2020-2021
Athletic Eligibility Packet

Submit Completed Packet to the TVHS Athletics Office.
INCOMPLETE PACKETS WILL NOT BE ACCEPTED
This includes all paperwork and $85 participation fee.

Checklist of Requirements

☐ Parent/Guardian Emergency Information Form – *Parent/Guardian Signature Required*

☐ Consent to Treat Form – *Parent/Guardian Signature Required*

☐ Annual Pre-Participation Physical Evaluation Form (3-pages) (15.7-A) – ***Physician*, *Athlete & Parent Signatures Required***

☐ Annual Pre-Participation Physical Exam Form (single page) (15.7-B) -***must be dated AFTER March 1, 2020 - Physician Signature Required***

☐ AIA Statement & Acknowledgement Form (15.7-C) – *Athlete & Parent/Guardian Signature Required*

☐ AIA Academy (Bullying & Abuse, Opioid Eduation & Brainbook) – Online Course Athlete **MUST** complete and attach certificate.

☐ AIA Position Statement – *Athlete & Parent/Guardian Signature Required*

☐ Banned/Illegal Substance Form – *Athlete & Parent/Guardian Signature Required*

☐ Transportation Guidelines Form – *Athlete & Parent(s)/Guardian(s) Signature Required*

☐ Conflict Resolution Form – *Athlete & Parent/Guardian Signature Required*

☐ **Participation Fee** (**$85** per sport – payable by end of tryouts)

☐ **Student Transfer 550 Form -** If your student is transferring from another School, School District or State you ***MUST*** complete the AIA 520 Transfer Form online at https://admin.aiaonline.org/public-forms/student-transfer.

All items from the above check list ***MUST*** be turned into the Athletics Office prior to participation in any activity. A returned (NSF) check will deem an athlete ineligible until cash payment has been received.

Refunds may be requested if a student is cut from a team or for non-disciplinary reasons. No refunds will be issued after the first competition of the respective activity.

TANQUE VERDE UNIFIED SCHOOL DISTRICT
TVHS ATHLETIC DEPARTMENT POLICIES AND PROCEDURES (2020-2021)

MISSION STATEMENT: The Interscholastic Athletic Program will function as an integral part of the total educational experience. Through the values of good citizenship and behavior standards, we offer opportunities that teach leadership, sportsmanship, teamwork, self-discipline and competitiveness. The Tanque Verde Unified School District Athletics Program will provide a variety of experiences to aid in the development of these positive habits and attitudes.

ATHLETIC PHILOSOPHY: Participation is a privilege that carries with it responsibilities to the school, to the activity, to the student body, to the community and to the students themselves. Although it should be understood that the privilege of participation does not guarantee playing time, coaches are encouraged to maximize this positive experience. It remains, however, the coach's prerogative on who and how much a student-athlete participates in a contest.

The ultimate goals of the athletic and activity programs are:

1) To realize the value of participation while striving to excel, and to embrace and accept the results of putting forth one's best effort regardless of the outcome.
2) To develop and enhance positive citizenship traits while creating a sense of belonging among the program's participants.

ATHLETIC PROGRAM GOVERNANCE: All athletic programs in the Tanque Verde Unified School District are governed first by Tanque Verde District policy, secondly by the National Federation of High Schools (NFHS), and thirdly by the Arizona Interscholastic Association (AIA). Coaches are provided with NFHS and AIA policies as a reference. School district policy is available in the office of any administrator.

PARTICIPATION OPPORTUNITIES: It is the philosophy of the high school athletics department that athletes shall enjoy as many sport seasons in which the student-athlete and his or her parents wish to participate, without undue influence from any coach to specialize in one sport. All coaches will support participation in other sports.

Once the season has started an athlete shall not change sports without the consent of each coach involved. Athletes cut from one sport may try out for another sport, with the receiving coach's permission, provided they were not cut from the first sport for disciplinary reasons. Any athlete who is dismissed from one program for disciplinary reasons, or who quits, shall be ineligible to compete in another sport for that season without athletic department approval. An athlete dropping a sport may not start another until the previous program has completed regular season play. Sport specific organized, preseason activities will not be allowed as part of this stipulation. An athlete may not start another sport until all school issued equipment is checked in from previous programs for which they've participated.

PRACTICE PROCEDURE: Team practice/training sessions cannot begin until all members of a respective program have completed their academic school day. **Practices will take place each school day during the respective season. With the exception of competition days, practice is expected to take place and all athletes are expected to attend unless an emergency or an extenuating circumstance arises.**

EQUIPMENT/UNIFORMS: Athletes who damage, alter or lose their uniforms/equipment are liable for all replacement costs. No athlete may start another sport until all school issued equipment is checked in from the previous program for which they participated or has reimbursed the Athletics Office for the replacement cost of missing/damaged items. Coaches will work directly with the Athletics Office and the Athletic Director on inventorying equipment/uniforms.

Post-season award distribution is contingent upon the return of school issued equipment.

BEHAVIOR AND CHARACTER: A student who received an out of school suspension is considered ineligible for any participation or travel for the duration of the suspension. A meeting with the coach and Athletic Director will be required before returning to participation.

TRAVEL: It is the responsibility of the athlete to see their teachers the day before class if they are to miss because of an athletic contest.

Transportation to and from all athletic contests will be provided by school district approved transportation whenever possible. In the event a student needs to be driven by a parent ***to*** an athletic contest, a written request must be submitted by the parent/guardian and approved by the Athletic Director 24 hours in advance of the contest. Should this not be possible, communication with and approval by the Athletic Director or school administrator is necessary. Parental transportation ***from*** a contest is permitted as per the information included in the "Transportation Guidelines" form, which is included in this packet. The form must be signed and returned. A parent/guardian may provide transportation for their child only unless written permission from another student's parent(s) is on file, allowing their child to be transported.

Permission to drive to and from athletic contests for holiday and other non-school day tournaments may be approved on a case-by-case basis. **This must be approved by the Athletic Director and Coach in advance. No student may drive another student**. (Any exceptions must be approved by the Athletic Director and have written parent permission on file.)

PARTICIPATION FEES: Tanque Verde Unified School District has set participation fees for participation in interscholastic athletics. The student fee for participation at Tanque Verde High School is $85 per sport, payable by end of tryouts.

Fees are to be paid by the first Friday after the season officially begins and tryouts are complete. An athlete may not participate in a competition until the fee is paid. Athletic participation fees are eligible for tax credit and are therefore non-refundable.

INITIATION AND HAZING: A student shall not engage in any activity involving an initiation, hazing, intimidation, assault or other activity resulting in physical or mental harm to others. This prohibited activity includes both on and off school campus, in addition to cyber activity.

LETTERING: Head coaches will determine the specific lettering policy for their programs. Both established norms and program integrity should be considered. This policy will be communicated to athletes and parents at the beginning of each season. An athlete must meet the lettering criteria to receive recognition.

Athletes lettering for the first time will receive a chenille TV and "Certificate of Letter", recognizing their contribution to the team. For any subsequent season(s), athletes will receive a gold bar and "Certificate of Letter" each time they letter during their time at Tanque Verde High School.

ACADEMIC ELIGIBILITY: In order to be eligible for competition, students must be passing all classes, including Department Aide class and TVHS Digital Learning on-line courses, and maintain an overall C average (2.0 GPA on a 4.0 GPA scale). Eligibility checks will be done by the Assistant Principal/Athletic Director following interim and quarter grade reports. Failure to meet these requirements will result in the athlete becoming ineligible for participation.

Students receiving a grade of "Incomplete" will have ten (10) school days to complete the necessary work and receive a letter grade. A student is not eligible for competitions with an Incomplete "I" grade status.

Students may not "withdraw" from a class in order to avoid becoming academically ineligible.

A mandatory (5) five school day academic ineligibility period will begin on the Monday following the respective grading period.

Consequences of Academic Ineligibility:

1) First and second time ineligible athletes and/or athletes with an Incomplete "I" grade may not travel to away games or dress for home games; however, **they are to attend practices**, **as well as home games.**
2) Further ineligibility in the same season may result in an athlete being removed from the team.

Regaining Eligibility:

1) Students may petition to regain their eligibility after the mandatory five (5) school day ineligibility period. This petition must be turned into the Athletics Office no later than 12:00 p.m. on the Monday following the ineligibility period. Failure to regain or maintain passing status in all classes at this time or to provide the Regaining Eligibility Form by the deadline will deem the athlete ineligible for a minimum of an additional five (5) school days. The "regaining eligibility" process must then be repeated in order to become eligible for the following week.
2) Once eligibility has been regained, the student will remain eligible until the next grading period. **Individual coaches may institute more frequent grade checks, as they deem appropriate.**

ATTENDANCE ELIGIBILITY: Students involved in extracurricular activities must attend a minimum of 50% of the number of classes they have scheduled on a given day in order to practice/compete/perform at that day's scheduled event, i.e. athletic competition, fine arts performance, etc. Any exception to this policy must be approved by school administration.

TANQUE VERDE HIGH SCHOOL

Parent/Guardian Permission for Participation in Interscholastic Activities 2020-21

Anticipated SPORT(S) Participation this School Year

FALL	WINTER	SPRING
None	None	None

Are you a Transfer Student **Yes** ☐ **No** ☐

Student's Name _____ **Grade** _____ **DOB**_____

We/I give consent for the student named above to engage in interscholastic athletic competition and other activities for the **2020-2021** school year for Tanque Verde High School. We/I realize that participation in organized interscholastic athletics involves the potential for injury that is inherent in all sports. We/I acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions, these injuries can be so severe as to result in total disability, paralysis, quadriplegia, or even death.

Tanque Verde Unified School District does not carry an accident insurance policy to cover injuries sustained in the interscholastic program. **Accident insurance is the responsibility of the parent(s) or guardian(s).**

We/I do have medical insurance for the student named above. Yes ☐ **No** ☐
Company: _____ **Policy No.**_____ **Member No.** _____

INTERSCHOLASTIC EMERGENCY INFORMATION FORM

(PLEASE PRINT)

Home Address_____Zip Code _____

Father's Name_____

Phone_____Work_____Email_____

Mother's Name_____

Phone_____Work_____Email_____

Guardian_____

Phone_____Work_____Email_____

Other individual to notify, if necessary_____

Is student currently under a physician's care? **No** ☐ **Yes** ☐ **If you answered (Yes) please explain:**
Doctor's name_____ Phone #_____

The team **Coach** may apply **emergency treatment** until the parent/guardian can be contacted. **Yes** ☐ **No** ☐

We/I give our consent for school officials or coaches to use their judgment in securing aid, transportation, and ambulance service in case the parent/guardian cannot be reached.

WE/I ACKNOWLEGE THAT WE HAVE READ THIS DOCUMENT AND UNDERSTAND ALL INJURY WARNINGS AS OUTLINED ABOVE

We/I certify that the address and phone numbers listed above are correct. We/I accept the responsibility of notifying the school if an address/phone number should change during the current school year.

_____

Name/Signature of Parent/Guardian **Date**

ARIZONA INTERSCHOLASTIC ASSOCIATION
7007 N. 18TH ST., PHOENIX, ARIZONA 85020-5552
PHONE: (602) 385-3810

2020-21 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), _____ (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 OR TYPE

"I, _____, the undersigned, am the parent/legal guardian of, _____, a minor and student-athlete at _____ (name of school or district) 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: _____

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NextCare URGENT CARE **The Preferred Urgent Care of the Arizona Interscholastic Association**

2020-21 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: _____
Gender: _____
Grade: _____
School: _____
Sport(s): _____
Personal Physician: _____
Hospital Preference: _____

In case of emergency contact:
Name: _____
Relationship: _____
Phone (Home): _____
Phone (Work): _____
Phone (Cell): _____

Name: _____
Relationship: _____
Phone (Home): _____
Phone (Work): _____
Phone (Cell): _____

Explain "Yes" answers on the 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?	☐	☐
2) Do you have an ongoing medical conditional (like diabetes or asthma)?	☐	☐
3) Are you currently taking any prescription or nonprescription (over-the-counter) medicines or supplements? (Please specify): _____	☐	☐
4) Do you have allergies to medicines, pollens, foods or stringing insects? (Please specify): _____	☐	☐
5) Does your heart race or skip beats during exercise?	☐	☐
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		
7) Have you ever spent the night in a hospital?	☐	☐
8) Have you ever had surgery?	☐	☐
9) Have you ever had an injury (sprain, muscle/ligament tear, tendinitis, etc.) that caused you to miss a practice or game? (If yes, check affected area in the box below in question 11)	☐	☐
10) Have you had any broken/fractured bones or dislocated joints? (If yes, check affected area in the box below in question 11):	☐	☐
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):	☐	☐

☐ Head ☐ Neck ☐ Shoulder ☐ Upper Arm ☐ Elbow ☐ Forearm
☐ Hand/Fingers ☐ Chest ☐ Upper Back ☐ Lower Back ☐ Hip ☐ Thigh
☐ Knee ☐ Calf/Shin ☐ Ankle ☐ Foot/Toes

	Y	N
12) Have you ever had a stress fracture?	☐	☐
13) Have you ever been told that you have, or have you had an X-ray for atlantoaxial (neck) instability?	☐	☐
14) Do you regularly use a brace or assistive device?	☐	☐
15) Has a doctor told you that you have asthma or allergies?	☐	☐
16) Do you cough, wheeze or have difficulty breathing during or after exercise?	☐	☐
17) Is there anyone in your family who has asthma?	☐	☐
18) Have you ever used an inhaler or taken asthma medication?	☐	☐
19) Were you born without, are you missing, or do you have a nonfunctioning kidney, eye, testicle or any other organ?	☐	☐
20) Have you had infectious mononucleosis (mono) within the last month?	☐	☐
21) Do you have any rashes, pressure sores or other skin problems?	☐	☐
22) Have you had a herpes skin infection?	☐	☐
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")?	☐	☐
24) Have you ever had a seizure?	☐	☐
25) Have you ever had numbness, tingling or weakness in your arms or legs after being hit, falling, stingers or burners?	☐	☐
26) While exercising in the heat, do you have severe muscle cramps or become ill?	☐	☐
27) Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	☐	☐
28) Have you ever been tested for sickle cell trait?	☐	☐
29) Have you had any problems with your eyes or vision?	☐	☐
30) Do you wear glasses or contact lenses?	☐	☐
31) Do you wear protective eyewear, such as goggles or a face shield?	☐	☐
32) Are you happy with your weight?	☐	☐
33) Are you trying to gain or lose weight?	☐	☐
34) Has anyone recommended you change your weight or eating habits?	☐	☐
35) Do you limit or carefully control what you eat?	☐	☐
36) Do you have any concerns that you would like to discuss with a doctor?	☐	☐

Females Only

	Y	N
37) Have you ever had a menstrual period?	☐	☐
38) How old were you when you had your first menstrual period?	_____	
39) How many periods have you had in the last year?	_____	

Explain "Yes" Answers Here

ARIZONA INTERSCHOLASTIC ASSOCIATION
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2020-21 ANNUAL PREPARTICIPATION PHYSICAL EXAMINATION

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

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 drowing or near drowning)	☐	☐
9)	Are there any family members who died suddenly of "heart problems" before age 50?	☐	☐
10)	Are there any family members who have unexplained fainting or seizures?	☐	☐
11)	Are there any relatives with certain conditions, such as:	☐	☐

	Y	N		Y	N
Enlarged Heart	☐	☐	Catecholaminergic Polymorphic Ventricular Tachycardia (CPVT)	☐	☐
Hypertrophic Cardiomyopathy (HCM)	☐	☐	Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC)	☐	☐
Dilated Cardiomyopathy (DCM)	☐	☐	Marfan Syndrome (Aortic Rupture)	☐	☐
Heart Rhythm Problems	☐	☐	Heart Attack, Age 50 or Younger	☐	☐
Long QT Syndrome (LQTS)	☐	☐	Pacemaker or Implanted Defibrillator	☐	☐
Short QT Syndrome	☐	☐	Deaf at Birth	☐	☐
Brugada Syndrome	☐	☐			

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

ARIZONA INTERSCHOLASTIC ASSOCIATION
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PHONE: (602) 385-3810

2020-21 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/Hands/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
Cleared With Following 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

 NextCare is the preferred partner of the AIA. It is not required you visit NextCare locations for your healthcare needs.

Tanque Verde High School

CONCUSSION INFORMATION SHEET

HEADS UP CONCUSSION

This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.

WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

HOW CAN I SPOT A POSSIBLE CONCUSSION?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

SIGNS OBSERVED BY PARENTS OR COACHES

- Appears dazed or stunned.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (even briefly).
- Shows mood, behavior, or personality changes.
- Can't recall events prior to or after a hit or fall.

SYMPTOMS REPORTED BY CHILDREN AND TEENS

- Headache or "pressure" in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not "feeling right," or "feeling down."

WHAT ARE SOME MORE SERIOUS DANGER SIGNS TO LOOK OUT FOR?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.

WHAT SHOULD I DO IF MY CHILD OR TEEN HAS A POSSIBLE CONCUSSION?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a health care provider and only return to play with permission from a health care provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's health care provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a health care provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a health care provider.

HOW CAN I HELP KEEP MY CHILDREN OR TEENS SAFE?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
  - ›› Work with their coach to teach ways to lower the chances of getting a concussion.
  - ›› Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
  - ›› Ensure that they follow their coach's rules for safety and the rules of the sport.
  - ›› Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no "concussion-proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.

HEADS UP CONCUSSION

TO LEARN MORE GO TO >> cdc.gov/HEADSUP

JOIN THE CONVERSATION AT
↳ www.facebook.com/CDCHEADSUP

Content Source: CDC's HEADS UP campaign. Customizable HEADS UP fact sheets were made possible through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).

OUR STUDENTS, OUR TEAMS . . . OUR FUTURE.

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: _____

FORM 15.7-C 06/2015

AIA Academy Online Education Courses

As of July 1, 2020, the AIA is ***REQUIRING*** all athletes participating in sports for the 2020/21 school year complete 3 online education courses via the AIA Academy. The courses are Bullying & Abuse**, Opioid Education** and Brainbook (a concussion course). All students ***MUST*** complete these courses in order to be eligible to participate in TVHS Athletic programs.

You are required to complete and pass the courses only *ONCE* during your enrollment at TVHS.

**The Opioid Education and Bullying & Abuse are new for all athletes. For those of you that have already completed Brainbook, you will need to log in and complete these two new courses.

To Access:

Follow these steps:

- Go to **https://academy.azpreps365.com**
- Click on **Register for an Account**
- Follow all directions through completion of the course
- After finishing the course, you will be able to print out a certificate of completion.
- **Your completion will be verified with AIA by the Athletics Secretary.**

If you have questions, please come to the Athletics Office.

Athlete (print name):_____

Signature_____**Date**_____

Parent Signature_____**Date**_____

ARIZONA INTERSCHOLASTIC ASSOCIATION, INC.
7007 N 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 sports, 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 (e-cigarettes) 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 purist of **Victory with Honor**, the AIA promotes the use of exercise and sport as a mechanism to establish current fitness and long-term healthy lifetime 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.

Athlete Name/Signature **Date**

Parent Name/Signature **Date**

Banned/Illegal Substances

Distributing, selling, possessing or being under the influence of such substances are subject to disciplinary action by the school as well as by the athletic department. The athletic policy is enforceable for any offense occurring during the athletic calendar year, or at any school sponsored off-season activity/event.

Substances include but are not limited to:

- Tobacco and tobacco products, including electronic “E” cigarettes;
- Alcohol;
- Illegal drugs (usually classified as dangerous or narcotic);
- Imitation controlled substances;
- Prescription drugs (not prescribed by the student’s physician or distribution or sale of a student’s personal prescription drugs);
- Steroids;
- Drug paraphernalia.

The following are the minimum penalties and/or stipulations for any violation of this policy. At their discretion, coaches and/or the athletic director may require additional conditions in order for a student to regain eligibility. Self-reporting of the above-mentioned violations may result in a reduction of consequences.

First Offense

- Loss of 25% of all regular season competition days. Suspensions may include regular season, tournament, invitational, or post-season play. (Ex - If your sport has 20 regular season competition days, a 1st offense violation would result in a minimum loss of 5 competitive days.) Tournament competition days will be counted by the number of guaranteed game days.
- The Athletic Director and Head Coach of the respective activity will determine stipulations. These stipulations may include, but are not limited to, any of the following:
  - Personal accountability
  - Community service
  - Counseling/treatment program
  - Random drug testing (At Family Expense and done by professional organization)
  - Loss of eligibility for school recognized post season awards
  - Dismissal from the program

Second Offense

- Loss of eligibility to participate for one calendar year.
- Stipulations as prescribed above in order to regain eligibility after the completion of the suspension.

Athlete Signature **Date**

Parent/Guardian Signature **Date**

TVUSD INTERSCHOLASTIC ATHLETIC TRANSPORTATION GUIDELINES

***Student-athletes are not authorized to drive themselves or others to or from athletic competitions.**

***TVUSD will provide team transportation to and from athletic events. Parents may transport their student-athlete *following* a competition with the completion of this form.**

I / We wish to provide transportation for our son/daughter following athletic competitions during the current school year **2020-2021**.

I / We understand that we are waiving any claims I / we may have against Tanque Verde Unified School District, and are relieving the district and Head Coach of any liability with regard to the safe transport of my/our son/daughter.

I / We understand that I / we may transport ***ONLY*** my / our own son/daughter from the contest. The authorized adult must make face-to-face contact with the coach prior to leaving an event with the student-athlete.

I / We also understand that violation of these transportation regulations and guidelines may result in my / our son/daughter becoming athletically ineligible.

Athlete Printed Name

Athlete Signature **Date**

Parent/Legal Guardian Printed Name (1) **Relationship**

Parent/Legal Guardian Signature (1) **Date**

Parent/Legal Guardian Printed Name (2) **Relationship**

Parent/Legal Guardian Signature (2) **Date**

I agree that Tanque Verde Unified School District will not be held liable in case of an accident during this transportation. I hereby agree, to the fullest extent permitted by law, to release, indemnify and hold harmless the Tanque Verde Unified School District, its officials, officers, employees, representatives, agents, servants, or volunteers from and against any claims, damages, or liability of any kind o nature for injury, death, or damage to personal property arising out of or in connection with my participation in this activity, from whatever cause, including but not limited to the active or passive negligence of the District, its officials, officers, employees, representatives, agents, servants, volunteers or other activity participants

CONFLICT RESOLUTION

CONFLICT RESOLUTION

Athletic participation can be highly emotional and various issues can arise. It is very important that these issues be addressed as soon as possible, and as directly as possible, so that they can be resolved promptly. The following model will be used when a problem arises.

I. Communication between Student-Athlete and Coach. As a general rule, the issue should be presented as soon as possible to the coach by the individual student athlete.

II. If the initial step is not successful after a reasonable amount of time, the coach should be contacted by the student-athlete's parent(s) at an appropriate time via phone call or email.

The student-athlete must join their parent(s) at this meeting to ensure that all sides of the issue can be thoroughly discussed. **Playing time, discipline issues of other athletes, and coaching strategies are not issues up for discussion between the coach and parents.** The following topics are appropriate for discussion:

1. The treatment of your child
2. Ways to help your child improve his/her skills
3. Concerns about your child's behavior

Membership on a team, especially at the varsity level, does not guarantee playing time. Coaches make decisions based on what they believe to be best for all student-athletes involved.

Coaches are not expected to respond to questions involving the following topics:

4. Amount of playing time or positioning
5. Team strategies, game tactics, play calling
6. Any discussion about other student athletes

III. If the issues are not rectified, a meeting with the Athletic Director/Assistant Principal may be initiated. Parents must submit a written request of concerns to the Athletic Director/Assistant Principal. A meeting will be scheduled involving all concerning parties in an attempt to reach a satisfactory resolution.

IV. If there is not a satisfactory resolution, the student-athlete and/or parent(s) should contact the Principal. Parents must submit a written request of concerns to the Principal.

Athlete Signature **Date**

Parent/Guardian Signature **Date**