GILA BEND

MS. / SR. HIGH SCHOOL

ATHLETIC FORMS

For School year

2017 --- 2018

GILA BEND HIGH SCHOOL

Extra Curricular Activities Eligibility Clearance Procedures

Dear Parent/Guardian and Athlete:

Welcome to the Gila Bend School District interscholastic athletic and activity program. In order to establish eligibility, a participating student is required to have on file with the Athletic Director's and or the Gila Bend High School office. The eligibility requirements listed below will simplify the process of getting cleared. As you complete each of the steps, initial the line provided. Your initials indicate that you have completed, read and understand each statement in the packet. Upon completion, return this packet to the Athletic Office.

_____ **1. Annual Physical. Must use C. A. A. Form**

_____ **2. Birth Certificate**

_____ **3. Waive Student Insurance form**

_____ **4. Authorization for Emergency Medical Treatment**

_____ **5. C.A.A. Position Form**

_____ **6. N. F. H. S. Concussion awareness video**

And Certificate from N.F.H.S.

DATE TURNED IN: _____ 2017/18

GILA BEND HIGH SCHOOL Extra Curricular Activities
Request for Permission to Waive Student Insurance: Student Covered by Personal Insurance

_____ **Student's Name**

I understand that the Buckeye Union High School District requires all students participating in extracurricular activities, be covered by an insurance program. The school makes available a low cost accident insurance with an independent insurance company, if the students and parents wish to purchase it. If the parents prefer to employ their own insurance coverage, they may do so by executing a waiver.

I here with petition that the school waive the student insurance requirement in that my personal family health and accident insurance will fulfill the required insurance coverage for my son/daughter.

I further accept full responsibility for all obligations, financial or otherwise, which may result from injuries, or illness to my son/daughter, _____

occurring during the _____ school year.

Our insurance is carried with

_____
Name of Insurance Company

_____
Address

_____
Agent

Data Sheet and Authorization for Emergency Medical Treatment

Students name: _____

Date of Birth _____ Age: _____

Parents Name: _____

Address: _____

_____

Fathers Phone # _____

Mothers Phone #_____

Adult Emergency Contact: _____

Family Doctor #: _____

Address to mail forms: _____

Insurance Policy Number: _____

Allergies & Reactions: _____

Date of last Tetanus Booster: _____

Medical Insurance Company: _____

_____

_____

GILA BEND ATHLETIC POSISTION STATEMENT

Supplements, Drugs, Performance Enhancing Substances

The C.A.A. and Gila Bend Athletic Department view sports and the participation of as an activity that enhances the students well being by providing an environment and stimulus that promotes growth and development along a health and ethically based path.

- A balance diet that provides sufficient calories is optimal for meeting the nutritional needs of the growing student.
- That nutritional supplements are rarely, if ever, needed to replace a healthy diet.
- Nutritional supplements us for specific medical conditions may be given individual consideration.
- C.A.A. and GBHSD strongly opposed to "doping" defined as those substances and procedures listed on the World Anti Doping Agency's Prohibited List.
- (www.wada-ama.Org)
- It is the position of C.A.A. and GBSD that there is no place for the use of recreational drugs, alcohol or tobacco in the lifestyle of the student-athlete.

In the pursuit of Victory with Honor, we promote the use of exercise and sports as mechanism to establish current fitness and long-term healthy lifestyle behaviors. It is our position that the athlete who consumes a balance diet, practices sports frequently and consistently, and perseveres in the face of challenges, can meet these goals.

Student: _____

Parent: _____

Date: _____

PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION

Student's Name _____ Sex _____ Age _____ Date of Birth_____

Height _____ Weight_____ % Body fat (optional)_____ Pulse _____ BP____/____(____/____, ____/____)
brachial blood pressure while sitting

Vision R 20/_____ L 20/___ Corrected: ☐ Y ☐ N Pupils: ☐ Equal ☐ Unequal

As a minimum requirement, this **Physical Examination Form** must be completed prior to junior high athletic participation and again prior to first and third years of high school athletic participation. It *must* be completed if there are yes answers to specific questions on the student's MEDICAL HISTORY FORM on the reverse side. ** Local district policy may require an annual physical exam.*

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine position.			
Heart-Auscultation of the heart in the standing position.			
Heart-Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

*station-based examination only

CLEARANCE

☐ Cleared

☐ Cleared after completing evaluation/rehabilitation for: _____

_____

☐ Not cleared for:_____Reason: _____

Recommendations: _____

_____

The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner, will not be accepted.

Name (print/type) _____ Date of Examination:_____

Address:_____

Phone Number: _____

Signature:_____

Must be completed before a student participates in any practice, before, during or after school, (both in-season and out-of-season) or games/matches.

PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION

Student's Name _____ Sex _____ Age _____ Date of Birth_____

Height _____ Weight_____ % Body fat (optional) _____ Pulse _____ BP____/____ (____/____, ____/____)
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