

TD#3 Tempe Athletic Conference (TAC) Packet Return to School

The enclosed forms contain information regarding the *Keep at Home* packet.
Please be sure you have read all the necessary information before signing all of the enclosed forms.

Directions:

1. Complete **ALL** information on every page.
2. On the day of the physical exam, **page 5 of the physical exam** must be completed and signed by a physician
3. Turn **ALL** pages into the School Front Office.

Dear Parents and Student-Athletes:

Welcome to a new year of athletics at TD3. Academics and character in and out of the classroom are a vital part of our sports program. In order to participate students must be able to maintain a C or better in all classes as well as demonstrate good character traits including honesty, respect, and responsibility.

Each student must have a TD3 Sports Participation Packet completed including a sports physical before trying out for any sport. If selected for the team, students are expected to attend all practices and games. Students will also be provided with a school-issued sports uniform that they will be expected to maintain throughout the season. If a student's uniform is lost or damaged, the replacement cost is \$25.

Student-Athlete:

By signing below I agree to:

1. Have a completed participation packet on file.
2. Have a physical exam prior to any type of participation.
3. Maintain a C (70%) or better in all classes.
4. Demonstrate positive behavior and sportsmanship.
5. Provide proof of insurance.
6. Attend practices and games.
7. Maintain my uniform, and understand there will be a charge if it is lost or damaged.

I understand that if I don't meet the above requirements I could lose practice and game privileges, or my parents could be contacted regarding the situation.

Student Name(Printed)

Student Signature

Date

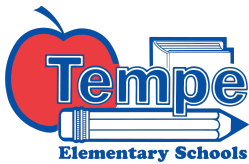
Parent/Guardian of Student-Athlete:

By signing below, I agree to support my child with the above requirements and expectations. I also agree to ensure my student-athlete is picked up from practice on time. Not doing so could result in my child losing practice and game privileges.

Parent Name(Printed)

Parent Signature

Date



Tempe Athletic Program Mild Traumatic Brain Injury (MTBI) / Concussion 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 healthcare professional.
- Following a 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.
- If a concussion is suspected during a practice session or game I will be removed from the athletic activity and my parents/guardian will be notified.

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, spirit line, and wrestling.

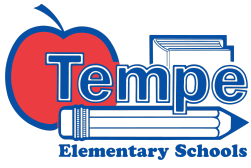
I represent and certify that I and my parent/guardian have read the entirety of this document and fully understand the contents, consequences, and implications of signing this document and that I agree to be bound by this document.

Student Athlete:

Print Name: _____ Signature: _____ Date: _____

Parent or legal guardian:

Print Name: _____ Signature: _____ Date: _____



Tempe Athletic Program

Dangers of Heat-Related Illness, Sudden Cardiac Death, and Prescription Opioid Use Statement and Acknowledgement Form

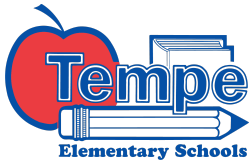
I, _____ (student), and I, _____ (parent) acknowledge that I have received information and district policies regarding the Dangers of Heat Related Illness, Sudden Cardiac Death and Prescription Opioid use.

Student-Athlete:

Student Signature: _____ Date: _____

Parent or legal guardian:

Student Signature: _____ Date: _____



Tempe Athletic Conference (TAC)

Emergency Contact - Athletic Participation Card

Student Name: _____ Grade: _____

Home Address: _____ Zip Code: _____

Parent(s) Guardian(s) Full Names: _____

Home phone: _____ Mother's Work No: _____ Cell: _____

Sport: _____ Father's Work No: _____ Cell: _____

Emergency Contact - Person who can answer on your behalf, for your child, in case of an emergency.

Name: _____ Phone No: _____

Preferred Hospital: _____ Doctor: _____ Phone No: _____

Dentist: _____ Phone No: _____ Date of last Tetanus shot: _____

Drug Allergies (penicillin, etc.) _____ Allergies to insect bites, foods, or plants: _____

Other Health Concerns: _____

PARENT/GUARDIAN EMERGENCY CONSENT

I give my consent that in the event of an emergency where I cannot be contacted, my child may be taken to a hospital emergency room (any expense for emergency transportation and/or treatment shall be the responsibility of the parent or legal guardian).

RESPONSIBILITIES FOR EQUIPMENT RETURN

I agree to be responsible for the safe return of all athletic and/or activity equipment issued by the school to the above-named student.

STATEMENT OF MEDICAL INSURANCE

I verify that my child will be covered by my medical insurance policy which includes coverage of an injury in a school-supervised game or activity.

Company providing insurance coverage: _____

Effective Date: _____ Phone No: _____ Policy No: _____

Group No: _____

Member ID: _____

Parent Signature

Date

For Office Use Only

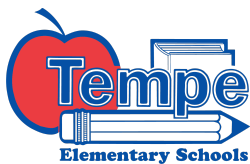
Date of Physical: _____

Eligible

Not Eligible

Sport: _____

2024-2025



AIA Arizona Interscholastic Athletic Association Jewelry Policy

“The wearing of jewelry by players is addressed in a change to Rule 4-1-7, which now states that all jewelry must be removed, except small, secured studs or posts worn above the chin. Hoop earrings are not allowed. No jewelry is permitted below the chin, including string bracelets, commemorative bracelets, watches, hair beads, and body jewelry. Hair ties and solid color Durags are allowed for cross country, softball, and baseball.” Feb 3, 2023

National Foundation High School Sports NFHS Hair- Religion- Jewelry- [Rules Spreadsheet!](#)

Student-Athlete: By signing below, I acknowledge that if I don't meet the above requirements I could lose practice and game privileges, or my parents could be contacted regarding the situation.

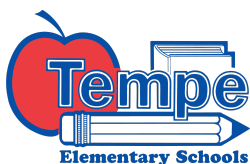
Student Name (Printed) _____

Student Signature _____ Date _____

Parent/Guardian of Student-Athlete: By signing below, I agree to support my child with the above requirements and expectations. Not doing so could result in my child losing practice and game privileges.

Parent Name (Printed) _____

Parent Signature _____ Date _____



Fan Decorum

- Let the coaches coach, the players play and the officials officiate.
- Sportsmanship must be demonstrated at all times. Be a positive and respectful fan, and recognize that players, coaches, and officials can and will make mistakes. Be supportive of all participants to ensure an enjoyable experience for all.

Code of Conduct

- Fans need to remain seated throughout the duration of the game.
- Arguing with officials, coaches, players, etc. and the use of inappropriate language or gestures are grounds for immediate ejection.
- Fighting, throwing objects onto the court, or attempting to charge the court will result in immediate ejection and potential legal ramifications.

Officiating

Please note all officials are contracted employees that do not work for Tempe Elementary School District. Officiating Crews have their own set of liability insurance that needs to be followed. The district's athletic coordinator is in direct conduct with the lead official on a regular basis. If there are any concerns regarding officiating please email the district's athletic coordinator Gregory.Howell@tempeschools.org and he will do his best to address any and all concerns in a timely manner.

Student Athlete Code of Conduct:

- Student athletes are expected to demonstrate positive behavior and proper sportsmanship at all times.
- Coaches, athletic directors and administrators have the responsibility to hold student athletes accountable for their behavior and actions.
- If students do not demonstrate positive behavior they are subject to consequences in direct alignment the the [TD#3 student discipline](#) handbook and [AIA ejection policies](#).

Parent/Guardian of Student-Athlete: By signing below, I agree to support my child with the above requirements and expectations. Not doing so could result in my child losing practice and game privileges.

Parent Name (Printed) _____

Parent Signature _____ Date _____