

# WINSLOW HIGH SCHOOL ATHLETICS

## ATTENTION ALL PARENTS AND STUDENT ATHLETES

ALL items below must be completed / received before your athlete is cleared to tryout / play a sport;

### NO CLEARANCE WILL BE ISSUED UNTIL THE BELOW COMPLETED FORMS AND FEES ARE ALL RECEIVED

1. **STUDENT INFORMATION SHEET** - Fill out completely if applicable.
2. **PHYSICAL FORM** – All forms must be completely filled out with parent / guardian and student signatures.
3. **WAIVER OF LIABILITY** –Form must be signed and dated by parent / guardian.
4. **PARENT CODE OF CONDUCT** - Form must be signed and dated by parents / guardians.
5. **BULLDOG PROMISE** - Form must be signed and dated by parent / guardian and student.
6. **AIA CONCUSSION FORM** - Form must be signed and dated by parent / guardian and student.
7. **PARENTAL CONSENT INSURANCE AND EMERGENCY FORM (Yellowcard)** – Form needs to be completely filled out with parent / guardian signatures and emergency contact information.  
\*If at any time your contact phone numbers changed, it is your responsibility to let us know as soon as possible so we can have accurate records on file at all times.
8. **BRAIN BOOK** – Is a concussion course that needs to be completed by each athlete per Arizona Interscholastic Association. Below are instructions on how to complete the process;
  - a. Go to: [www.aiaacademy.org/](http://www.aiaacademy.org/)
  - b. Click on the Brainbook icon
  - c. Click on register as a student
  - d. Fill in the registration form, write down your username and password
  - e. Click on register. You will then have to login and start the course.
  - f. At the end of the course you will take a short test, if you score over 80% you will be asked to print a certificate, print your certificate of completion and turn it in with the rest of your paperwork.
  - g. **RETURNING ATHLETES**- if you have already completed the Brainbook course you **DO NOT** need to do it again. Just make sure we have a copy on file. All incoming freshman and new athletes to our school **YOU MUST COMPLETE** Brainbook.
9. **ROSTER FEE** - \$50.00 roster fee is to be paid in the main office (**PER SPORT**). \$25.00 will be refunded to you if the student does not make the team. The fee is non-refundable for all other situations such as; removal for disciplinary reasons, eligibility issues or should the student quit the activity. These fees can be used as tax credit donation. Please save your receipt for your taxes.

Winslow High School Athletics

Mr. Salvador Hernandez  
Mrs. Valerie Huerta

Athletic Director  
Athletic Secretary

928-288-8112 Direct / 928-288-8290 Fax



## 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):	<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"/>			
* 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):	<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"/>	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"/>	



	Y	N
12) Have you ever had a stress fracture?	<input type="checkbox"/>	<input type="checkbox"/>
13) Have you 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 medicine?	<input type="checkbox"/>	<input type="checkbox"/>
19) Were you born without, are you missing, or do you have a nonfunctioning 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) Do you have headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
26) 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"/>
27) When exercising in the heat, do you have severe muscle cramps or become ill?	<input type="checkbox"/>	<input type="checkbox"/>
28) 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"/>
29) Have you ever been tested for sickle cell trait?	<input type="checkbox"/>	<input type="checkbox"/>
30) Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
31) Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
32) Do you wear protective eyewear, such as goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>
33) Are you happy with your weight?	<input type="checkbox"/>	<input type="checkbox"/>
34) Are you trying to gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
35) Has anyone recommended you change your weight or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>
36) Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>
37) Do you have any concerns that you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>

**Females Only**

	Y	N
38) Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
39) How old were you when you had your first menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
40) How many periods have you had in the last year?	<input type="checkbox"/>	<input type="checkbox"/>

**Explain "Yes" Answers Here**

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>



## 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:
	BP: ___/___ (___/___/___)
Vision: R20/___ L20/___	Corrected: Y <input type="checkbox"/> N <input type="checkbox"/>
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



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

**WAIVER OF LIABILITY**  
**Winslow Unified School District #1**

The Winslow School District, its Governing Board and its employees, provide notice that it does not have a duty under Federal or State law to supervise students who are not on school district property and therefore, not in the school district's custody or under its control. I, as parent or guardian of the below named minor (s), recognize and understand that my child will not be supervised by the Winslow Unified School District during the period of time between which my child is dismissed from the regular school day and the time the optional extracurricular activity my child has chosen to participate in begins.

I agree to hold the Winslow Unified School District, its Governing Board and its employees, harmless from any and all responsibility or liability arising out of or connected in any way to my child's activities during the time period between my child's dismissal at the conclusion of the regular school day and my child's participating in the optional extracurricular activity. I forever release and discharge the Winslow Unified School District, its Governing Board and its employees from all claims, demands or causes of action in regard to the above specified time period during which my child will not be supervised by the Winslow Unified School District.

I have carefully read this Agreement and fully understand its contents. I am aware that this is a binding release of liability in favor of the Winslow Unified School District, its Governing Board and its employees.

I, as parent or guardian of the below named minor (s), agree, individually and on behalf of my child, to the terms of the above waiver of liability.

Name of Minor (s) \_\_\_\_\_

Name of Parent (s) \_\_\_\_\_

Signature of Parent (s) \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

- *This form is good for the duration of participation at Winslow High School. If any information needs to be changed and / or updated it is the parent's responsibility to do so.*

# CODE OF CONDUCT FOR PARENTS OF INTERSCHOLASTIC STUDENT-ATHLETES

**RESPECT COACHES** - Treat coaches with respect at all times; recognize that they have team goals beyond those of your child. Don't shout instructions to players from the stands; let the coaches coach.

**RESPONSIBILITY** - Place the academic, emotional, physical and moral well-being of your child above desires and pressures to win. Be honest with your child about the possibilities of getting an athletic scholarship or playing on a professional level.

**PRIVILEGE TO COMPETE** - Assure that you and your child understand that participation in interscholastic sports is a *privilege*, not a right. They are expected to represent their team and school on and off the field. All athletes will be administered a drug test at the beginning of the season. This test will take place on campus and conducted by trained professionals. In addition, random tests will take place during the duration of the year for in-season athletes.

**CONSIDERATION** - Be considerate of other players and parents. Don't sit in the stands and criticize other players on the team. Be supportive of the entire team.

**COMMITMENT** - Barring uncontrollable circumstances, students are expected to complete the season and not quit on their coaches, teammates, and more importantly themselves. High School sports is a great opportunity for our students to deal with adversity and learn about commitment and responsibility. Research shows that young adults who quit extracurricular activities without consequences may maintain that pattern into adulthood. Therefore, students who dismiss themselves from a team will not be permitted to join their next season of sport.

**CHAIN OF COMMAND** - If an athlete or parent has a disagreement with a coach, the Athletic Department request that you make an appointment with the coaching staff to meet and try to work out the problem with the coach first. Athletes and parents should respect the private lives of coaches and should not contact them at home except in the case of an emergency. If the situation cannot be resolved, the athlete or parents will then go to the Athletic Director from there the grievance will go to the Principal. This process must be followed.

**PLAYING TIME** - The philosophy of the all of our programs is to place the best combination of athletes into a game or match situation. This combination of athletes is to be determined by the coaching staff based on their evaluation of the athletes. *There is no guaranteed playing time.* If a parent has a concern regarding playing time he/she should make an appointment with the coach.

*I have read and understand the requirements of this code of conduct and agree to abide by this code. Failure to do so may result in the removal of my student-athlete from the activity. This must be signed and returned before the student will be allowed to compete.*

Parent (s)  
signature (s) \_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_  
Date \_\_\_\_\_

*This form is good for the duration of participation at Winslow High School. If any information needs to be changed and/or updated it is the parent's responsibility to do so.*



# WHS BULLDOG PROMISE

1. I promise to respect all people at all times.
2. I promise to work hard and am willing to sacrifice personal glory for the welfare of the team.
3. I promise to represent Winslow High School with pride, honor and integrity at all times.
4. I promise to not use or have possession of drugs, alcohol or tobacco products so I can reach my full potential.
5. I promise to be a positive role model around my peers.
6. I promise to give my best effort and attitude both in class and on the field.
7. I promise to act and play like a champion regardless of the outcome.
8. I promise to specifically follow the rules and expectations provided for each sport and in the WHS Handbook.

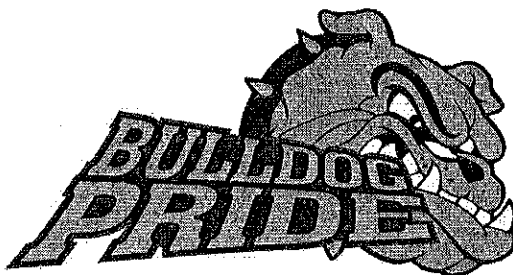
I agree to keep my promises at all times and I realize if I chose to break any of these promises it will result in no longer having the privilege of being a Winslow High School athlete.

Student/Athlete Signature \_\_\_\_\_ Date \_\_\_\_\_

I support my student/athlete and agree to hold them responsible for keeping their promise. I realize that in keeping these promises they will be a better student/athlete and better person. If my student/athlete chooses to break their promise I realize they will lose the privilege of being a Winslow High School athlete.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\*This form is good for the duration of participation at Winslow High School. If any information needs to be changed and/or updated it is the parent's responsibility to do so.



# PARENTAL ATHLETIC CONSENT-INSURANCE VERIFICATION

\_\_\_\_\_  
Last Name                      First Name                      Middle Initial                      Grade

**All athletes must have either family insurance or school insurance.** School insurance covers all accidental injuries in school, including sports, **except football**. There is a special football policy.

Family insurance coverage?    Yes \_\_\_\_\_ No \_\_\_\_\_    Name of company: \_\_\_\_\_

Please list medications your child is allergic to: \_\_\_\_\_  
\_\_\_\_\_

If none, please check here \_\_\_\_\_

List all medications your child is on: \_\_\_\_\_  
\_\_\_\_\_

I hereby give my consent for my child \_\_\_\_\_ to participate in athletics. I acknowledge that Winslow High School is **NOT** responsible for injuries sustained in athletics.

Please circle all events students may be interested in playing:

Football      Baseball      Cross Country      Track      Speech and Debate      Basketball  
Wrestling      Softball      Volleyball      Soccer      Support Forces      Other

Does parent or guardian live in Winslow?    Yes \_\_\_\_\_ No \_\_\_\_\_    Dorm student?    Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Emergency phone number (s)

## PARENTAL CONSENT FOR ACTIVITY TRIPS AND EMERGENCY CARE

School: Winslow High School

Student's Name: \_\_\_\_\_

Be it known that I, the undersigned parent or guardian of the student named above, do hereby authorize him/her to participate in field trips, student activity and athletic trips. I also give and grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment or care to said student as, in the judgment of said doctor or hospital, may be required, on an emergency basis, in the event said student should be injured or stricken ill while at school or school related activities, sponsored or sanctioned by the above name school or sponsored or sanctioned by the Arizona Interscholastic Association (AIA) of which Winslow High School is a member of.

It is hereby understood that the consent and authorization hereby given and granted are continuing and are intended by me to extend throughout the current school year.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

- *This form is good for the duration of participation at Winslow High School. If any information needs to be changed and/or updated it is the parent's responsibility to do so.*