

Arizona Interscholastic Association, Inc.

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 health care professional.
- Following 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.

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 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 must print and sign name below and indicate date signed.

Print Name: _____ Signature: _____

Date: _____

2011-2012 ANNUAL PREPARTICIPATION PHYSICAL EVALUATION

Name _____ Date of birth _____ Age _____ Sex _____

Height _____ Weight _____ % Body fat (optional) _____ Pulse _____ BP ____ / ____ (____ / ____, ____ / ____)

Vision R 20 / ____ L 20 / ____ Corrected: Y N Pupils: Equal ____ Unequal ____

	NORMAL	ABNORMAL FINDINGS	INITIALS *
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Hearing			
Lymph Nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary †			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand/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

Not cleared for: All sports Certain sports: _____ Reason: _____

Recommendations: _____

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD / DO / NP / PA-C



ARIZONA INTERSCHOLASTIC ASSOCIATION
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 Phone: (602) 385-3810

2011-2012 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 _____

School _____ Sport(s) _____

Address _____ Phone _____

Personal Physician _____ Hospital Preference _____

In case of emergency, contact:

Name _____ Relationship _____ Phone (H): _____ (W): _____ (C) _____

Name _____ Relationship _____ Phone (H): _____ (W): _____ (C) _____

Explain "Yes" answers below.
Circle questions you don't know the answers to.

	YES	NO		YES	NO
1. Has a doctor ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	24. Do you cough, wheeze, or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have an ongoing medical condition (like diabetes or asthma)?	<input type="checkbox"/>	<input type="checkbox"/>	25. Is there anyone in your family who has asthma?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or supplements? (Please specify):	<input type="checkbox"/>	<input type="checkbox"/>	26. Have you ever used an inhaler or taken asthma medicine?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have allergies to medicines, pollens, foods, or stinging insects? (Please specify):	<input type="checkbox"/>	<input type="checkbox"/>	27. Were you born without, are you missing, or do you have a non-functioning kidney, eye, testicle or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever passed out or nearly passed out DURING exercise?	<input type="checkbox"/>	<input type="checkbox"/>	28. Have you had infectious mononucleosis (mono) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever passed out or nearly passed out AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>	29. Do you have any rashes, pressure sores, or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever had discomfort, pain, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	30. Have you had a herpes skin infection?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does your heart race or skip beats during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	31. 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")?	<input type="checkbox"/>	<input type="checkbox"/>
9. Has a doctor ever told you that you have (check all that apply):			32. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	33. Do you have headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> High cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	34. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit, falling, stingers or burners?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> A heart murmur	<input type="checkbox"/>	<input type="checkbox"/>	35. When exercising in the heat, do you have severe muscle cramps or become ill?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> A heart infection	<input type="checkbox"/>	<input type="checkbox"/>	36. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
10. Has a doctor ever ordered a test for your heart? (ex: ECG, echocardiogram)	<input type="checkbox"/>	<input type="checkbox"/>	37. Have you ever been tested for sickle cell trait?	<input type="checkbox"/>	<input type="checkbox"/>
11. Has anyone in your family died for no apparent reason?	<input type="checkbox"/>	<input type="checkbox"/>	38. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
12. Does anyone in your family have a heart problem?	<input type="checkbox"/>	<input type="checkbox"/>	39. Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
13. Has any family member or relative died of heart problems or of sudden death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	40. Do you wear protective eyewear, such as goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>
14. Does anyone in your family have Marfan syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	41. Are you happy with your weight?	<input type="checkbox"/>	<input type="checkbox"/>
15. Have you ever spent the night in the hospital?	<input type="checkbox"/>	<input type="checkbox"/>	42. Are you trying to gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	43. Has anyone recommended you change your weight or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>
17. Have you ever had an injury (sprain, muscle/ligament tear, tendinitis, etc.) that caused you to miss a practice or game? If yes, circle affected area in the boxes below:	<input type="checkbox"/>	<input type="checkbox"/>	44. Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>
18. Have you had any broken/fractured bones or dislocated joints? If yes, circle affected area in the boxes below:	<input type="checkbox"/>	<input type="checkbox"/>	45. Do you have any concerns that you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
19. 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, circle affected area in the boxes below:	<input type="checkbox"/>	<input type="checkbox"/>	FEMALES ONLY		
<input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Shoulder <input type="checkbox"/> Upper Arm <input type="checkbox"/> Elbow <input type="checkbox"/> Forearm			46. Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hand/Fingers <input type="checkbox"/> Chest <input type="checkbox"/> Upper Back <input type="checkbox"/> Low Back <input type="checkbox"/> Hip <input type="checkbox"/> Thigh			47. How old were you when you had your first menstrual period?	_____	
<input type="checkbox"/> Knee <input type="checkbox"/> Calf/Shin <input type="checkbox"/> Ankle <input type="checkbox"/> Foot/Toes			48. How many periods have you had in the last year?	_____	
20. Have you ever had a stress fracture?	<input type="checkbox"/>	<input type="checkbox"/>	Explain "Yes" answers here:		
21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?	<input type="checkbox"/>	<input type="checkbox"/>			
22. Do you regularly use a brace or assistive device?	<input type="checkbox"/>	<input type="checkbox"/>			
23. Has a doctor told you that you have asthma or allergies?	<input type="checkbox"/>	<input type="checkbox"/>			

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Furthermore, 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 _____

**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 Sports 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; pray continually, 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 Sports 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:
(please read and initial)**

- _____ I will be well groomed, especially at competitions.
- _____ I will NOT use drugs, alcohol, tobacco products and/or inhalants on/off campus at any time.
- _____ I will replace any lost equipment or uniforms issued to me either by payment or the equivalent of the lost article.
- _____ I will report any personal injury or teammate’s injury to a coach immediately.
- _____ I will follow all reasonable requests made by the Athletic Director and/or coaches, especially those involving practice, diet, rest and competition.
- _____ I will notify the coach or have my parent notify the coach prior to any absence from a game or practice.
- _____ I will submit all necessary forms to the HR department, Athletic Director or Head Coach.

By initialing here _____ I do NOT profess to be a believer, but I do agree to uphold the Character Lifestyle and Expectations set forth within this contract.

By signing your name below you are confirming that you have read, understand, and agree to the terms of this “Athletics Code of Conduct.”

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

Student-Athlete’s Signature: _____ Date: _____

Student-Athlete’s Printed Name: _____

“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:

_____ AIA Forms Evaluation 15.7-A, Examination 15.7-B and Acknowledgement 15.7-C

_____ Permission to Participate/Proof of Insurance _____ GCS Athletics Code of Conduct

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: _____



Gilbert Christian Schools Athletics

Memorandum

TO: Sports Participants
FROM: Athletic Director
DATE: February 8, 2011
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 with Gilbert Christian School teams.
Please see the below AIA Bylaw.

Various Urgent Care locations offer sports physicals for \$25 to Gilbert Christian School families. If you are interested, please see the front office for additional information and required paperwork.

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)

Annual Preparticipation Acknowledgement - To be completed by the student's parent or guardian. (See Form 15.7-C)

