



Desert Wind Middle School  
Tigers



Maricopa Wells Middle School  
Panthers

Maricopa Unified School District  
Middle Schools Athletic Information

Welcome to the 2018-2019 school year.

We are excited about our upcoming Athletic programs.

Please review the following information:

- A completed athletic packet, including current physical date on or after March 1 of current school year, must be submitted to the office before the student is able to participate in tryouts & team sports. Packets are available online at [maricopausd.org](http://maricopausd.org) or at your students designated school site.
- Student must have medical insurance to try out and participate in any school sport. If insurance is needed, Myers-Stevens & Toohy Co. offers low medical coverage. Forms are available at your students designated school site.
- There is a \$50.00 "Pay 2 Play" fee for every student that makes the team.
- There is a \$250.00 maximum "Pay 2 Play" fee per family per school site. See school for details.
- This fee is collected prior to the first game of each sport season for students eligible to play.

**Athletic Seasons:**

**Season 1:** Baseball, Softball, Cross Country

**Season 2:** Boys Soccer, Girls Volleyball

**Season 3:** Cheerleading, Girls Basketball, Football

**Season 4:** Boys Basketball, Girls Soccer, Wrestling, Cheerleading, Track

**\*\* Contact your student's school to see if specific sport is offered\*\***

If you have any questions or concerns, please contact:

Jake Neill, District Athletic Director @ 520-568-8109 or by email [jneill@musd20.org](mailto:jneill@musd20.org)

Christy Trujillo, Athletic Administrative Assistant @ 520-568-8108 or by email

[ctrujillo@musd20.org](mailto:ctrujillo@musd20.org)

Desert Wind Office  
520-568-7110 ex. 3102

Maricopa Wells Office  
520-568-7100 ex. 3008

Name: \_\_\_\_\_ Student ID # \_\_\_\_\_ Grade \_\_\_\_\_

## **MUSD 20 Middle School Athletic** **Eligibility Clearance Packet**

**Packet must be filled out completely and done in blue or black ink**

### **Every line must be initialed**

Dear Parents/ Guardians and Athlete:

Welcome to the Maricopa Unified School District Athletic Program. In order to establish eligibility, the student is required to have on file with the Athletic Department of the school he/she is attending all forms and documents required by Maricopa Unified School District.

Eligibility requirements are listed below. Please mark each step as complete by placing your initials on the line that is provided. When every line has been initialed, your eligibility packet is complete and ready to be turned in.

- 1) \_\_\_\_\_ **Physical Examination:** All students must have a physical examination **dated on or after March 1 of current year.** The medical practitioner must be one of the following: M.D., D.O., N.P., or PA-C.
  
- 2) \_\_\_\_\_ **Athletic Emergency & Insurance Verification:** This must be completed and signed by the parent/guardian. You must provide proof of accident and health insurance coverage for the student by providing policy provider, number and expiration date. Insurance can be purchased through the school.
  
- 3) \_\_\_\_\_ **Birth Certificate:** A copy of students birth certificate or equivalent proof of students birth date must be on file in the registrar's office.
  
- 4) \_\_\_\_\_ **School District Academic Requirements:** A student must be passing all classes with a 2.0 GPA. Failure to do so will prohibit the athlete from competition and travel.
  
- 5) \_\_\_\_\_ **Hazing/Harassment, Implied Consent & AIA Codes:** Parent/guardian & student must read, understand and sign.
  
- 6) \_\_\_\_\_ **Pay for Participation:** Parent must fill out the Pay for Participation form. This fee of \$50.00 must be paid prior to participation. Tax credit may be used to pay for the Pay to Participate fee.



Desert Wind Middle School

Maricopa Wells Middle School



**Maricopa Unified School District #20  
 Extracurricular Activity Tax Credit Contribution Form  
 To support Public Schools Extracurricular Activities**

Please fill out the following information (print in ink) if you would like to support the extracurricular activities of the Maricopa Unified School District. All the information below is necessary and will be forwarded to the Arizona Department of Revenue for the year ending December 31, 20\_\_\_\_\_.

DONOR'S LAST NAME: \_\_\_\_\_ DONOR'S FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Today's Date \_\_\_\_\_

**I would like my contribution to support the following school(s):**

- \$ \_\_\_\_\_ Maricopa Elementary
- \$ \_\_\_\_\_ Pima Butte Elementary
- \$ \_\_\_\_\_ Santa Rosa Elementary
- \$ \_\_\_\_\_ Santa Cruz Elementary
- \$ \_\_\_\_\_ Butterfield Elementary
- \$ \_\_\_\_\_ Saddleback Elementary
- \$ \_\_\_\_\_ Maricopa Wells Middle School
- \$ \_\_\_\_\_ Desert Wind Middle School
- \$ \_\_\_\_\_ Maricopa High School

<p>Below list any specific activities per site:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Student Name(s)</p> <p>_____</p> <p>_____</p>
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Return the completed form with contribution to the school site OR to the District Office located at 44150 Maricopa-Casa Grande Highway, Maricopa AZ 85138. Once the site official receives the contribution, the site official will sign and date the form and provide you with a copy.

**If you mail a donation, a receipt will be mailed to you. If you give your donation in person, a receipt will be given to you.**

**CONTRIBUTION LIMITS:** An individual may claim a nonrefundable tax credit for making cash contributions or for certain fees paid to a public school located in Arizona for the support of extracurricular activities or character education programs. The credit is equal to the amount of fees paid or cash contributions, not to exceed \$400 for married filing joint filers and \$200 for all other filing statuses.

Received by: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_



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## Maricopa Unified School District #20 Middle School Pay for Participation

When your students makes a team, there will be a \$50.00 pay to play fee. These fees help pay for officials, transportation, uniforms and equipment. Please fill out the following information and check the appropriate box(s) to signify the sports or activity that your son/daughter will be participating in. There is a \$250.00 maximum charge per family per school site per school year. See school for details.

### Student Information

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Athletics - \$50.00 Participation Fee for Each Sport

Season 1	Season 2	Season 3	Season 4
Baseball	Boys Soccer	Girls Basketball	Wrestling
Softball	Volleyball	Football	Girls Soccer
	X Country	Cheerleading	Boys Basketball
			Track

### Pay to Participate can be paid for with Tax Credit

Tax Credit form must be turned into the Athletic Department to get credit for Pay to Participate. Form is attached to this packet or can be found online at [www.maricopausd.org](http://www.maricopausd.org).

## **MUSD 20 Athletics/Activities Hazing Policy**

The Maricopa Unified School District takes a no tolerance position on Hazing in any form in our schools. Hazing is defined as any act that injures, degrades, or disgraces, or tends to injure, degrade, or disgrace, any student. Students found in violation of the Hazing Policy will be subject to disciplinary actions as per the district.

## **MUSD 20 Athletic/Activities Harassment Policy**

The Maricopa Unified School District is committed to a policy of non-discrimination in relation to race, color, religion, sex, age, national origin and disability. The policy will prevail in all matters concerning staff members, students, the public educational programs and services and individuals which the district does business. Students found in violation of harassing another student in any of the above mentioned areas will be subject to disciplinary action as per the Maricopa Unified School District Policy.

## **MUSD 20 Athletics/Activities Informed Consent Policy**

Athletes and their parent/guardian will have the opportunity to view a video outlining the risks of participating in athletics prior to the first practice. It is important to understand that there is inherent risk of life threatening injury, permanent disability, and a multitude of other minor injuries when participating in athletics. Parents are invited to watch this video with their son or daughter prior to the start of the sports season. By signing this form you are acknowledging the risks of sports participation and are agreeing to allow your son/daughter to participate.

## **MUSD 20 Athletics/Activities Legal Guardian Consent**

I/we, give permission for the student listed below to participate in organized interscholastic athletics, realizing that such activity involves the potential for injury which is inherent in all sports. I/we acknowledge that even with the best of coaching, use of the most advanced protective equipment, and the strict observance of rules, injuries are still possible. On rare occasions, these injuries can be so severe as to result in total disability, paralysis, quadriplegia, or even death.

**My signature verifies that I am the legal guardian of the student named below.**

**I have read and understand the above consents and policies.**

\_\_\_\_\_  
**Print Student Name**

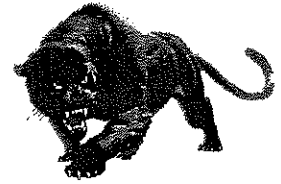
\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Print Parent/ Guardian Name**

\_\_\_\_\_  
**Parent/Guardian Signature**



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**MARICOPA MIDDLE SCHOOL  
Code of Conduct for Student-Athletes and Parents**

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Maricopa Wells and Desert Wind Middle Schools are participants and supporters of the Pursuing Victory with Honor Philosophy. Student athletic activities serve as an outdoor classroom, promoting positive attitudes, good sportsmanship and collaboration. You can help support our efforts by practicing good sportsmanship at all of our athletic activities and by serving as a positive role model at these events.

It takes courage, confidence, control, commitment and consistency to be a good sport and the pay-offs are great in the game of life. Good sports are winners! The pressure to win at all costs, at all levels of athletic competition and in life, reflects poorly on our society. In middle school sports, even though we have tournaments and league standings, being number one is not our mission. Middle schools sports are classrooms where sportsmanship is the most important lesson learned.

Behavior that criticizes players, coaches or officials, blames someone for losses, second guesses coaches strategies or officials calls, is not reflective of the athletic classroom that is our standard. We will not tolerate verbal abuse, profane or belligerent trash –talking, taunting and inappropriate celebrations. Any person who disrupts a school event will be asked to leave. This person may also be excluded from further school events.

Everyone involved in athletic competition, including parents, spectators, and students, has a duty to honor the traditions of the sport to treat others with respect. We appreciate everyone's efforts in teaching our students respect for others and good sportsmanship as we model this behavior for them.

I have read and understand the requirements of the Code of Conduct. I understand that I am expected to perform according to this code and I understand that there may be sanctions or penalties if I do not.

\_\_\_\_\_  
**Student-Athlete Name (print)**

\_\_\_\_\_  
**Student-Athlete Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

## WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury. Concussions are caused by a bump or blow to the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

## WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

### Signs Observed by Parents or Guardians

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes

### Symptoms Reported by Athlete

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just “not feeling right” or “feeling down”

## HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION OR OTHER SERIOUS BRAIN INJURY?

Ensure that they follow their coach's rules for safety and the rules of the sport.

Encourage them to practice good sportsmanship at all times.

Make sure they wear the right protective equipment for their activity. Protective equipment should fit properly and be well maintained.

Wearing a helmet is a must to reduce the risk of a serious brain injury or skull fracture. However, helmets are not designed to prevent concussions. There is no “concussion-proof” helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.

## WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

**SEEK MEDICAL ATTENTION RIGHT AWAY.** A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to regular activities, including sports.

**KEEP YOUR CHILD OUT OF PLAY.** Concussions take time to heal. Don't let your child return to play the day of the injury and until a health care professional says it's OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a repeat concussion. Repeat or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.

**TELL YOUR CHILD'S COACH ABOUT ANY PREVIOUS CONCUSSION.** Coaches should know if your child had a previous concussion. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

### Parent or Guardian Consent

I give permission for he/she to travel with the coach or other representative of the school on any authorized trips. I agree to assume responsibility for the return of all athletic equipment issued by the school to the above name student at the end of the sports season. I consent to the release of student directory information as it applies to school related activities such as athletics.

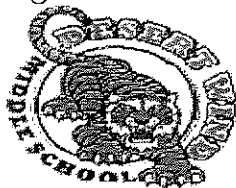
I/We give our permission for \_\_\_\_\_ to participate in organized interscholastic activities, realizing that such activity involves the potential for injury which is inherent in all sports. I/We acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observances of rules, injuries, are still a possibility.

On rare occasions, these injuries can be so severe as to result in disability, paralysis, quadriplegic or even death.

I/We acknowledge that I/We have read and understand this warning. I/We acknowledge that I/We have read and understand the above consent for emergency care.

Signature of Parent/ Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Student Athlete: \_\_\_\_\_ Date: \_\_\_\_\_



### Maricopa Middle Schools Emergency/Insurance Information Card

Athlete's Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

For students to participate in an athletic program extra-curricular activity, accident **insurance is required.**

**Option 1-** Insurance Company covering Student: \_\_\_\_\_ Policy # \_\_\_\_\_

**Option 2-**

Purchase School Insurance : YES \_\_\_\_\_ NO \_\_\_\_\_ Mailed: Date \_\_\_\_\_, Time \_\_\_\_\_, INT. \_\_\_\_\_

**-Coverage begins at 11:59 PM on date of school receiving completed enrollment form and payment**

**-Premiums cannot be refunded or converted**

Parent/Guardian Name: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Parent E-mail: \_\_\_\_\_ Emergency # to call in case of injury: \_\_\_\_\_

Doctor: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Medical Conditions/Allergies: \_\_\_\_\_

I, \_\_\_\_\_, parent or guardian of the above named student, give the coach permission to seek medical aide as deemed necessary for my son/daughter in the event I cannot be contacted. I understand that insurance or parent of student will pay any expenses incurred. Payment of expense is not a schools responsibility.

Parent Signed: \_\_\_\_\_ Date: \_\_\_\_\_





## 2018-2019 ANNUAL PREPARTICIPATION PHYSICAL EVALUATION

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

Exam Date: \_\_\_\_\_

Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Age: \_\_\_\_\_  
 Sex: \_\_\_\_\_  
 Grade: \_\_\_\_\_  
 School: \_\_\_\_\_  
 Sport(s): \_\_\_\_\_  
 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.

- |  |                                | <b>Y</b>                            | <b>N</b>                            |                                    |                                  |
|--|--------------------------------|-------------------------------------|-------------------------------------|------------------------------------|----------------------------------|
| 1) Has a doctor ever denied or restricted your participation in sports for any reason?   | <input type="checkbox"/>       | <input type="checkbox"/>            | <input type="checkbox"/>            |                                    |                                  |
| 2) Do you have an ongoing medical condition (like diabetes or asthma)?   | <input type="checkbox"/>       | <input type="checkbox"/>            | <input type="checkbox"/>            |                                    |                                  |
| 3) Are you currently taking any prescription or nonprescription (over-the-counter) medicines or supplements?<br>(Please specify): _____  | <input type="checkbox"/>       | <input type="checkbox"/>            | <input type="checkbox"/>            |                                    |                                  |
| 4) Do you have allergies to medicines, pollens, foods, or stinging insects?<br>(Please specify): _____   | <input type="checkbox"/>       | <input type="checkbox"/>            | <input type="checkbox"/>            |                                    |                                  |
| 5) Does your heart race or skip beats during exercise?   | <input type="checkbox"/>       | <input type="checkbox"/>            | <input type="checkbox"/>            |                                    |                                  |
| 6) Has a doctor ever told you that you have (check all that apply):<br>High Blood Pressure      A Heart Murmur      High Cholesterol      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"/>            | <input type="checkbox"/>            |                                    |                                  |
| 8) Have you ever had surgery?  | <input type="checkbox"/>       | <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):                             | <input type="checkbox"/>       | <input type="checkbox"/>            | <input type="checkbox"/>            |                                    |                                  |
| *10) Have you had any broken/fractured bones or dislocated joints? (If yes, circle affected area in the box below):  | <input type="checkbox"/>       | <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 <input type="checkbox"/> |                                  |







**2018-2019 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*
<b>Medical</b>			
Appearance			
Eyes/Ears/ Throat/Nose			
Hearing			
Lymph Nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary †			
Skin			
<b>Musculoskeletal</b>			
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