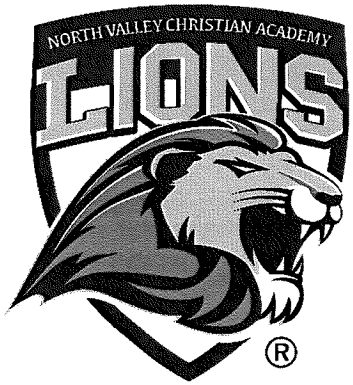


North Valley Christian Academy Middle School

Athletic Packet

for

2022-2023

Please Read the Following Information:

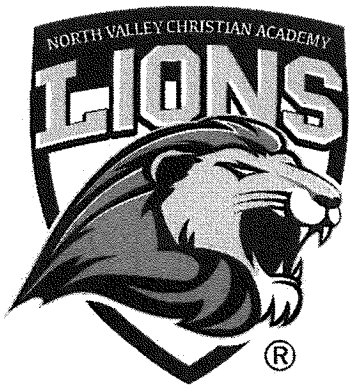
Students must complete all of the following eligibility requirements before being allowed to practice or participate in interscholastic competition.

Athletic Packet Forms:

- Equipment Checkout/Parent Consent Form
- Annual Pre-participation Physical Evaluation Form/Physical Form is included in this packet
- AIA Concussion Statement and Acknowledgement (Complete and Sign) Form
- Consent for Emergency Care
- Sign the Statement of Awareness Form

Additional Items Needed to Complete Clearance Requirements:

- Copy of your medical insurance card and information
- North Valley Christian Academy Athlete Code of Conduct Contract
- An Athletic Fee of $150 for Middle School Students (per sport)
- An Athletic Fee of $150 for Cheer Members per season (3 seasons)
  *August
  *November
  *February



North Valley Christian Academy Middle School

Athletic Packet

for

2022-2023

Please Read the Following Information:

Students must complete all of the following eligibility requirements before being allowed to practice or participate in interscholastic competition.

Athletic Packet Forms:

- Equipment Checkout/Parent Consent Form
- Annual Pre-participation Physical Evaluation Form/Physical Form is included in this packet
- AIA Concussion Statement and Acknowledgement (Complete and Sign) Form
- Consent for Emergency Care
- Sign the Statement of Awareness Form

Additional Items Needed to Complete Clearance Requirements:

- Copy of your medical insurance card and information
- North Valley Christian Academy Athlete Code of Conduct Contract
- An Athletic Fee of $125 for Middle School Students (per sport)
- An Athletic Fee of $100 for Cheer Members per season (3 seasons)
  *August
  *November
  *February

North Valley Christian

Department of Athletics

Equipment Checkout

Student's Name_____

Name of Sport(s) you plan to participate in:

_____

_____

_____

I/We understand that equipment and uniforms are property of North Valley Christian Academy. I /We understand that any equipment checked out must be returned at the end of each season to the athletic department. If any equipment is not returned, I/We understand we will be responsible for the replacement costs of the equipment.

Parental Consent to Participate in Interscholastic Activities

I/We give our permission for our son/daughter to participate in organized interscholastic athletics, realizing that such activity involves the potential for injury which is inherent in all sports. I/We acknowledge that even with the most experienced coaching, use of the most advanced protective equipment, and strict observance of rules, injuries are still a possibility. On rare occasions, the injuries can be so severe as to result in disability, paralysis, quadriplegia, or even death.

I give permission for my child to be transported with another parent or coach for away games as I understand this may be necessary at times.

_____

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

_____

(Student Signature) **(Date)**

North Valley Christian Academy Department of Athletics

Statement of Awareness

Instructions: The student and parent/guardian must read, complete, sign, and return this form before the student will be permitted to begin athletic participation.

Student Name_____ Grade_____

Parent/Guardian Name_____

As a student and as the parent/guardian of the student, we acknowledge the following:

1. Health Risks and Safety Practices.
   We are aware of the health risks associated with the participation in athletics and we are also aware of the safety practices of the school's athletic programs, which requires the student to:

   - Learn the rules of the sport.
   - Diligently try to learn proper technique for the sport.
   - Participate in physical conditioning in preparation for athletic competition.
   - Maintain proper hydration (water intake).
   - Advise the coach of any signs of physical injury.
   - Advise the coach of trainer if equipment is damaged or fits poorly.

2. Insurance Needs
   We are aware that North Valley Christian Academy does not provide accident or health insurance coverage for student athletes and have independently determined whether we should obtain, at our cost. Such insurance.
3. Harassment/Hazing
   Abusive or humiliating harassment of hazing is strictly prohibited within North Valley Christian Academy. These are unacceptable practices in any athletic, extracurricular or academic endeavor. Students who engage in any type of harassment and/or hazing can expect to be disciplined under the North Valley Christian Academy Student Behavior Guidelines. I understand the letter and spirit of information printed about and will not be involved in any type of harassment/and or hazing.
4. Sportsmanship Standards
   North Valley Christian Academy regards its athletics program as a means of educating students in values of discipline, teamwork, leadership, and respect for rules. North Valley Christian Academy and their athletic teams are authorized to adopt codes of conduct for team members. Parents and spectators are also required to act in an appropriate manner during athletic events. Violation of conduct standards may result in disciplinary action, including dismissal from further athletic participation by the athlete or future attendance by a spectator.
5. AIA Position Statement- Supplements, Drugs, and Performance Enhancing Substances
   North Valley Christian Academy supports the Arizona Interscholastic Association (AIA) regarding this position. A balanced diet is optimal for meeting the nutritional needs of student athletes. Nutritional supplements are rarely, if ever, needed to replace a healthy diet. Individual consideration for specific medical conditions may be given. We share strong opposition to "doping" (www.wada-ama.org). There is no place for recreational use of drugs, alcohol, or tobacco in the lifestyle of the student athlete.
6. Photo Use
   I give permission for North Valley Christian Academy to use photos taken from athletic events and for athletic purposes to be displayed on the school web pages.

   I have read and understand the foregoing acknowledgements.

   Student Signature_____ Date_____

   Parent/Guardian Signature_____ Date_____

North Valley Christian Department of Athletics

Consent for Emergency Care

Student_____ **Grade**_____

Name of Sports you plan to participate in:

Fall_____ **Winter**_____ **Spring**_____

Should a medical emergency occur, we will make every effort to contact you about treatment for your son/daughter. In the event you cannot be reached, we ask that you give us permission to provide emergency medical treatment and any follow-up care by a licensed physician.

I, the undersigned or designated representative for the student, volunteer my consent for care. I grant permission to North Valley Christian Academy to provide emergency treatment for _____(son or daughter) and follow up care by a licensed physician. I understand that no guarantees or promises are made concerning the outcome of the treatment.

_____ _____ _____

Signature of Parent/Guardian Date Student's Date of Birth

Parent/ Guardian Name_____ Phone_____

Address_____ City_____ Zip_____

Father's Business Phone_____ Cell_____

Mother's Business Phone_____ Cell_____

In case of emergency- if parent/guardian is not immediately available, contact:

Friend/Relative_____ Phone_____

Family Physician_____ Phone_____

Hospital Preference_____

Medical Alert(s)_____

I clearly understand that it is the school's policy that all students participating in interscholastic activities must have insurance and that the school cannot pay any medical costs from injury to a student.

_____ Policy Number_____

North Valley Christian Academy Student Athlete Code of Conduct

Contract

Since we claim the Name of Jesus Christ as our Lord at North Valley Christian Academy, we must hold to the Biblical standards for our actions. The Bible clearly commands all believers to not be conformed to the worldview and lifestyle of which they are a part, but function as salt in this world. This should and will be portrayed in our conduct as a student athlete.

We agree as a North Valley Christian Student Athlete to follow the ideals of a North Valley Lion:

L- Live with Integrity

I-Impact through a Positive Example

O-Others Focused

N-Nurturing Heart

S-Serving with Excellence

In this season of North Valley Christian Academy Athletics, we desire to let God receive the glory for the abilities he has given us and to represent Him, the school, parents and our community in a way that honors Christ.

_____ _____

Athlete's Signature Date

_____ _____

Parent/Guardian Signature Date

AIA ARIZONA INTERSCHOLASTIC ASSOCIATION

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: _____

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

2022-23 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: _____

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

2022-23 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 non-functioning 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

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

2022-23 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?	☐	☐

Explain "Yes" Answers Here

COVID-19...

	Y	N
1) Has your child been diagnosed with COVID-19?	☐	☐
1a) If yes, is your child still having symptoms from their COVID-19 infection?	☐	☐
2) Was your child hospitalized as a result for complications of COVID-19?	☐	☐
3) Has your child been diagnosed with Multi-Inflammatory Syndrome in Children (MIS-C)?	☐	☐
4) Did your child have any special tests ordered for their heart or lungs or were referred to a heart specialist (cardiologist) to be cleared to return to sports?	☐	☐
5) Has your child returned back to full participation in sports?	☐	☐
6) Has your child had direct or known exposure to someone diagnosed with COVID-19 in the past 3 months?	☐	☐
6a) Was your child tested for COVID-19?	☐	☐
7) Did your child receive the COVID-19 vaccine?		
7a) What was the manufacturer of the vaccine? _____		
7b) Date of vaccination(s) _____		

Explain "Yes" Answers Here

Patient Health Questionnaire Version 4 (PHQ-4)

Over the last two weeks, how often have you been bothered by any of the following problems? (circle responses)

	Not At All	Several Days	Over Half The Days	Nearly Every Day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of ≥ 3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

If you score a sum of 3 or greater on either questions 1 and 2, or 3 and 4, you may have anxiety or depression that is affecting you more than normal. In this case, it is recommended that you talk to a trusted health care provider such as your primary care physician, your athletic trainer at school, or a counselor at school. If there is not someone you feel comfortable talking to or you are interested in learning more to help yourself or a friend, please use the resources provided below.

For more information regarding student-athlete mental health:
Quiet Suffering - A Resource for Student-Athlete Mental Health
spark.adobe.com/page/lLtwyoLpTAp0V/

Teen Lifeline Call and Text Crisis Line
(602) 248-8336 (TEEN)
Outside Maricopa county call: 1-800-248-8336 (TEEN)
Hours are: Call 24/7/365 | Text weekdays 12-9 p.m. & weekends 3-9 p.m. | Peer counseling 3-9 p.m. daily
Crisis text line: Text HOME to 741741 to connect with a crisis counselor

National Suicide Prevention Lifeline
1-800-273-8255 or suicidepreventionlifeline.org

The Trevor Lifeline
866-488-7386 (for gender diverse youth)

Family History Questions: Please Tell Me About Any Of The Following In Your Family...

		Y	N
1)	Are there any family members who had sudden/unexpected/unexplained death before age 50? (including SIDS, car accidents drowning or near drowning)	☐	☐
2)	Are there any family members who died suddenly of "heart problems" before age 50?	☐	☐
3)	Are there any family members who have unexplained fainting or seizures?	☐	☐
4)	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 Student-Athlete _____ Signature of Parent/Guardian _____ Date _____

Signature of MD/DO/ND/NMD/NP/PA-C/CCSP _____ Date _____

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

2022-23 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: _____
Medically eligible for all sports without restriction with recommentations for further evaluation or treatment of:

_____

Recommendations:_____

Name of Physician (Print/Type): _____ Exam Date: _____
Address: _____ Phone: _____
Signature of Physician: _____ , MD/DO/ND/NMD/NP/PA-C/CCSP