

Gilbert Christian Schools Athletics

Memorandum

TO: Sports Participants
FROM: Athletic Director
DATE: February 28, 2010
SUBJECT: Athletic Forms

As a member of the AIA we are required to have physical examination forms in our office prior to participation in any practice or games on Gilbert Christian School teams. Please see the below AIA Bylaw.

East Valley Urgent Care across the street performs same-day sports physicals for half price to Gilbert Christian School families. Their phone number is 480-840-6600. Please pick up their flier from the office to receive this discount.

We take this rule very seriously as it affects our standing with the AIA. All coaches have been instructed to not allow any student to participate or even attend a practice or game until the student's physical is on file with the GCS office. The Athletic Director will clear each student at their first day of practice, confirming their physical is on file and the athlete is eligible for participation.

15.7 PHYSICAL EXAMINATION RULE

- 15.7.1 A student shall not be allowed to practice or compete in interscholastic athletics until there is on file with the principal or his/her designee a record of a physical examination performed by a doctor of medicine (M.D.), osteopathic physician (D.O.) or certified registered nurse practitioner (N.P.) licensed to practice, or a certified physician's assistant (PA-C) registered by the Joint Board Of Medical Examiners and the Osteopathic Examiners in Medicine and Surgery. The physical examination for the following school year shall be given **on or after March 1**. The physical examination card on file shall be signed by one of the aforementioned medical providers and shall state that, in the opinion of the examining provider, the provider did not find any medical reason to disqualify the student from practice or competition in athletic contests. The principal or his/her designee, if deemed advisable, may require a student to be reexamined.

NOTE: In order to assure safe and appropriate physical evaluation of prospective high school athletes, individuals who perform examinations of prospective high school athletes should be licensed health care providers whose education, training and experience assure the ability to assess prospective athletes on a systemic basis. Examiners shall be qualified to perform a complete physical examination, including comprehensive evaluation of the following organ systems: circulatory; respiratory; genito-urinary; neurological; and musculo-skeletal. All such health care providers must be licensed in the United States to prescribe all classes of medications in order to fully understand the impact various pharmaceuticals may have on a prospective athlete. (2/17/92)

- 15.7.2 Member schools shall utilize the physical examination forms provided by the AIA. There shall be two parts:
- 15.7.2.1 Part One - Annual Preparticipation Physical Evaluation - To be completed by the student's parent or guardian. (See Form 15.7-A)
- 15.7.2.2 Part Two - Annual Preparticipation Physical Examination - To be completed and signed by the examining medical provider. (See Form 15.7-B)



Gilbert Christian Schools Athletics Code of Conduct

1. **You must live a PURE lifestyle:**

- This means to stay pure spiritually, physically, mentally and emotionally both on and off campus. We are spiritual leaders in this school and we must live a life that is above reproach.
“Everyone who has this hope in him purifies himself, just as he is pure.” 1 John 3:3.
“So that you may appear blameless on the day of our Lord Jesus Christ.” 1 Corinthians 1:8

2. **You are a leader AT ALL TIMES:**

- You will be observed both on and off campus for your leadership at GCS. If you are praising the Lord Wednesdays and cursing Him (whether by your mouth or by your deeds) Thursday, you will have hurt your credibility and ultimately grieved the spirit of the Lord.
“Make it your ambition to lead a quiet life, to mind your own business, to work with your hands, just as we have told you, so that your daily life may win the respect of outsiders, and so that you will not be dependent on anybody.” 1 Thessalonians 4:11-12

3. **You are ACCOUNTABLE for what you know to be true:**

- Once you have the knowledge, you are responsible for that knowledge.
“Everyone who sins breaks the law; in fact, sin is lawlessness. No one who lives in Him keeps on sinning, no one who continues to sin has seen Him or knows Him, no one who is born to God will continue to sin because God’s seed remains in him; he cannot go on sinning because he has been born of God.” 1 John 3:4, 6, and 9

4. **Your RELATIONSHIP with Christ should be found EVIDENT in ALL you say and do both on and off the GCS campus:**

- If a member of a GCS Sport Team, you are a representative of God, GCS students and your team. Therefore, you will need to do so in a Godly manner. SPEND TIME DAILY SEARCHING THE WORD AND HEART OF GOD ON HOW TO OBTAIN THIS!
*“That you may be able to discern what is best and pure and blameless until the day of Christ, filled with the fruit of righteousness that comes through Jesus Christ to the glory and praise of God.”
Philippians 1:10-11*

5. **You should ENCOURAGE one another daily:**

- Find ways to build each other up! Recognize those on other committees. Help as needed.
“Therefore encourage one another, build each other up, just as in fact you are doing. Now we ask you, brothers, to respect those who work hard among you, who are over you in the Lord and who admonish you. Hold them in the highest regard in love because of their work. Live in peace with each other. And we urge you, brothers, to warn those who are idle, encourage the timid, help the weak, be patient with everyone. Make sure that nobody pays back wrong for wrong, but always try to be kind to each other and kind to everyone else.” 1 Thessalonians 5:11-15

6. **PRAY with JOY and EXPECTATION:**

- God will bless those who bless Him. Be humble and thankful for the honor to represent your school and team.
“Be joyful; always; continually pray, give thanks in all circumstances, for this is God’s will for you in Christ Jesus.” 1 Thessalonians 5:16-18

7. **Remember: This is ALL making a difference for the sake of Christ by serving others:**
- Use the talents God has given you wisely. DO NOT self exalt. DO NOT take the credit for any of this but rather give ALL of the glory and praise back to the Lord, thanking him for entrusting us with the honor of leading our peers during our daily activities.
“Instead whoever wants to be great among you must be your servant, and whoever wants to be first must be your slave—just as the Son of Man did not come to be served, but rather to serve, and to give his life as a ransom for many.” Matthew 20:26-28
8. **You will have a FULL COMMITMENT to give the BEST of your ability as relating to GCS Athletics at all times:**
- When you commit to a Sport Team you commit to doing your best and sacrificing your time and energy for the betterment of Gilbert Christian Schools relating to events and school environment. You are here to serve others, not yourself.
“Simply let your ‘Yes’ be ‘Yes,’ and your ‘No,’ ‘No’; anything beyond this comes from the evil one.” Matthew 5:37

All student athletes have the following expectations:

- **Be well groomed, especially at competitions.**
- **Refrain from using drugs, alcohol, tobacco products and inhalants.**
- **Replace any equipment or uniforms issued either by payment or the equivalent of the lost article.**
- **Report any personal injury or teammate’s injury to a coach immediately.**
- **Follow all reasonable requests made by the athletic director and coaches, especially those involving practice, diet, rest and competition.**
- **Players and/or parents must notify the coach prior to any absence from a game or practice.**
- **Submit all necessary forms to the HR department, Athletic Director or Head Coach.**

By signing your name below you are committing to the above stated “Lifestyle Commitment.”

I am aware that the varsity coach or any member of the GCS administrative team reserves the right to dismiss anyone from the Sport Team who does not abide by the “Gilbert Christian Athletics Code of Conduct Lifestyle Commitment” form.

Team Member’s Signature: _____

Date: _____

“I thank my God every time I remember you. In all my prayers for all of you, I always pray with joy because of your partnership in the gospel from the first day until now, being confident of this, that he who began a good work in you will carry it on to completion until the day of Christ Jesus.” Philippians 1:3-6

Gilbert Christian Schools Athletics

Permission to Participate/Proof of Insurance

Athlete _____ Sport _____

Address _____

Home Phone _____ Mobile _____ Grade _____

I (We) hereby permit my (our) son/daughter to participate on the _____ Team and to engage in all activities related to the team, including, but not limited to, trying out, practicing and playing in competitions. I (We) understand and assume all risks, which may include, but are not limited to sprains, fractures, ligament or cartilage damage, neck and spinal injuries, and recognize the importance of following coaches' instructions regarding playing techniques, training guidelines, and team rules. As part of this agreement to permit my (our) son/daughter to participate on the following teams (please circle all sports you may play this year) basketball, soccer, volleyball, baseball, tennis, softball, cross country, golf, swim team and cheer. I (We) also agree to provide the school administration the following forms and information:

_____ Physical Exam forms 15.7-B & 15.7-A _____ Emergency Medical Authorization
_____ Permission to Participate/Proof of Insurance _____ Student Athlete Contract

I (We) acknowledge that we have been properly advised, warned, and cautioned by the administration and coaching personnel of Gilbert Christian Schools that participation in athletics can result in an athlete suffering serious injury. Having been so cautioned and warned, with full knowledge and understanding of the risk of serious injury from participation in sports, I (We) understand and accept all liability.

Parent/Guardian Signature

Date

Athlete's Signature

Date

Proof of Insurance

Name of Insurance Company _____

Policy Number _____

If emergency service involving medical action or treatment is required and neither the parents nor guardians can be contacted, I hereby consent for the student named above to be given medical care by the doctor selected by the school.

Parent/Guardian Signature

Date

Emergency contact number: _____



Arizona Interscholastic Association, Inc.

ARIZONA INTERSCHOLASTIC ASSOCIATION, INC.
7007 North 18th Street, Phoenix, Arizona 85020-5552
Phone: (602) 385-3810

ANNUAL PREPARTICIPATION PHYSICAL EVALUATION

(The Parent or Guardian should fill out this form with assistance from the student athlete.)

Name Sex Age Date of Birth Grade

Address Phone

In case of emergency, contact: Name:

Explain "Yes" answers below. Phone (H): (W)

Circle questions you don't know the answer to. Cell Phone:

1. Have you had a medical illness or injury since your last check-up or sports physical?
2. Have you ever been hospitalized overnight?
3. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler?
4. Do you have any allergies to medications?
5. Have you ever passed out during or after exercise?
6. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?
7. Have you ever had a head injury or concussion?
8. Have you ever become ill from exercising in the heat?
9. Do you cough, wheeze, or have trouble breathing during or after activity?
10. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position?
11. Have you had any problems with your eyes or vision?
12. Have you ever had a sprain, strain, or swelling after injury?
13. Do you want to weigh more or less than you do now?
14. Do you feel stressed?
15. Do you or have you ever used: Smokeless tobacco, Cigarettes, Alcohol, Recreational drugs?
16. Females Only: When was your first menstrual period? When was your most recent menstrual period? How much time do you usually have from the start of one period to the start of another? How many periods have you had in the last year? What was the longest time between periods in the last year?

Explanation:

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. I understand and acknowledge that truthful and accurate information is essential in properly determining whether the student should be cleared for athletic participation. I hereby consent for the student named above, to be given medical care by the doctor selected by the school.

Signature of Parent/Guardian Signature of Student Athlete Date
FORM 15.7-A 6/08



ARIZONA INTERSCHOLASTIC ASSOCIATION, INC.
 7007 North 18th Street, Phoenix, Arizona 85020-5552
 Phone: (602) 385-3810

ANNUAL PREPARTICIPATION PHYSICAL EXAMINATION

ANNUAL PHYSICAL EXAMINATION

Name: _____ Date: _____
 Height: _____ Weight: _____ Pulse: _____ BP: _____
 Vision: R 20/ _____ L 20/ _____ Glasses/Contacts: Yes No Pupils: Equal _____ Unequal _____

	Normal	Abnormal Findings	Initials*
Medical			
Appearance			
Skin			
Eyes/Ears/Nose			
Throat/ Oropharynx			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia/ Hernia			
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: _____

 Name of Physician (print/type) _____ Date _____
 Address _____ Phone _____
 Signature of Physician _____ **MD/DO/NP/PA-C**