 ANNUAL PREPARTICIPATION PHYSICAL EVALUATION

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

Name _____ Sex _____ Age _____ Date of Birth _____ Grade _____

School _____ Sport(s) _____

Address _____ Phone _____

Personal Physician _____ Hospital Preference _____

In case of emergency, contact:

Name _____ Relationship _____ Phone (H): _____ (W): _____ (C) _____

Name _____ Relationship _____ Phone (H): _____ (W): _____ (C) _____

Explain "Yes" answers below.
Circle questions you don't know the answers to.

	YES	NO
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 speciy): _____	□	□
5. Have you ever passed out or nearly passed our DURING exercise?	□	□
6. Have you ever passed out or nearly passed out AFTER exercise?	□	□
7. Have you ever had discomfort, pain, or pressure in your chest during exercise?	□	□
8. Does your heart race or skip beats during exercise?	□	□
9. Has a doctor ever told you that you have (check all that apply): □ High blood pressure □ A heart murmur □ High cholesterol □ A heart infection	□	□
10. Has a doctor ever ordered a test for your heart? (ex: ECG, echocardiogram)	□	□
11. Has anyone in your family died for no apparent reason?	□	□
12. Does anyone in your family have a heart problem?	□	□
13. Has any family member or relative died of heart problems or of sudden death before age 50?	□	□
14. Does anyone in your family have Marfan syndrome?	□	□
15. Have you ever spent the night in the hospital?	□	□
16. Have you ever had surgery?	□	□
* 17. 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 boxes below:	□	□
* 18. Have you had any broken/fractured bones or dislocated joints? If yes, circle affected area in the boxes below:	□	□
* 19. 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 boxes below:	□	□
* □ Head □ Neck □ Shoulder □ Upper Arm □ Elbow □ Forearm □ Hand/Fingers □ Chest □ Upper Back □ Low Back □ Hip □ Thigh □ Knee □ Calf/Shin □ Ankle □ Foot/Toes		
20. Have you ever had a stress fracture?	□	□
21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?	□	□
22. Do you regularly use a brace or assistive device?	□	□
23. Has a doctor told you that you have asthma or allergies?	□	□

	YES	NO
24. Do you cough, wheeze, or have difficulty breathing during or after exercise?	□	□
25. Is there anyone inyour family who has asthma?	□	□
26. Have you ever used an inhaler or taken asthma medicine?	□	□
27. Were you born without, are you missing. Or do you have a nonfunctioning kidney, eye, testicle or any other organ?	□	□
28. Have you had infectious mononucleosis (mono) within the last month?	□	□
29. Do you have any rashes, pressure sores, or other skin problems?	□	□
30. Have you had a herpes skin infection?	□	□
31. 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")?	□	□
32. Have you ever had a seizure?	□	□
33. Doyou have headaches with exercise?	□	□
34. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit, falling, stingers or burners?	□	□
35. When exercising in the heat, do you have severe muscle cramps or become ill?	□	□
36. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	□	□
37. Have you ever been tested for sickle cell trait?	□	□
38. Have you had any problems with your eyes or vision?	□	□
39. Do you wear glasses or contact lenses?	□	□
40. Do you wear protective eyewear, such as goggles or a face shield?	□	□
41. Are you happy with your weight?	□	□
42. Are you trying to gain or lose weight?	□	□
43. Has anyone recommended you change your weight or eating habits?	□	□
44. Do you limit or carefully control what you eat?	□	□
45. Do you have any concerns that you would like to discuss with a doctor?	□	□
FEMALES ONLY		
46. Have you ever had a menstrual period?	□	□
47. How old were you when you had your first menstrual period?	_____	
48. How many periods have you had in the last year?	_____	

Explain "Yes" answers here:

I hereby state that, to the best of my knowledge, my answers to 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 _____

AIA ARIZONA INTERSCHOLASTIC ASSOCIATION
OUR STUDENTS, OUR TEAMS . . . OUR FUTURE.

2012-2013 ANNUAL PREPARTICIPATION PHYSICAL EVALUATION

Name _____ Date of birth _____ Age _____ Sex _____

Height _____ Weight _____ % Body fat (optional) _____ Pulse _____ BP ____ / ____ (____ / ____, ____ / ____)

Vision R 20 / _____ L 20 / _____ Corrected: Y N Pupils: Equal _____ Unequal _____

	NORMAL	ABNORMAL FINDINGS	INITIALS *
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
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) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD / DO / NP / PA-C

FORM 15.7-B 03/12

TOLLESON UNION HIGH SCHOOL DISTRICT #214

CONSENT FOR EMERGENCY CARE

GRADE_____

Student_____ID#_____

Name of sports you plan to participate in:

Fall_____Winter_____Spring_____

We will provide a certified athletic trainer to help provide the best athletic health care for your son or daughter. We would like to invite you to stop by the school and meet the trainer or contact him/her about any athletic health care problems that may occur during the season.
Should a medical emergency occur we will make every effort to contact you about treatment for your son or daughter. In the event you cannot be reached, we ask that you give us permission to provide emergency medical treatment and any follow-up care by a licensed physician.

I, THE UNDERSIGNED OR DESIGNATED REPRESENTATIVE FOR THE STUDENT, VOLUNTEER MY CONSENT FOR CARE. I GRANT PERMISSON TO THE TOLLESON UNION SCHOOL DISTRICT AND THE CERTIFIED ATHLETIC TRAINER TO PROVIDE EMERGENCY TREATMENT FOR_____ (SON OR DAUGHTER) AND FOLLOW UP CARE BY A LICENSED PHYSICIAN. I UNDERSTAND THAT NO GUARANTEES OR PROMISES ARE MADE CONCERNING THE OUTCOME OF TREATMENT.

_____ _____ _____
Signature of Parent/Guardian **Today's Date** **Student's Date of Birth**

Parent/ Guardian Name:_____ Home Phone:_____

Address: _____ City: _____ Zip: _____

Father's Business Phone: _____ Mother's Business Phone:_____

Father's Cell Phone: _____ Mother's Cell Phone: _____

IN CASE OF EMERGENCY: If parent/guardian is not immediately available, contact:

Friend/Relative: _____Phone:_____

Family Physician_____ Phone: _____

Hospital Preference: _____

MEDICAL ALERT(S) _____

Insurance

I clearly understand that it is the school district's policy that all students participating in interscholastic activities must have insurance and that the school cannot pay any medical cost from injury to a student.

I have purchased school insurance: ( ) Yes ( ) No I have my own insurance ( ) Yes ( ) No

Insurance Company: _____ Policy Number: _____