MARICOPA
Unified School District
Dream. Learn. Become.

MUSD - Middle School Athletics Clearance Packet

This packet must be completed and returned to the school office prior to the student participating in any athletics related activities.

Table of Contents:

PARTICIPATION FEE - $50 per sport. All participation fees must be paid prior to student participation in practices or games.

MUSD Student Athlete Information Form

Student Name _____ Student ID # _____ Grade _____

School _____ Date of Birth _____

Home Address _____

_____

Parent/Guardian Name _____

Relationship to Student _____

Parent/Guardian Contact Phone Number _____

Email Address _____

Emergency Contact Name _____

Emergency Contact Phone Number _____

Any Allergies/Special Medical Needs _____

_____

Is anyone specifically not permitted to pick student up from campus? _____

_____

Canyon Athletic Association
8102 N. 23rd Ave Suite E Phoenix, AZ 85021
Phone: 602-898-1845 info@azcaa.com

2026 - 2027 SCHOOL YEAR,

ANNUAL PRE-PARTICIPATION PHYSICAL EVALUATION

(The parent or guardian should fill out this form with assistance from the student-athlete) Exam Date: _____

Name: _____

Home Address: _____

Phone/s: _____

Date of Birth: _____ Age: _____ Gender: _____ Grade: _____

School: _____ Sport(s): _____

Personal Physician: _____

Hospital Preference: _____

EMERGENCY CONTACTS		
1) Name		Relationship
Phone (Home):	Phone (Work):	Phone (Cell):
2) Name		Relationship
Phone (Home):	Phone (Work):	Phone (Cell):

Explain "Yes" answers on the following page. Circle questions you don't know the answers to.	YES	NO
1) Has a doctor ever denied or restricted your participation in sports for any reason?		
2) Do you have an ongoing medical condition (like diabetes or asthma)?		
3) Are you currently taking any prescription or non-prescription (over the counter) medicines or supplements? (Please specify):		
4) Do you have allergies to medicines, pollen, 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?		

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Explain "Yes" answers on the following page. Circle questions you don't know the answers to.	YES	NO
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		
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?		

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Explain "Yes" answers on the following page. Circle questions you don't know the answers to.	YES	NO
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	YES	NO
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

COVID	YES	NO
1) Have you been hospitalized for COVID-19 or any major illness in the past year?		
2) Have you experienced lingering symptoms affecting exercise tolerance?		

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The physician should fill out this form with assistance from the parent or guardian.)

Student Name: _____ Date of Birth: _____

Mental Health Screening (PHQ-4)	0-3	NA
Over the last 2 weeks, how often have you been bothered by the following problems? (0= Not at all, 1= Several days, 2 = More than half the days, 3 = Nearly every day)		
1) Feeling Nervous, anxious, or on edge		
2) Not being able to stop or control worrying		
3) Little interest or pleasure in doing things		
4) Feeling down, depressed, or hopeless		

Neurological History / Lifestyle & Risk Factors	YES	NO
1) Have you ever had a concussion or head injury?		
2. Do you use tobacco or vaping products?		
3) Do you use alcohol or illegal drugs?		
4) Do you take supplements or performance-enhancing substances?		

EXPLAIN "YES" ANSWERS HERE

Concussion & Athletic Acknowledgement	YES	NO
1) I acknowledge the statement below.		

Statement:

Participation in athletics involves risk of injury, including concussion. I have received information regarding concussion symptoms and reporting. I understand that I must report symptoms immediately. I agree to follow CAA rules, including sportsmanship expectations under CAA governance.

I hereby state that, to the best of my knowledge, my answers to all of the above questions are complete and correct. Furtherm ore, 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

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2026-2027 **SCHOOL YEAR,**
ANNUAL PRE-PARTICIPATION PHYSICAL EXAMINATION

Name: _____

Date of Birth: _____ Age: _____ Gender _____ Height _____ Weight _____

% Body Fat (optional): _____

Pulse: _____ BP: _____/_____ (_____/_____, _____/_____)

Vision: R20/_____ L20/_____ Pupils: ☐ Equal ☐ Unequal Corrected: ☐ Yes ☐ No

	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

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2026-2027 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 il lnesses, along with decisions on return to play after injury or illness. Occasionally, those minor athletes require sports medicine services before, during and after participating 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 are 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 Canyon Athletic Association (CAA), _____ (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/CAA, to the extent the QMP deems necessary to prevent harm to the stu dent-athlete. It is understood that a QMP may be an athletic trainer, 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/CAA 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 safe ty of the minor. I understand that 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/CAA.

Date:_____Signature: _____

The **Canyon Athletic Association (CAA) Article 12 – Sportsmanship, Behavior, and Safety** establishes the standards of conduct expected of all member schools, coaches, student-athletes, spectators, and officials to ensure a safe, respectful, and educational athletic environment. The policy emphasizes that schools are responsible for maintaining sportsmanship, enforcing appropriate behavior, implementing emergency action plans, and addressing misconduct promptly. Coaches and student-athletes are expected to model integrity, respect, ethical behavior, and adherence to league and sport-specific rules, while spectators must demonstrate appropriate conduct and comply with the CAA Spectator Code of Conduct. The article also outlines disciplinary procedures and penalties for unsportsmanlike conduct, ejections, fighting, and spectator misconduct, including suspensions, required educational courses, and season-ending consequences for repeat or severe violations. Overall, the policy reinforces that athletics should promote character, respect, safety, and positive sportsmanship while holding all participants accountable for their actions.

Please scan the QR code below to read the CAA guidelines. This section discusses:

- Spectator Behavior
- Athlete and Spectator Safety
- Team, Athletes, Coach, and Fan Expectations

SPECTATOR CODE OF CONDUCT

The Canyon Athletic Association (CAA) encourages the attendance of students, parents, and fans at all of our athletic events. It is not our intent to reduce the involvement of spectators or the enjoyment of those who participate. Rather, it is our goal to create an atmosphere which is conducive to healthy athletic competition, is safe for those involved, and which provides the ideals of sportsmanship and sound educational practices.

It is expected that spectators will:

1. Show respect at all times by making only positive comments. Appreciate the good plays by both teams.
2. Realize that obscene cheers, taunting, foul and abusive language, and disrespectful signs have no place in interscholastic athletics. **There is a zero-tolerance policy**.
3. Display good sportsmanship by being modest in victory and gracious in defeat.
4. Show respect for the judgement of coaches and officials.
5. Know, understand and appreciate the rules of the game. Familiarity with the NFHS and CAA rules is essential in understanding the game and being a good spectator.
6. Acknowledge fields and courts as the player's domain during contests.
7. Monitor the safety of children in bleachers.
8. Athletic contests home, away or at a neutral site are an extension of the classroom. All school rules are in effect.
9. Spectators will respect and obey all school officials and site supervisors at contests.
10. There will be no ringing of bells, sounding of horns, or other artificial noise makers at indoor contests.
11. The throwing of debris, confetti, or other objects is prohibited.

Exceptions to this behavior will lead to ejection from the event and may impact your team's contest.

**** Please note that individual schools and/or venues may have more stringent policies.*

Adopted by the CAA Executive Board on January 10, 2018.

MUSD Parent/Guardian Acknowledgement of Sportsmanship, Behavior, and Safety Expectations

Student Name: _____ School: _____

Sport(s): _____ Grade: _____

Parent/Guardian Name: _____

As the parent/guardian of the student named above, I acknowledge that I have reviewed and understand the expectations for student-athletes, parents, spectators, coaches, and schools as outlined in the Canyon Athletic Association (CAA) Sportsmanship, Behavior, and Safety Guidelines. These expectations are designed to promote a safe, respectful, and positive educational athletic experience for all participants.

By signing below, I understand and agree that:

1. My student-athlete is expected to demonstrate good sportsmanship, appropriate behavior, and respect for teammates, opponents, coaches, officials, school personnel, and spectators before, during, and after all athletic contests and activities.
2. Unsportsmanlike conduct by student-athletes may result in disciplinary action, contest ejections, suspensions, or additional penalties as outlined by the school district and the CAA.
3. Any athlete ejected from a contest is subject to mandatory suspensions and additional consequences for repeated violations.
4. Spectators, including parents and family members, are expected to maintain high standards of sportsmanship and behavior at all athletic events. Profanity, derogatory remarks, harassment of officials, players, coaches, or other spectators, and other inappropriate conduct will not be tolerated.
5. Spectators who are removed from an athletic contest may be required to leave immediately and may be subject to additional restrictions on attendance at future events.
6. Any athlete, coach, or spectator removed from a contest must complete the NFHS Sportsmanship Course before returning to participation or attendance as required by CAA regulations.
7. Participation in athletics is a privilege, and student-athletes are expected to represent their school, team, and community with integrity, responsibility, and respect at all times.
8. I understand that failure to comply with these expectations may result in school and/or CAA disciplinary action.

Parent/Guardian Commitment

I have discussed these expectations with my student-athlete and agree to support the principles of sportsmanship, respect, safety, and positive behavior throughout the athletic season.

Parent/Guardian Signature: _____ Date: _____

Phone Number: _____

Student-Athlete Acknowledgement

I have reviewed these expectations with my parent/guardian and agree to conduct myself in a manner that reflects positively on my school, team, coaches, and community.

Student-Athlete Signature: _____ Date: _____

Maricopa Unified School District

Middle School Athletics Code of Conduct

Participation in middle school athletics is a privilege. Student-athletes, parents/guardians, and coaches are expected to uphold the values of sportsmanship, responsibility, respect, and academic achievement while representing Maricopa Unified School District (MUSD).

Student-Athlete Expectations

Student-athletes are expected to:

- Demonstrate respectful, responsible, and sportsmanlike behavior at all times.
- Refrain from the use of profanity, drugs, alcohol, tobacco, vaping products, or inappropriate conduct on social media.
- Maintain athletic eligibility by earning a minimum 2.0 GPA and receiving no failing grades. Student-athletes who do not meet eligibility requirements may be withheld from competition until eligibility is restored.
- Participate in academic progress checks as directed by coaches and school staff.
- Follow all school and district rules while traveling to and from athletic events.
- Ride district-provided transportation to and from away contests unless prior approval has been granted through the district's travel release process.
- Be picked up only by a parent or legal guardian when a travel release has been approved in advance.
- Attend all classes on game days and be present for at least one-half of the school day in accordance with district attendance requirements.
- Treat opponents, officials, coaches, teammates, spectators, and school facilities with respect at all times.
- Care for and safeguard all athletic equipment issued to them.
- Return all uniforms and equipment in clean condition within 48 hours following the conclusion of the season.
- Understand that repeated misconduct, unsportsmanlike behavior, or actions detrimental to the team may result in disciplinary action, suspension, or removal from the team at the discretion of school administration and the athletic department.
- Understand that suspension from school may result in removal from the athletic team for the remainder of the season, subject to administrative review.

Coach Expectations

Coaches are expected to:

- Establish and communicate practice schedules and team expectations.
- Make decisions regarding playing time based on effort, attendance, attitude, skill development, team needs, and eligibility.
- Monitor student-athlete academic eligibility throughout the season.
- Encourage and support academic success, including tutoring opportunities when appropriate.
- Maintain consistent communication with student-athletes and parents through approved communication platforms.
- Respond to parent concerns within a reasonable timeframe.
- Supervise student-athletes during practices, contests, locker room activities, and team travel.
- Remain on campus until all student-athletes have been picked up following practices and contests.

- Work collaboratively with school administration and the athletic department to address issues not specifically covered in this code of conduct.

Parent/Guardian Expectations

Parents and guardians are expected to:

- Ensure timely transportation for their student-athlete following practices and contests.
- Communicate absences from practices or games directly to the coaching staff.
- Support the coach's decisions regarding playing time and team management.
- Submit all required athletic paperwork and travel release forms before participation in athletic contests.
- Ensure their student-athlete attends school and remains academically eligible.
- Promote positive sportsmanship and respectful behavior at all athletic events.
- Refrain from actions, comments, gestures, or behavior that may embarrass, shame, intimidate, or disrespect opponents, officials, coaches, student-athletes, spectators, or school personnel.
- Support district expectations regarding the care and return of athletic uniforms and equipment. A replacement fee may be assessed for uniforms or equipment not returned.

Sportsmanship Commitment

All participants and spectators are expected to represent Maricopa Unified School District with integrity and respect. Unsportsmanlike conduct, including disrespectful comments, gestures, taunting, harassment, or inappropriate behavior toward opponents, officials, coaches, teammates, spectators, or school personnel, will not be tolerated and may result in disciplinary action.

Acknowledgment of Understanding

We have read and understand the Maricopa Unified School District Middle School Athletics Code of Conduct. We agree to comply with the expectations outlined above and understand that failure to do so may result in disciplinary consequences, including suspension or removal from athletic participation.

Student-Athlete Name (Print): _____

Student ID Number: _____

Student-Athlete Signature: _____

Date: _____

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____

Email Address: _____

Date: _____

MUSD STUDENT MEDIA RELEASE FORM

Student Name: _____ **Grade:** _____

Media Release Authorization

I, _____(Parent Name) the undersigned parent/guardian of the above-named student , hereby grant permission to **Maricopa Unified School District**, its employees, agents, and representatives, and approved media to photograph, video record, audio record, interview, and/or otherwise capture the likeness, image, voice, name, and athletic performance of the student while participating in school-sponsored athletic activities.

This authorization includes, but is not limited to, use of such media for:

- School or district websites
- Social media platforms (e.g., X/Twitter, Instagram, Facebook, YouTube)
- Promotional materials, publications, newsletters, programs, and posters
- Local media coverage (newspapers, television, radio, and online outlets)
- Educational and informational purposes related to school athletics

I understand that these materials may be edited, duplicated, published, broadcast, and distributed without compensation and may be used for an indefinite period of time.

Release of Liability

I hereby release and hold harmless **Maricopa Unified School District**, its governing board, officers, employees, and agents from any and all claims, demands, or causes of action arising out of or related to the use of the student's image, likeness, name, or voice as authorized above. I understand that media interaction is part of participation in all school-sponsored athletic events.

Acknowledgment and Signature

I acknowledge that I have read and fully understand this Media Release Form and voluntarily agree to its terms.

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

MARICOPA
Unified School District

Policy © 5-408 Hazing Prevention

Hazing is prohibited. Solicitation to engage in hazing is prohibited. Aiding and abetting another person who is engaged in hazing is prohibited.

A person commits hazing by:

Intentionally, knowingly, or recklessly, for the purpose of pre-initiation activities, pledging, initiating, holding office, admitting, or affiliating a student into or with an organization or for the purpose of continuing, reinstating, or enhancing a student's membership or status in an organization, causing, coercing, or forcing a student to engage in or endure any of the following:

1. Sexual humiliation or brutality, including forced nudity or an act of sexual penetration, or both;
2. Conduct or conditions, including physical or psychological tactics, that are reasonably calculated to cause severe mental distress to the student, including activities that are reasonably calculated to cause the student to harm themselves or others;
3. The consumption of any food, nonalcoholic liquid, alcoholic liquid, drug, or other substance that poses a substantial risk of death, physical injury, or emotional harm;
4. An act of restraint or confinement in a small space or significant sleep deprivation;
5. Conduct or conditions that violate a federal or state criminal law and that pose a substantial risk of death or physical injury; or
6. Physical brutality or any other conduct or conditions that pose a substantial risk of death or physical injury, including whipping, beating, paddling, branding, electric shocking, placing harmful substances on the body, excessive exercise or calisthenics, or unhealthy exposure to the elements.
    a. With the intent to promote or aid the commission of hazing, agreeing with one or more persons that at least one of them or another person will engage in hazing and one of the parties commits an overt act in furtherance of hazing.
    b. Intentionally or knowingly engaging in conduct that would constitute hazing if the attendant circumstances were as the person believes them to be.
    c. Intentionally or knowingly doing anything that, under the circumstances as the person believes them to be, is any step in a course of conduct planned to culminate in committing hazing.

d. Intentionally or knowingly engaging in conduct that is intended to aid another to commit hazing, although the hazing is not committed or attempted by the other person.

This Policy shall not be construed to apply to customary athletic events, contests, or competitions that are sponsored by the school or to any activity or conduct that furthers the goals of a legitimate educational curriculum, legitimate extracurricular program, or legitimate military training program.

Victim consent to or acquiescence in hazing is not a defense to a violation of this Policy.

All students, teachers, and staff shall take reasonable measures within the scope of their individual authority to prevent violations of this Policy.

Complaints of hazing and violations of this Policy should be reported to the principal or assistant principal of the school that sponsors the organization or where any student allegedly involved is enrolled. The principal, assistant principal, or designee shall promptly investigate all complaints of hazing and violations of this Policy. Violations of this Policy shall be reported to the appropriate law enforcement agency whenever a crime is reasonably suspected to have occurred.

Students who violate this Policy are subject to disciplinary action, including suspension and expulsion. Any teacher or staff who knowingly allows, authorizes, or condones a violation of this Policy is subject to disciplinary action, including suspension without pay and termination of employment. Any organization that knowingly allows, authorizes, or condones a violation of this Policy may have its permission to conduct operations at the school suspended or revoked. All persons and organizations alleged to have violated this Policy are entitled to appropriate due process, including the right to appeal the discipline or sanction to the next administrative level.

This Policy shall be posted in each school building and printed in every student handbook for distribution to parents/guardians and students.

Adopted: July 1, 2024

MARICOPA UNIFIED SCHOOL DISTRICT

HAZING PREVENTION ACKNOWLEDGEMENT FORM

Student Name: _____

School: _____

Sport(s): _____

Grade: _____ School Year: _____

Maricopa Unified School District is committed to providing a safe, respectful, and positive environment for all student-athletes. Hazing in any form is strictly prohibited.

Hazing includes any intentional, knowing, or reckless act associated with initiation, membership, participation, status, or affiliation with a team or organization that causes or creates a risk of physical injury, emotional harm, mental distress, humiliation, degradation, coercion, confinement, sleep deprivation, dangerous consumption of substances, excessive physical activity, or any other conduct prohibited by District policy and Arizona law.

By signing below, we acknowledge that:

• We have received and reviewed the Maricopa Unified School District Hazing Prevention Policy.

• We understand that hazing is prohibited and will not be tolerated in any athletic program, team activity, or school-sponsored event.

• We understand that a student's willingness to participate in hazing does not excuse or justify the behavior.

• We understand that any suspected hazing incident should be reported immediately to a coach, athletic administrator, principal, or other school official.

• We understand that violations of the District's Hazing Prevention Policy may result in disciplinary action, including suspension or removal from athletic participation, school disciplinary consequences, and possible law enforcement involvement.

• We agree to support and uphold a culture of respect, safety, sportsmanship, and inclusion within all middle school athletic programs.

STUDENT ACKNOWLEDGEMENT

I have read, understand, and agree to comply with the Maricopa Unified School District Hazing Prevention Policy.

Student Signature: _____ Printed Name: _____

Date: _____

PARENT/GUARDIAN ACKNOWLEDGEMENT

I have reviewed the Maricopa Unified School District Hazing Prevention Policy with my child and support the District's commitment to maintaining a hazing-free athletic environment.

Parent/Guardian Signature: _____ Printed Name: _____

Date: _____

MUSD - Middle School Athletics

Travel Consent Form

Student Information

Student Name: _____ School: _____

Grade: _____ Sport/Activity: _____

Parent/Guardian Name(s): _____

Emergency Phone Number: _____

Parent/Guardian Consent for Travel

I, the undersigned parent/guardian of the above-named student, grant permission for my child to travel with the school-sponsored athletic team to and from scheduled practices, competitions, tournaments, and related athletic events during the school year.

I understand that transportation may be provided by district-owned vehicles, charter buses, contracted transportation services, or other district-approved methods. I acknowledge that school personnel will provide reasonable supervision during travel and participation in athletic activities.

I understand that participation in interscholastic athletics is voluntary and involves inherent risks of injury that cannot be completely eliminated despite appropriate supervision and safety precautions.

Parent/Guardian Acknowledgment

I have read and understand this Travel Consent Form. I acknowledge the responsibilities and risks associated with participation in school athletics and authorize my child's participation and travel as described above.

Parent/Guardian Signature: _____

Printed Name: _____

Date: _____

MUSD - Proof of Insurance Verification Form

Student-Athlete Information

Student Name: _____ School: _____

Grade: _____ Date of Birth: _____

Medical Insurance Information

To participate in Maricopa Unified School District middle school athletics, students must have medical insurance coverage. Please provide the following information:

Insurance Company: _____

Policy Holder Name: _____

Relationship to Student: _____

Policy Number: _____

Group Number: _____

Parent/Guardian Certification

I certify that the above-named student is covered by a valid medical insurance policy. I understand that Maricopa Unified School District does not provide medical insurance coverage for injuries sustained during athletic participation and that any medical expenses incurred as a result of athletic participation are the responsibility of the parent/guardian and/or insurance carrier.

I understand that participation in athletics involves inherent risks of injury. In the event of an injury, I authorize school personnel to secure emergency medical treatment for my child if I cannot be reached.

I agree to notify the school immediately if my child's insurance coverage changes or is canceled during the athletic season.

Parent/Guardian Signature

Parent/Guardian Name (Print): _____

Signature: _____

Date: _____

****Participation in athletics will not be permitted until all required clearance documents have been submitted and approved.*

Students Without Current Medical Insurance

Students participating in Maricopa Unified School District athletics are required to have medical insurance coverage. If your student does not currently have medical insurance, voluntary student accident and health insurance plans may be available for purchase through Myers-Stevens & Toohey & Co., Inc. Many school districts utilize these plans to help families meet athletic participation insurance requirements.

Online Enrollment:

https://myers-stevens.com/enrollment/

Families may review available plans, compare coverage options, and purchase insurance directly through the Myers-Stevens enrollment website. Coverage options may include school-time accident coverage, 24-hour accident coverage, and student accident and sickness plans. Coverage details, eligibility requirements, exclusions, and costs are determined solely by the insurance provider.

Myers-Stevens Customer Service:

- Phone: (800) 827-4695

Important: Maricopa Unified School District does not endorse, administer, or guarantee any insurance plan and is not responsible for insurance coverage decisions. Families are responsible for reviewing policy information and selecting any insurance coverage that best meets their needs. Proof of insurance coverage must be submitted before athletic participation is approved.