

Student Name: _____

Litchfield Elementary School District #79
Middle School Interscholastic Athletics Program



Student-Athlete Participation Forms 2022-2023

To: Parents/Guardians of Student-Athletic Participants

From: Coaching Staff and Administration

Congratulations! Your child has been selected to participate in the Litchfield Elementary School District (LESD) middle school interscholastic athletic program.

1. Practice and game times may vary and it is the parent's responsibility to provide prompt transportation home.
2. Student-athletes who participate in our athletic programs are expected to positively represent the Litchfield Elementary School District during practice, games, at school, and in the community. Student-Athletes are expected to maintain passing grades and outstanding behavior.
3. Before student-athletes are permitted to participate, parents/guardians are required to complete all forms in this packet. Only one packet is required for the entire 2022-2023 school year.
4. The school nurse is not on duty at our after school games, but coaches carry First Aid Kits.
5. Parents/Guardians have the responsibility of laundering and maintaining the game uniform and returning (washed and folded) promptly at the conclusion of the season.

****To be cleared to participate, you will need to complete and return the following paperwork, all at the same time. It is recommended that you make copies of these forms.**

Directions: Please fill out all forms completely. ***The sports physical is not required***, however, it is strongly recommended, especially if a student-athlete has an ongoing health condition (ie. asthma).

CHECKLIST:

- ____ Form #1: Student-Athlete and Parent Participation Code of Conduct Form
- ____ Form #2: Student-Athlete Pledge and Media Consent Form
- ____ Form #3: Medical Treatment Permission and Consent Form.
- ____ Form #4: Parent/Guardian Consent, COVID-19 Waiver, Release, and Assumption of Risk Form
- ____ Form #5: Medical History Form
- ____ Form #6: Physical Examination Form: **Not required**, but highly recommended.
- ____ Form #7: Permission Slip to ride home from games with another teammate's family
- ____ Form #8: Mild Traumatic Brain Injury/Concussion Statement and Acknowledgement Form
- ____ Form #9: Heat Acclimatization and Heat Illness Statement and Acknowledgement Form
- ____ Provide: Proof of Medical Insurance (copies of medical insurance are accepted)

Litchfield Elementary School District #79 Middle School Interscholastic Athletics Program

STUDENT-ATHLETE AND PARENT PARTICIPATION CODE OF CONDUCT *(Form #1)*

On behalf of the administration, faculty, staff, and students of the Litchfield District we welcome you to our middle school interscholastic athletic programs. We ask that everyone demonstrate an attitude of good sportsmanship throughout the season no matter what personal feelings of loyalty you may have towards one team or the other. Respect is a right for the student-athletes, coaches, faculty, administration, and officials. Any spectator not displaying the appropriate conduct will be asked to leave. Your cooperation is expected and appreciated.

Grades and Behavior:

Weekly grade/citizenship check will be done each week prior to the first competition of the week to prove eligibility. Student-Athletes must have passing grades in behavior, academics and specials. The student-athletes are a representation of LESD and they are to follow the LESD Student Handbook expectations. Please review the criteria below.

Grading Scale:	Citizenship Scale:
A = 100-90%	E = Excellent
B = 89-80%	S = Satisfactory
C = 79-70%	N = Needs Improvement
D = 69-60%	U = Unsatisfactory
F = 59% or lower	

- **If your student-athlete receives a “U” or a 59% or lower**, they will be suspended for a minimum of one game or until teacher notification of improvement to the School Athletic Director or Coach.
- If you are concerned about your student-athletes academic and behavior achievement, please contact the teacher that assigned the score.
- Grade/citizenship check are due prior to the first competition of the week.
 - The student will not play until the teacher reinstates them.
 - Athletes are required to have passing marks in grades and citizenship to be eligible for competition.
 - Teachers will have 24 hours to update grades once a student has turned in missing work. Then the teacher can give the coach information about reinstatement of the student-athlete.

Consequences:

- If your student-athlete receives a “U” or a 59% or lower, they will be suspended for a minimum of one game or until teacher notification of improvement to the School Athletic Director or Coach
- 1st occurrence - One game suspension from play;* One-on-one with the coach; Teacher must reinstate student-athlete prior to returning to play.
- 2nd week of occurrence - One game suspension from play;* conference with Principal; warning to parent from coach. Teacher must reinstate student-athlete prior to returning to play.
- 3rd week of occurrence - Suspended for the season and dismissal from the team.

*When students are suspended from a game, they are still expected to attend and fully participate in practice and attend all games.

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STUDENT-ATHLETE AND PARENT PARTICIPATION CODE OF CONDUCT *(Form #1)*

Consequences for Discipline related events at school by a student-athlete:

- In-School Suspension (ISS)
 - 1st occurrence - One game suspension from play.*
 - 2nd occurrence - Suspended for the season and dismissal from the team.
- Out-of-School Suspension (OSS) - Suspended for the season and dismissal from the team.

*When students are suspended from a game, they are still expected to attend and fully participate in practice and attend all games.

Attendance:

Student-athletes must be in school for at least half a day in order to participate in or attend after school activities. Student-athletes are required to be at all tryouts, practices and games. A student-athlete cannot be adversely treated due to an excused absence. Absent student-athletes may have to work hard to regain their previous playing status. The student-athletes who attend all the practices and competitions must be given consideration for their commitment. Student-athletes should inform their coach well beforehand if they plan to miss a practice or game. Please see the Consequences for unexcused absences. Examples of excused absences: doctor's appointment, family emergency, and absent from school.

I/we acknowledge that I/we have read and understand the “Student-Athlete and Parent Participation Code of Conduct.”

Student-Athlete Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

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Student-Athlete Pledge (Form #2)

Individual and team success in sports results from commitment. The extent to which young student-athletes are able to make such commitments reflects their maturity as well as their dedication to family, friends, school, and team. For these reasons, we ask you to read and agree to the below student-athlete pledge.

As a student-athlete in the Litchfield Elementary School District, I pledge and understand:

1. Participation in the Litchfield Elementary School District Interscholastic Middle School Athletic Program is a privilege, not a right.
2. To be a worthy representative of my school, teammates, and coaches by supporting my school and community expectations and reflecting my team's values of commitment and hard work.
3. To maintain my health and fitness levels by following the training rules as set by the school Athletic Department.
4. To reflect the knowledge that a commitment to success is nothing without the commitment to hard work in practice.
5. To attend every practice and competition unless excused by my coach.
6. To understand that my future as a responsible adult relates more to my academic accomplishments than my athletic activities.
7. To find the time to satisfy my family relationships and responsibilities.
8. To accept the responsibilities of team membership: cooperation, support of my teammates, shared responsibilities, positive attitude, and mutual respect.
9. To respond quickly to the directions given by the coach.
10. To reflect my maturity by expressing my feelings and ideas intelligently and appropriately.
11. To accept the responsibility for my own actions.

I have read the above statements and promise to follow them:

Student-Athlete Signature: _____ Date: _____

Media Permission Consent:

I give my permission for my student-athlete to be photographed, videotaped or interviewed for use by District sources or the outside media. (i.e., newspaper, television special events, etc.).

_____ (Initial) Yes, you can post pictures of my student-athlete on the District/School Sports Website.

_____ (Initial) No, you cannot post pictures of my student-athlete on the District/School Sports Website.

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MEDICAL TREATMENT PERMISSION AND CONSENT FORM (Form #3)

School: _____

Student: _____ Phone: _____

Address: _____

Parent/Guardian: _____ Phone: _____

Address: _____

Email Address: _____

Emergency Contact: _____ Phone: _____

Authorization for Medical Treatment

We/I hereby give permission for Litchfield Elementary School District staff members or appropriate coach to authorize any medical, surgical treatment for our/my son/daughter, _____, that he/she might be in need from the period of _____ to _____.

Family Doctor: _____ Phone: _____

Family Hospital: _____ Phone: _____

Medical History: _____

Allergies: _____ Date of last tetanus booster: _____

Current Medications: _____

Medical Insurance Information
(REQUIRED TO PARTICIPATE ON TEAM)

Insurance Company Name: _____ Phone: _____

Identification #: _____ Group #: _____

Student's Social Security #: _____

Parent/Guardian Signature

Parent/Guardian Signature: _____ Date: _____

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**PARENT/GUARDIAN CONSENT, COVID-19 WAIVER, RELEASE, AND
ASSUMPTION OF RISK FORM (Form #4)**

1. I acknowledge that I am aware that if my child is involved in an accident or becomes ill while participating in the Sports Program, the school will attempt to contact me. If they are unable to reach me, school personnel will attempt to contact those listed as emergency contacts. If no one can be reached, the school may take my child to a hospital or emergency center.
2. In the event of injury that school personnel determine necessitates emergency medical transportation services and treatment, I consent for an ambulance or air ambulance to transport my child to a hospital chosen by school personnel or coach, or to the location of specialized care believed to be appropriate for the injury.
3. I consent for my child to be given medical care by an available health care provider if emergency medical attention is deemed necessary.

By signing this permission form, I agree to conditions 1, 2, and 3 above and understand that an ambulance or air ambulance service may be used if deemed necessary.

**PARENTAL OR LEGAL GUARDIAN CONSENT FORM
FOR STUDENT INTERSCHOLASTIC ATHLETICS**

On behalf of myself, my household members, and my minor child, I give my permission for my child _____ to participate in the Sports Program, realizing that such activity involves the potential for injury, which is inherent in all sports. My child and I are familiar with, and knowingly and voluntarily accept, any and all risks associated with participation in the Sports Program. I acknowledge that my child's participation is wholly voluntary and is not part of any regular school curriculum. I acknowledge that participation in interscholastic athletics requires my child to be in a physical condition necessary to maintain the rigorous physical activity in which they will participate. I specifically assume all risks and hazards associated with my child's participation in the Sports Program and acknowledge that even with coaching, use of protective equipment and appropriate rules in place, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in partial or total disability, paralysis or even death.

I specifically assume all risks and hazards associated with my child's participation in organized interscholastic athletics including, but not limited to, the risks associated with the novel COVID-19 virus. I understand that my child will be associating with staff and other children and may contract COVID-19, and other viruses and diseases, through my child's participation in the Sports Program. I understand and voluntarily assume the risk that my child may acquire COVID-19, and that COVID-19 may subsequently be transmitted from my child to me, my family, members of my household, and anyone else we may come into contact with.

While instruction and reasonable supervision will be provided, staff cannot ensure my child's safety. Accidents and injuries happen, and it is impossible to eliminate the risk that my child will suffer an injury or illness.

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I certify that my child is in good health, has no fever, and has no current issues that make it unsafe for my child to participate in the Sports Program. I will notify the school and not send my child to an athletic game or practice if my child or anyone in my household tests positive for COVID-19 or if my child develops an illness, or has symptoms of COVID-19, such as fever or chills, coughs, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea, vomiting, or diarrhea. I further certify that I will follow all COVID-19 protocols and procedures adopted by the District or school, including the Arizona Interscholastic Association's Recommended Guidelines for Returning to Athletic Activity (last updated July 26, 2021).

To the fullest extent permitted by law, I hereby agree to waive, release, and discharge any and all claims, causes of action, damages, and rights of any kind against the school, the District, the District's insurers, the District's governing board, and all of their respective employees, agents, representatives, and volunteers (the "Released Parties") arising from or relating in any way to any damage, injury, trauma, illness, loss, disability, dismemberment, or death that may occur to my child, me, or my household members as a result of my child's participation in the Sports Program or as a result of the COVID-19 pandemic.

I further agree not to sue the Released Parties, and to defend and indemnify the Released Parties for all claims, damages, losses, or expenses, including attorneys' fees, if a suit is filed concerning an injury, illness, or death to me, my child, or my household members as a result of my child's participation in the Sports Program or as a result of the COVID-19 pandemic.

I acknowledge that I have read and understand this form in its entirety.

Student Athlete Name (Printed): _____

Parent/Guardian Name (Printed): _____

Signature of Parent/Guardian: _____ Date: _____

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MEDICAL HISTORY FORM (Form #5)

Last Name: _____ First Name: _____ Middle Initial: _____

School: _____

Has your child ever had, or now have, the following? (If yes, please give year and details):

Allergy	Hives
Anemia	Joint Pain
Arthritis	Kidney Trouble
Asthma	Menstrual Cramps
Back Pain	Migraine Headaches
Concussion	Mononucleosis
Loss of Consciousness	Knocked Out
Diabetes	Knee Injury/Surgery
Eczema (skin rash)	Rheumatic Fever
Emotional Problems	Scoliosis
Epilepsy (seizures)	Spine Injury
Fainting	Sinus Trouble
Hearing Trouble	Chronic Sore Throat
Heart Murmur	Tuberculosis
Hepatitis	Valley Fever
Hernia (rupture)	Neck Injury
Ankle Injury	Wrist Injury
Elbow Injury	Other

Operations:

Nature: _____ Year: _____

Nature: _____ Year: _____

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PHYSICAL EXAMINATION (Form #6)
SUMMARY FOR ATHLETICS AND PHYSICAL EDUCATION
(To be filled out and signed by examining physician)
(Optional)

Last Name: _____ First Name: _____ Middle: _____

Sex: M / F Grade: _____ DOB: _____ Ht.: _____ Wt.: _____

Resting Pulse: _____ 2min: _____ BP (right arm sitting) : _____

Eyes Far R20/ _____ L20 _____ with/without corrective lens/glasses

Eyes Near R20/ _____ L20 _____ with/without corrective lens/glasses

Ears R: _____ Ears L: _____

Nose/Throat	Spine/Neck
Teeth/Dentures	Shoulder/Elbow/Hand
Skin	Hip/Knee
Heart	Ankle/Feet
Lungs	Genitalia
Abdomen	Lymphatics
Hernia	Other

Laboratory: Urinalysis (dipstick): _____ Albumin: _____ Blood Sugar: _____

Other Lab Tests: only if specifically indicated or required:

Urinalysis: Sp.Gr: . _____ React: _____

Hemoglobin/Het:

Tuberculin Test: Positive: _____ Negative: _____

Other:

I certify that I have on this date examined the above student-athlete and I have no medical reasons to disqualify him/her from participating in all supervised athletic and physical education activities with the exception of:

Signature of Examining Physician: _____ Date: _____

Name of Physician (Print): _____

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AFTER GAME RIDES PERMISSION SLIP (Form #7)

I understand that if my student-athlete participates in Interscholastic Sports within the Litchfield Elementary School District #79, as the parent/guardian I am responsible for providing transportation home for my student-athlete from the host school after each game. It is my responsibility to pick up my student-athlete immediately upon the game's conclusion. If I am unable to provide transportation for my student-athlete it may result in my student-athlete being removed from the team unless an official travel buddy is provided.

By signing below, I understand the responsibilities of picking up my student-athlete after each game. If I cannot provide transportation after games at Belen Soto, L. Thomas Heck, Verrado, Verrado Heritage, Western Sky and Wigwam Creek Middle Schools my student-athlete may be removed from the team.

I have read the above responsibilities and agree that my student-athlete will be picked up promptly after each game. If I cannot provide transportation home, the following parent(s) have permission to give my student-athlete a ride home:

Alternate Student-Athlete Name: _____

Alternate Parent Name: _____

Alternate Parent Contact Information: _____

Alternate Student-Athlete Name: _____

Alternate Parent Name: _____

Alternate Parent Contact Information: _____

Alternate Student-Athlete Name: _____

Alternate Parent Name: _____

Alternate Parent Contact Information: _____

Student-Athlete Name: _____

Parent/Guardian Signature: _____

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CONTACT INFORMATION

Litchfield Elementary School District Office

272 E. Sagebrush St.
Litchfield Park, AZ 85340
(623) 535-6000

Transportation Department

18921 W. Thomas Rd.
Litchfield Park, AZ 85340
(623) 535-6070

<p>L. Thomas Heck Middle School 12448 W. Bethany Home Rd. Litchfield Park, AZ 85340 (623) 547-1700 Athletic Director: Crista Lair Email: lairc@lesd.k12.az.us</p>	<p>Western Sky Middle School 4095 N. 144th Ave. Goodyear, AZ 85395 (623) 535-6300 Athletic Director: Andrew Davenport Email: davenport@lesd.k12.az.us</p>	<p>Wigwam Creek Middle School 4510 N. 127th Ave. Litchfield Park, AZ 85340 (623) 547-1100 Athletic Director: Lisa Hokaj Email: hokaj@lesd.k12.az.us</p>
<p>Verrado Heritage Elementary School (K-8) 20895 W. Hamilton St. Buckeye, Arizona 85396 (623) 547-3300 Athletic Director: Meredith Noce Email: noce@lesd.k12.az.us</p>	<p>Belen Soto Elementary School (K-8) 18601 W. Campbell Ave. Goodyear, AZ 85395 (623) 547-3400 Athletic Director: Colleen Whalen Email: whalen@lesd.k12.az.us</p>	<p>Verrado Middle School 20880 W. Main St. Buckeye, AZ 85396 (623) 547-1300 Athletic Director: Mark Mitchell Email: mitchellm@lesd.k12.az.us</p>

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**MILD TRAUMATIC BRAIN INJURY (MTBI)/CONCUSSION
STATEMENT AND ACKNOWLEDGEMENT FORM (Form #8)**

I, _____ (student-athlete) 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. 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, volleyball and wrestling.

By signing below, I acknowledge:

- My institution has provided me with specific educational materials including the CDC Concussion fact sheet (<http://www.cdc.gov/headsup/youthsports/index.html>) on what a concussion is, how it could affect my health 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 that might impact my physical condition to participate in any sport.
- There is a possibility that participation in my sport may result in a head injury and/or concussion. In rare cases, concussions can cause permanent brain damage, and even death. I understand that repeated concussions carry an even greater risk of personal injury.
- A concussion is a brain injury, which I am responsible for reporting to the school staff as may be appropriate.
- A concussion can affect my ability to perform everyday activities, and affect my reaction time, balance, sleep and classroom performance.
- I understand that 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.
- Following a concussion, the brain needs time to heal. I understand that I am much more likely to have a repeat concussion or further damage if I return to play before my symptoms have resolved AND I have submitted written clearance to my coach or trainer to do so from a qualified healthcare professional.

As the parent/guardian of _____, I am aware of the nature and risk of concussion to my child as s/he participates in sporting activities. I understand that if my child is suspected of receiving a severe blow to the head (possible concussion) in a practice session, game or sporting event, s/he will be immediately removed from the athletic activity. I understand that a coach or parent from the student's team or an official or licensed health care provider may remove a student from play. A pupil may return to play on the same day if a health care provider rules out a suspected concussion at the time the student is removed from play. On a subsequent day, the student may return to play if the student has been evaluated by and received written clearance to resume participation in the athletic activity from a health care provider who has been trained in the evaluation and management of concussions and head injuries. I understand that without written medical clearance from an appropriate health care provider, that my student will not be allowed to return to play after being suspected of receiving a concussion while participating in a sport activity.

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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: _____

Litchfield Elementary School District #79
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**HEADS UP CONCUSSION IN SPORTS
FACT SHEET FOR STUDENT-ATHLETES**

What is a Concussion?

A concussion is a brain injury that:

- Is caused by a bump, blow, or jolt to the head or body.
- Can change the way your brain normally works.
- Can occur during practices or games in any sport or recreational activity.
- Can happen even if you haven't been knocked out.
- Can be serious even if you've just been "dinged" or "had your bell rung."

All concussions are serious. A concussion can affect your ability to do schoolwork and other activities (such as playing video games, working on a computer, studying, driving, or exercising). Most people with a concussion get better, but it is important to give your brain time to heal.

What are the symptoms of a concussion?

- Headache or "pressure" in head...
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy or groggy
- Difficulty paying attention
- Memory problems
- Confusing

What should I do if I think I have a concussion?

- **Tell your coaches and your parents.** Never ignore a bump or blow to the head even if you feel fine. Also tell your coach right away if you think you have a concussion or if one of your teammates might have a concussion.
- **Get a medical check-up.** A doctor or other health care professional can tell if you have a concussion and when it is OK to return to play.
- **Give yourself time to get better.** If you have a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have another concussion. Repeat concussions can increase the time it takes for you to recover and may cause more damage to your brain. It is important to rest and not return to play until you get the OK from your health care professional that you are symptom-free.

How can I prevent a concussion?

Every sport is different, but there are steps you can take to protect yourself.

- Use the proper sports equipment, including personal protective equipment. In order for equipment to protect you, it must be:
 - The right equipment for the game, position, or activity
 - Worn correctly and the correct size and fit
 - Used every time you play or practice
- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.

For more information and to order additional materials free-of-charge, visit: www.cdc.gov/Concussion

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**HEAT ACCLIMATIZATION AND HEAT ILLNESS
STATEMENT AND ACKNOWLEDGEMENT FORM (Form #9)**

It is the position of the Arizona Interscholastic Association (AIA) that prevention is the best way to avoid exertional heat stroke. Prevention includes (Policy 14.17.1) educating participants about:

1. Recognition and management of exertional heat illnesses;
2. The risks associated with exercising in hot, humid environmental conditions;
3. The need for gradual acclimatization over a fourteen (14) day period;
4. Guidelines for proper hydration;
5. Implementing practice/competition modifications according to local temperature and relative humidity readings.

Exertional heat illness (Policy 12.17.2) includes the following conditions, ordered from the least to the most dangerous:

1. Exercise associated muscle cramps: an acute, painful, involuntary muscle contraction usually occurring during or after intense exercise, often in the heat, lasting approximately one to three (1-3) minutes.
2. Heat syncope: also known as orthostatic dizziness, it refers to a fainting episode that can occur in high environmental temperatures, usually during the initial days of heat exposure.
3. Exercise (heat) exhaustion: the inability to continue exercise due to cardiovascular insufficiency and energy depletion that may or may not be associated with physical collapse.
4. Exertional heat stroke: a severe condition characterized by core body temperature greater than forty degrees Celsius (> 40°C); one hundred four degrees Fahrenheit (104°F), central nervous system (CNS) dysfunction, and multiple organ system failure induced by strenuous exercise, often occurring in the hot environments.

As the parent/guardian of _____, I am aware of the nature and risk of exertional heat stroke to my child as s/he participates in sporting activities. I understand that if my child is suspected of suffering from exertional heat exhaustion in a practice session, game or sporting event, s/he will be immediately removed from the athletic activity. I understand that a coach or parent from the student's team or an official or licensed health care provider may remove a student from play. I understand that if my child suffers from heat stroke, s/he should refrain from exercise for at least seven (7) days following the acute event and must be cleared for activity by a licensed physician.

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: _____