

CRUHS ONLINE
MOHAVE HIGH SCHOOL
Fax 928-758-1140
RIVER VALLEY HIGH SCHOOL
Fax 928-768-6156

OFFICE USE ONLY
Physical Exp: _____
Ins: _____
Birth Cert: _____
Drug Test Consent: _____
Concussion Test: _____

Please print

NAME _____ GRADE _____ BIRTH DATE _____

PARENT/GUARDIAN _____ ACTIVITY _____

HOME ADDRESS _____ ACTIVITY _____

_____ ACTIVITY _____

HOME PHONE _____ WORK PHONE _____ CELL _____

ALL ATHLETES MUST HAVE HEALTH INSURANCE AND BIRTH CERTIFICATE TO PARTICIPATE

Insurance Company Name _____ Policy# _____

If your insurance changes or is cancelled for any reason, please contact the Athletic Director's Office.

Extracurricular Participation Agreement
Colorado River Union High School District #2

Be it known that I, the undersigned parent/guardian of the above named student, do hereby 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 the doctor or hospital, may be required, on an emergency basis, in the event said student should be injured or stricken ill while participating in an interscholastic activity sponsored or sanctioned by the Arizona Interscholastic Association, on sponsored or sanctioned by River Valley High School.

Colorado River Union High School District #2 is NOT financially liable for injuries incurred while participating in extracurricular activities.

Our son/daughter has our permission to practice and compete in the interscholastic athletic program. We realize that such activity involves the potential for injury which is inherent in all sports, and on rare occasions a severe injury, including permanent paralysis or death may occur.

I AGREE TO ALL RULES AND REGULATION AS STATED IN THE SPORTS PACKET: (Code of Conduct, Extracurricular Participation Rules, AIA position Statement on Supplements, Drugs, and Performance Enhancing Substances, Mild Traumatic Brain Injury (MTBI), and AIA Concussion Education)

Student Signature _____ Date _____

Parent Signature _____ Date _____

DRUG USE PREVENTION IN SCHOOL ACTIVITIES

(Random Drug and Alcohol Testing)

CONSENT FORM

I understand fully that my performance as a participant and the reputation of my school are dependant, in part, on my conduct as an individual. I acknowledge that I have received, and have read, a copy of the Districts Random Drug and Alcohol Testing policy and regulations. I agree to accept and abide by the standards, policies, rules, and regulation of the District's Random Drug and Alcohol Testing policy and regulation.

I request that _____ be allowed to participate in the school-sponsored extracurricular activity subject to the District's Random Drug and Alcohol Testing Policy and Regulations. I agree that the above-mentioned student be subject to the District's Random Drug and Alcohol Testing Program for the duration of the activity.

I accept the methods of the collection process, testing procedures, and sample analysis, and all other aspects of the District's Random Drug and Alcohol testing program. I authorize the District to conduct a test on a urine and/or saliva specimen which I provide on-site to test for alcohol and drug use if my name is drawn from a random pool. I agree that to remain eligible to participate in a school-sponsored extracurricular activity the above-mentioned student is subject to retesting during the duration of the activity.

I further agree and consent to the disclosure of the sampling, testing and results provided for this program. This consent is given pursuant to all state and federal privacy statutes, and is a waiver of rights to nondisclosure of such test records and results only to the extent of the disclosures in the program.

Pursuant to the District's Random Drug and Alcohol Testing policy and regulation, I also authorize the release of information concerning the results of such test to designated District personnel.

The parent must sign this request if the student is under eighteen (18) years of age. *Only the student needs to sign if eighteen (18) years of age or over.*

Parent/Guardian Signature

Date

Student Signature

Date

I have decided not to allow, _____, to participate in any school-sponsored extracurricular activity by the District for the remainder of this school year.

I understand that participation in the school-sponsored extracurricular activity at a later date will require submission to the District's Random Drug and Alcohol Testing policy and regulations.

The parent must sign this request if the student is under eighteen (18) years of age. *Only the student needs to sign if eighteen (18) years of age or over.*

Parent/Guardian Signature

Date

Student Signature

Date



CONSENT TO TREAT FORM

Parental consent for minor athletes is generally required for sports medicine services, defined as services including, but not limited to, evaluation, diagnosis, first aid and emergency care, stabilization, treatment, rehabilitation and referral of injuries and illnesses, along with decisions on return to play after injury or illness. Occasionally, those minor athletes require sports medicine services before, during and after their participation in sport-related activities, and under circumstances in which a parent or legal guardian is not immediately available to provide consent pertaining to the specific condition affecting the athlete. In such instances it may be imperative to the health and safety of those athletes that sports medicine services necessary to prevent harm be provided immediately, and not be withheld or delayed because of problems obtaining consent of a parent/guardian.

Accordingly, as a member of the Arizona interscholastic Association (AIA), CRUHSD 2 / River Valley HS (name of school or district) requires as a pre-condition of participation in interscholastic activities, that a parent/guardian provide written consent to the rendering of necessary sports medicine services to their minor athlete by a qualified medical provider (QMP) employed or otherwise designated by the school/district/AIA, to the extent the QMP deems necessary to prevent harm to the student/athlete. It is understood that a QMP may be an athletic trainer, physician, physician assistant or nurse practitioner licensed by the state of Arizona (or the state in which the student/athlete is located at the time the injury/illness occurs), and who is acting in accordance with the scope of practice under their designated state license and any other requirement imposed by Arizona law. In emergency situations, the QMP may also be a certified paramedic or emergency medical technician, but only for the purpose of providing emergency care and transport as designated by state regulation and standing protocols, and not for the purpose of making decisions about return to play.

PLEASE PRINT LEGIBLY

"I, _____, the undersigned, am the parent/legal guardian of, _____, a minor and student/athlete at River Valley High School who intends to participate in interscholastic sports and/or activities.

I understand that the school/district/AIA employs or designates QMP's (as defined above) to provide sports medicine services (as also defined above) to the school's interscholastic athletes before, during or after sport-related activities, and that on certain occasions there are sport-related activities conducted away from the school/district facilities during which other QMP's are responsible for providing such sports medicine services. I hereby give consent to any such QMP to provide any such sports medicine services to the above-named minor. The QMP may make decisions on return to play in accordance with the defined scope of practice under the designated state license, except as otherwise limited by Arizona law. I also understand that documentation pertaining to any sports medicine services provided to the above-named minor, may be maintained by the QMP. I hereby authorize the QMP who provides such services to the above-named minor to disclose such information about the athlete's injury/illness, assessment, condition, treatment, rehabilitation and return to play status to those who, in the professional judgment of the QMP, are required to have such information in order to assure optimum treatment for and recovery from the injury/illness, and to protect the health and safety of the minor. I understand such disclosures may be made to above-named minor's coaches, athletic director, school nurse, any classroom teacher required to provide academic accommodation to assure the student/athlete's recovery and safe return to activity, and any treating QMP.

If the parent believes that the minor is in need of further treatment or rehabilitation services for the injury/illness, the minor may be treated by the physician or provider of his/her choice. I understand, however, that all decisions regarding same day return to activity following injury/illness shall be made by the QMP employed/designated by the school/district/AIA.

Date: _____ Signature _____



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.

- | | 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 A Heart Murmur High Cholesterol A Heart Infection | <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"/> |
| <hr/> | | |
| * 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, check 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"/> 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"/> | | |



	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

Explain "Yes" Answers Here

	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?		
40) How many periods have you had in the last year?		



2018-2019 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:		
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:		
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:



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*
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

Extracurricular Participation Rules

Conduct of Student Participating in School
Extracurricular Activities Sanctioned by the
Arizona Interscholastic Association

Conduct of students participating in extracurricular activities sanctioned by the Arizona Interscholastic Association must be complimentary at all times. Participating students represent the school and their conduct reflects on the entire student body, faculty, Governing Board, and community. To be a member of a team a student must assume certain responsibilities.

Note: Before participating in any AIA activity the student and their parent/guardian must sign the school document which outlines school rules and regulation along with teams training regarding participation along with the consequences for the breaking of said rules.

The following conduct is prohibited at any time while a student is involved in any AIA sanctioned activity as stated in the AIA Constitution and By-Laws and includes all trips, activities, etc. associated with the activity away from campus. Due process shall be followed in all cases. Final determination of the consequence rest with the campus Principal with input from the Athletic Director and/or Coach. Parents/Guardians will be notified of discipline and a conference will be held prior to reinstatement of eligibility. Any student involved in such activities is strongly encouraged to enroll in an appropriate Student Assistance Program group.

CLASS I OFFENSE

SALE OF DRUGS

1st Offense: Loss of interscholastic eligibility until reinstated by the Student Activities Violation Committee.

CLASS II OFFENSE

POSSESSION/USE OF DRUGS; FORGERY/FALSIFYING ELIGIBILITY INFORMATION

1st Offense: Dismissal from team for the remainder of season** plus 20 hours community service to regain eligibility during that school year.

2nd Offense: Loss of interscholastic eligibility for the remainder of the year.

CLASS III OFFENSE

POSSESSION OR USE OF ALCOHOL OR TOBACCO; THEFT OR SHOPLIFTING

1st Offense: Suspension from next 30% of scheduled contests** (tournaments count as one contest) plus 20 hours community service approved by the Principal or A.D. and enrollment in an applicable Student Assistance Program Group.

2nd Offense: Suspension from team for the remainder of the season** plus 20 hours community service to regain eligibility during that school year.

3rd Offense: Loss of interscholastic eligibility for the remainder of the year.

Any Student that is at a party where Alcohol/Drugs are being used can be placed on suspension from Sports for up to 30% of the season for the first occurrence, and suspended for the remainder of the season and from other Sports for the second offense. If the student shows up to a party and notices that there is alcohol/dugs there, he/she has to leave immediately or make every attempt to leave the area (call parents, friends, relatives), otherwise if the student stays, he/she falls under the same penalty. Classification as a party: if student is at home with their parents and the parents are having a football party and there is beer, this does not violate the policy. On the other hand if a group of students decide to go camping and there is no adult supervision and they start drinking, this falls under the party rule.

** Note that any infraction occurring during the last 30% of a season will have the remainder of the penalty carried over to the next season in which the student participates.

OTHER MISCONDUCT (INCLUDING CRIMINAL) DEMEANING TO TEAM OR SCHOOL

MISCONDUCT under this heading might include, but is not limited to: Fighting or contributing to a disturbance, showing disrespect toward officials, leaving designated areas unauthorized, Creating a distraction on a bus, Immodesty, Inappropriate social media postings, Failure to follow coach's or driver's instructions,

Each Offense: Penalty to be determined by school administration in consultation with coaches.

.....

It is the responsibility of the coaching staff, A.D., or Administration to investigate alleged infraction of this code. Hearsay evidence will be considered as a reason for an investigation but not as a reason for disciplinary action. Final determination will be made as quickly as possible in all investigations.

Appeals to the administration for any of the above violation may be made to the School Activities Violations Committee. Said committee, governed by a majority vote, shall be composed of the following.

- a. One Coach – Not involved with the athlete.
- b. One Non-Coaching Faculty Member – Selected by Booster Club.
- c. One Community Member – Selected by Booster Club.

Determinations made by this committee may be appealed to the Superintendent and then to the Governing Board. All other training rules and conduct regulations above and beyond listed may be established by individual coaches or sponsors and approved by the principal.

Overlapping Activities: A student cannot drop a current activity to go into another when the seasons overlap.

IE: If a student quits football, he cannot start the next sport until football is officially over. Students may participate in multiple activities during one season.

CODE OF CONDUCT

The Philosophy of discipline for athletic and extra-curricular activities at Mohave/River Valley High School is that individuals are responsible for their actions and the benefits of consequences of those actions. MHS/RVHS may take disciplinary action against any other behavior that is illegal or criminal in nature. Offenses that are dealt with at school will follow the Mohave/River Valley School handbook. Participating in athletic activities is a privilege and each participant will conduct himself/herself in an exemplary manner throughout the year. The following policy shall be applied on and off campus during the school year.

1. **ACADEMIC ELIGIBILITY**

To participate in extra-curricular activities, student-athletes must meet the academic eligibility requirements as written in the School Student Handbook. Student must be passing all classes, with a 2.0 during season.

2. **ATTENDANCE**

The student-athlete must be in attendance at school for all periods in which they are enrolled, unless excused by Administration.

3. **TRAVEL**

All students-athletes must go to and return from all extra-curricular activities by school-supplied or designated travel. The Athletic Director must approve any arrangements for a student to travel home with their parent(s).

4. **EQUIPMENT**

Student athletes are responsible for the return or payment for all equipment issued to them. Debts must be cleared before going out for another sport.

5. **INSURANCE**

All student-athletes must show proof of family insurance or be insured through the school prior to the first practice. School insurance information can be obtained through the Athletic Director's office.

6. **BEHAVIOR**

All student-athletes are to act as a gentleman or lady at all times; must be courteous to teachers, students, fellow athletes and adults. An athlete will always maintain high standards of integrity. An athlete must be self-sacrificing and willing to do what is asked of him/her to better him/her, the team and the school. If an athlete fails to follow the regulations and the coach feels his/her actions have become detrimental to the team, he/she may be dropped from the team.

7. **USE OF ALCOHOL/DRUGS/TOBACCO; THEFT OR SHOPLIFTING**

If a student-athlete is found to be using drugs, alcohol, tobacco the district policy towards those substances will take effect. The student will be suspended for 30% of their season schedule. If it happens at the end of a season, punishments will carry-over to the next season which they participate during that school year. **This is a minimum; a coach may go above this standard.**

Any Student that is at a party where Alcohol/Drugs are being used, the student can be placed on suspension from Sports for up to 30 % of the season for the first occurrence and suspended for the remaining season and other Sports for the second offense. If the student shows up to a party and notices that there is alcohol/dugs there, he/she has to leave immediately or make every attempt to leave the area (call parents, friends, relatives), otherwise if the student stays, he/she falls under the same penalty. Classification as a party: if student is at home with their parents and the parents are having a football party and there is beer, this does not violate the policy. On the other hand if a group of students decide to go camping and there is no adult supervision and they start drinking, this falls under the party rule.

MISCONDUCT under this heading might include, but is not limited to: Fighting or contributing to a disturbance, showing disrespect toward officials, leaving designated areas unauthorized, Creating a distraction on the bus, Immodesty, Inappropriate social media posting, Failure to follow coach's or driver's instructions.

8. **DUE PROCESS**

All student-athletes will be presented with a copy of the extracurricular discipline policies and accompanying regulations and penalties at the beginning of the season. Parents/guardians and student-athletes will sign that they have read and understand the rules.

After investigation of a reported violation and determining that a violation occurred, the Athletic Director shall notify the student and the parents of the violation and consequences.



ARIZONA INTERSCHOLASTIC ASSOCIATION, INC.
7007 North 18th Street, Phoenix, Arizona 85020-5552
Phone: (602) 385-3810 Fax: (602) 385-3779

AIA POSITION STATEMENT

SUPPLEMENTS, DRUGS AND PERFORMANCE ENHANCING SUBSTANCES

PURPOSE OF FORM: All AIA Member schools are required to **ANNUALLY** communicate this AIA Position Statement on the use of supplements, drugs and performance enhancing substances to every participant in interscholastic activities. (See Article 14, Section 14.13.2)

The Arizona Interscholastic Association (AIA) views sport, and the participation of student-athletes in sport, as an activity that enhances the student-athlete's well-being by providing an environment and stimulus that promotes growth and development along a healthy and ethically based path.

- It is the position of the AIA that a balanced diet, providing sufficient calories, is optimal for meeting the nutritional needs of the growing student-athlete.
- It is the position of the AIA that nutritional supplements are rarely, if ever, needed to replace a healthy diet.
- Nutritional supplement use for specific medical conditions may be given individual consideration.
- The AIA is strongly opposed to "doping", defined as those substances and procedures listed on the World Anti Doping Agency's Prohibited List (www.wada-ama.org).
- It is the position of the AIA that there is no place for the use of recreational drugs, alcohol or tobacco in the lifestyle of the student-athlete. The legal consequences for the use of these products by a student-athlete are supported by the AIA.

In pursuit of **Victory with Honor**, the AIA promotes the use of exercise and sport as a mechanism to establish current fitness and long-term healthy lifestyle behaviors. It is the position of the AIA that the student-athlete, who consumes a balanced diet, practices sport frequently and consistently, and perseveres in the face of challenges, can meet these goals.



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: _____

AIA Concussion Education

All Athletes are required to take the Brainbook online concussion education course. ARS15-341 (A) (24) (b) (SB 1521) mandates that school provide concussion education information to students, parents and coaches. The Brainbook concussion course was approved by the AIA Executive Board on Aug15, 2011 as the concussion educational component to this new law.

Student Athletes will go to www.aiaacademy.org/brainbook and follow the instructions below:

1. Scroll down and click on the quick link titled “Concussion Education: Brainbook” in the center of the page.
2. Click on “Register as Student”
3. Enter all the fields in the “Name” section
4. Answer all fields in the “Student Demographic Information” section
5. Click on “Register” at the bottom of the page
6. Student athletes will now be able to take the Brainbook concussion course to complete
 - a. There are four (4) sections to complete to open the quiz
 - b. Complete the quiz
 - c. Print Award and turn into Athletic Office.