

PARADISE VALLEY UNIFIED SCHOOL DISTRICT NO. 69

ATHLETIC INFORMATION

CHECK ALL THAT APPLY

- | | | |
|--------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> BADMINTON | <input type="checkbox"/> GIRLS B-BALL | <input type="checkbox"/> CROSS |
| <input type="checkbox"/> BOYS B-BALL | <input type="checkbox"/> FOOTBALL | <input type="checkbox"/> COUNTRY |
| <input type="checkbox"/> BOYS SOCCER | <input type="checkbox"/> GIRLS GOLF | <input type="checkbox"/> GIRLS SOCCER |
| <input type="checkbox"/> BOYS GOLF | <input type="checkbox"/> WRESTLING | <input type="checkbox"/> SWIM & DIVE |
| <input type="checkbox"/> TRACK | <input type="checkbox"/> CHEER | <input type="checkbox"/> BASEBALL |
| <input type="checkbox"/> VOLLEYBALL | <input type="checkbox"/> SOFTBALL | <input type="checkbox"/> TENNIS |



STUDENT ID # _____

**OFFICE USE ONLY
Eligibility Checklist**

- | | |
|---|---|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Clearance Issued |
| <input type="checkbox"/> Informed Consent video | <input type="checkbox"/> Physical |

STUDENT _____ BIRTHDAY: _____ SEX: _____ GRADE: _____

HOME ADDRESS: _____ CITY: _____ ZIP: _____

PARENT(S) NAME: _____ HOME PHONE: _____ WORK PHONE: _____

If not living with parents, name of Guardian _____ Relationship? _____

School or schools attended last year: _____

IF PARENT OR GUARDIAN CANNOT BE CONTACTED IN AN EMERGENCY, PLEASE CONTACT:

NAME: _____ HOME PHONE: _____ WORK PHONE: _____

PHYSICIAN: _____ PHYSICIAN'S PHONE: _____

PREFERRED HOSPITAL: _____ ALLERGIES: _____

I hereby give consent for coaches, trainers, or a team physician to use their judgment in securing medical aid in emergencies.

INSURANCE

It is recommended that each student athlete have medical insurance coverage. THE PARADISE VALLEY UNIFIED SCHOOL DISTRICT DOES NOT PROVIDE HEALTH INSURANCE FOR STUDENT ATHLETES. Parents are highly encouraged to obtain insurance as they are responsible for medical bills incurred as a result of participation in athletics. Parents must provide insurance information to assist coaches, trainers, other athletic staff, and medical people in the event an athlete may require medical assistance as a result of injury.

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

Insurance Co.: _____ Policy No.: _____

PARENT CONSENT SPORTS INJURY VIDEO

In order to participate in District organized athletics, students and their parents **must view** the online Parent Consent Sports Injury Video prior to participation. For this reason, we encourage students and their parents to view this video during their Freshman year or their **Transfer** year. A link to this video can be found at <http://cmweb.pvschools.net/stusrvpvusdathleticsweb/>. BY MY SIGNATURE BELOW, I CONFIRM THAT MY STUDENT ATHLETE AND I HAVE VIEWED THE ONLINE VIDEO, AND UNDERSTAND THE RISKS INVOLVED IN PARTICIPATION IN DISTRICT ATHLETICS.

PARENT/GUARDIAN SIGNATURE _____ **DATE:** _____

STUDENT ATHLETE DRUG TESTING CONSENT

I/WE HAVE RECEIVED, READ, AND UNDERSTAND A COPY OF THE Paradise Valley Unified School District Parent and Athlete Informed Consent and Random Drug Testing Handbook. I will allow my son/daughter to participate in this drug program while participating as a high-school athlete in the Paradise Valley Unified School District and hereby voluntarily agree to be subject to the terms of the Prevention Program. I accept the method of obtaining urine samples, testing and analysis of such specimens and all other aspects of the program. I agree to cooperate in furnishing urine specimens that may be required from time to time.

I further agree and consent to the disclosure of the sampling, testing and results as provided in the program. This consent is given pursuant to all state and federal privacy statutes and constitutional and common law privacy provisions and is a waiver of right to nondisclosure of such test records and results, only to the extent of the disclosure authorized in the program.

PERMISSION TO TRANSPORT

I/We give the District permission for our son/daughter to be transported by District vehicles to away games and off-site practices as required.

EQUIPMENT CODE

It is the athlete's responsibility to care for and return all equipment issued by the high school. I/We understand and agree that all equipment issued to our son/daughter is the property of the high school and must be returned in reasonable condition. Items lost, stolen or abused must be replaced and the Athletic Department reimbursed for the cost of the equipment.

CODE OF CONDUCT/HANDBOOK

I have read and understand the information in the Informed Consent Handbook, including the PVUSD statement of understanding and the high school Code of Conduct, and attest to the fulfillment of all rules and requirements for athletes, as outlined in the handbook.

RELEASE OF NAME AND/OR IMAGE

Except as indicated by our signature directly below, I/we give the District permission for my/our son/daughter to be photographed while participating in District sporting events, and for such photographs to be used in various media publications and formats, including but not limited to web pages, newspaper articles, district publications, and/or district site newsletters. I/We also agree to allow such photographs to be captioned from time to time with my/our son's/daughter's complete name. **By my/our signature here, I/we serve notice that we do not want my/our son's/daughter's name and/or image used by the District in any format or publication, and I/we hereby refuse to grant the permissions described directly above.** _____

ACKNOWLEDGEMENT

I/we have read, understand, and will abide by the statements listed on both sides of this form.

PARENT/GUARDIAN SIGNATURE _____ DATE: _____

STUDENT SIGNATURE: _____ DATE: _____

