



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?	<input type="checkbox"/>	<input type="checkbox"/>
2) Do you have an ongoing medical condition (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 stinging 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): 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"/>	<input type="checkbox"/>
7) Have you ever spent the night in the 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, 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 <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"/>	Low 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 <input type="checkbox"/>	



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

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

	Y	N
8) Are there any family members who had sudden, unexpected, unexplained death before age 50? (including SIDS, car accidents, drowning, or near drowning)	<input type="checkbox"/>	<input type="checkbox"/>
9) Are there any family members who died suddenly of "heart problems" before age 50?	<input type="checkbox"/>	<input type="checkbox"/>
10) Are there any family members who have unexplained fainting or seizures?	<input type="checkbox"/>	<input type="checkbox"/>
11) Are there any relatives with certain conditions, such as:	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
Catecholaminergic Polymorphic Ventricular Tachycardia (CPVT)	<input type="checkbox"/>	<input type="checkbox"/>
Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC)	<input type="checkbox"/>	<input type="checkbox"/>
Marfan Syndrome (Aortic Rupture)	<input type="checkbox"/>	<input type="checkbox"/>
Heart Attack, age 50 or younger	<input type="checkbox"/>	<input type="checkbox"/>
Pacemaker or Implanted Defibrillator	<input type="checkbox"/>	<input type="checkbox"/>
Deaf at Birth (Congenital Deafness)	<input type="checkbox"/>	<input type="checkbox"/>

Explain "Yes" Answers Here

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

 Signature of athlete

 Signature of parent/guardian

 Date

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

 Date:



2017-2018 ANNUAL PREPARTICIPATION PHYSICAL EXAMINATION

Name:	Date of Birth:
Age:	Sex:
Height:	Weight:
% Body fat (optional):	Pulse:
Vision: R20/____ L20/____	BP: ____/____ (____/____, ____/____)
Pupils: Equal____ Unequal____	Corrected: Y <input type="checkbox"/> N <input type="checkbox"/>

	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
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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 Middle School/High 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 student will drive to practices and away competitions **(Sign out with the coach is required).**

*My student understands that my child is not allowed to transport any other students, players, or spectators. Any violation may result in disciplinary action by Athletic Director/Administrator of Horizon Honors HS.

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 Middle School/High School as deemed appropriate.

Signature of parent/guardian

Date