



August 1, 2017

Dear Parents and Guardians,

The following locations offer sports physical:

1. Concentra Urgent Care – 5340 W. Buckeye Road #3	602-233-2117	\$25.00
2. Alliance Urgent Car – 9897 W. McDowell Road #100	623-474-2300	\$10.00
3. Next Care Urgent Care – 5920 W. McDowell Road	623-245-0440	\$25.00

- The Arizona Interscholastic Association requires that all students who participate in athletics must have a physical performed by a licensed practitioner each school year.
- You must also return the following SIGNED forms:
 1. Sportsmanship and Participation contract
 2. KRPA Athletic form the identifies your health/accident insurance
 3. Mild Traumatic Brain Injury/Concussion form
- Students may **NOT** try out, practice, or play without these completed forms.
- Also, students must pay a **\$25** sports fee per sport in order to participate.

****Try-outs for Girls Volleyball, Boys and Girls Soccer will start next week on Tuesday, August 8th from 3:45 pm- 5:00 pm. Students need to be picked up by 5:00 pm.**

Be aware that in order to stay eligible, students must pass a weekly grade and behavior check, so encourage them to do their best in school!

Thank you,

Mr. Sneed
Athletic Director



2017-2018 ANNUAL PREPARTICIPATION PHYSICAL EVALUATION

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

Exam Date: _____

Name:
Sex:
Age:
Date of Birth:
Grade:
School:
Sport(s):
Address:
Phone:
Personal Physician:
Hospital Preference:

In case of emergency, contact:	
Name:	
Relationship:	
Phone (Home):	
(Work):	
(Cell):	
Name:	
Relationship:	
Phone (Home):	
(Work):	
(Cell):	

Explain "Yes" answers on following page.
 Circle questions you don't know the answers to.

	Y	N
1) Has a doctor ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
2) Do you have an ongoing medical condition (like diabetes or 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"/>
4) Do you have allergies to medicines, pollens, foods, or stinging insects? (Please specify):	<input type="checkbox"/>	<input type="checkbox"/>
5) Does your heart race or skip beats during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
6) Has a doctor ever told you that you have (check all that apply): High Blood Pressure <input type="checkbox"/> A Heart Murmur <input type="checkbox"/> High Cholesterol <input type="checkbox"/> A Heart Infection <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Have you ever spent the night in the hospital?	<input type="checkbox"/>	<input type="checkbox"/>
8) Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>

* 9) 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 box below):	<input type="checkbox"/>	<input type="checkbox"/>
* 10) Have you had any broken/fractured bones or dislocated joints? (If yes, circle affected area in the box below):	<input type="checkbox"/>	<input type="checkbox"/>
* 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, circle affected area in the box below):	<input type="checkbox"/>	<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 <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 <input type="checkbox"/>
	Knee <input type="checkbox"/>	Calf/Shin <input type="checkbox"/>	Ankle <input type="checkbox"/>	Foot/Toes <input type="checkbox"/>	

	Y	N
12) Have you ever had a stress fracture?	<input type="checkbox"/>	<input type="checkbox"/>
13) Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?	<input type="checkbox"/>	<input type="checkbox"/>
14) Do you regularly use a brace or assistive device?	<input type="checkbox"/>	<input type="checkbox"/>
15) Has a doctor told you that you have asthma or allergies?	<input type="checkbox"/>	<input type="checkbox"/>
16) Do you cough, wheeze, or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
17) Is there anyone in your family who has asthma?	<input type="checkbox"/>	<input type="checkbox"/>
18) Have you ever used an inhaler or taken asthma medicine?	<input type="checkbox"/>	<input type="checkbox"/>
19) Were you born without, are you missing, or do you have a nonfunctioning kidney, eye, testicle or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>
20) Have you had infectious mononucleosis (mono) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>
21) Do you have any rashes, pressure sores, or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>
22) Have you had a herpes skin infection?	<input type="checkbox"/>	<input type="checkbox"/>
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")?	<input type="checkbox"/>	<input type="checkbox"/>
24) Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
25) Do you have headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
26) 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"/>
27) When exercising in the heat, do you have severe muscle cramps or become ill?	<input type="checkbox"/>	<input type="checkbox"/>
28) 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"/>
29) Have you ever been tested for sickle cell trait?	<input type="checkbox"/>	<input type="checkbox"/>
30) Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
31) Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
32) Do you wear protective eyewear, such as goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>
33) Are you happy with your weight?	<input type="checkbox"/>	<input type="checkbox"/>
34) Are you trying to gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
35) Has anyone recommended you change your weight or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>
36) Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>
37) Do you have any concerns that you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>

Females Only

Explain "Yes" Answers Here

	Y	N
38) Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
39) How old were you when you had your first menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
40) How many periods have you had in the last year?	<input type="checkbox"/>	<input type="checkbox"/>



2017-2018 ANNUAL PREPARTICIPATION PHYSICAL EVALUATION

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

Student Name: _____

Date of Birth: _____

Patient History Questions: Please tell me about your child...

	Y	N
1) Has your child fainted or passed out DURING or AFTER exercise, emotion or startle?	<input type="checkbox"/>	<input type="checkbox"/>
2) Has your child ever had extreme shortness of breath during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
3) Has your child had extreme fatigue associated with exercise (different from other children)?	<input type="checkbox"/>	<input type="checkbox"/>
4) Has your child ever had discomfort, pain or pressure in his/her chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
5) Has a doctor ever ordered a test for your child's heart?	<input type="checkbox"/>	<input type="checkbox"/>
6) Has your child ever been diagnosed with an unexplained seizure disorder?	<input type="checkbox"/>	<input type="checkbox"/>
7) Has your child ever been diagnosed with exercise-induced asthma not well controlled with medication?	<input type="checkbox"/>	<input type="checkbox"/>

Family History Questions: Please tell me about any of the following in your family...

	Y	N
8) Are there any family members who had sudden, unexpected, unexplained death before age 50? (including SIDS, car accidents, drowning, or near drowning)	<input type="checkbox"/>	<input type="checkbox"/>
9) Are there any family members who died suddenly of "heart problems" before age 50?	<input type="checkbox"/>	<input type="checkbox"/>
10) Are there any family members who have unexplained fainting or seizures?	<input type="checkbox"/>	<input type="checkbox"/>
11) Are there any relatives with certain conditions, such as:		
Enlarged Heart	<input type="checkbox"/>	<input type="checkbox"/>
Hypertrophic Cardiomyopathy (HCM)	<input type="checkbox"/>	<input type="checkbox"/>
Dilated Cardiomyopathy (DCM)	<input type="checkbox"/>	<input type="checkbox"/>
Heart Rhythm problems:		
Long QT Syndrome (LQTS)	<input type="checkbox"/>	<input type="checkbox"/>
Short QT Syndrome	<input type="checkbox"/>	<input type="checkbox"/>
Brugada Syndrome	<input type="checkbox"/>	<input type="checkbox"/>
Catecholaminergic Polymorphic Ventricular Tachycardia (CPVT)	<input type="checkbox"/>	<input type="checkbox"/>
Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC)	<input type="checkbox"/>	<input type="checkbox"/>
Marfan Syndrome (Aortic Rupture)	<input type="checkbox"/>	<input type="checkbox"/>
Heart Attack, age 50 or younger	<input type="checkbox"/>	<input type="checkbox"/>
Pacemaker or Implanted Defibrillator	<input type="checkbox"/>	<input type="checkbox"/>
Deaf at Birth (Congenital Deafness)	<input type="checkbox"/>	<input type="checkbox"/>

Explain "Yes" Answers Here

I hereby state that, to the best of my knowledge, my answers to all of 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 _____

Signature of MD/DO/ND/NMD/NP/PA-C/CCSP _____

Date: _____

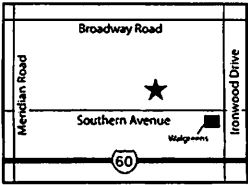
NextCare[®]

URGENT CARE

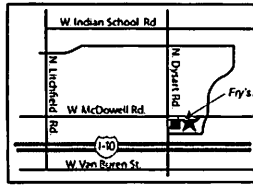
When Feeling Great Can't Wait!

The Preferred Health Care Partner of the
Arizona Interscholastic Association

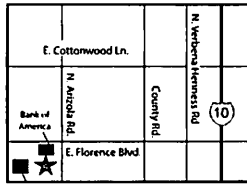
1-888-364-7502
NextCareAZ.com



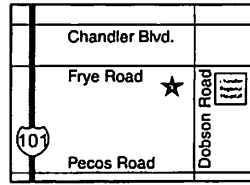
Apache Junction • 85120
2080 West Southern Ave., Suite #A1



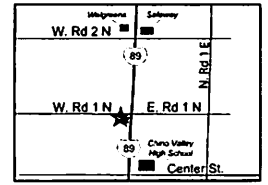
Avondale • 85392
13075 W. McDowell Rd., Suite #D106



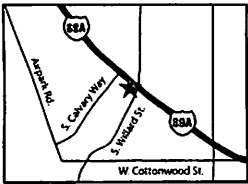
Casa Grande • 85122
1683 E. Florence Blvd., Suite #7



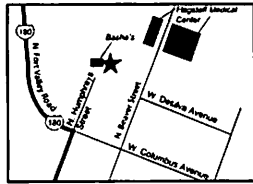
Chandler • 85224
600 S. Dobson Road, Suite #C-26



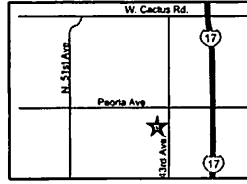
Chino Valley • 86323
474 State Highway 89



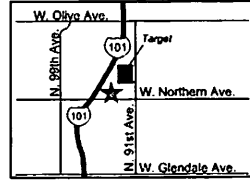
Cottonwood • 86326
450 S. Willard Street, Suite #120



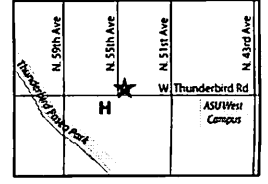
Flagstaff • 86001
1000 N. Humphreys St., Suite #104



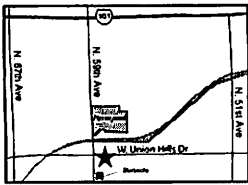
Glendale • 85302
10240 N. 43rd Ave., Suite #3



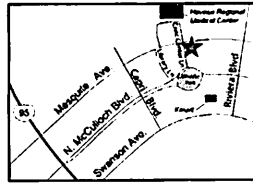
Glendale • 85305
9494 W. Northern Ave., Suite #101



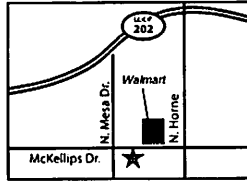
Glendale • 85306
5410 W. Thunderbird Road, Suite #101



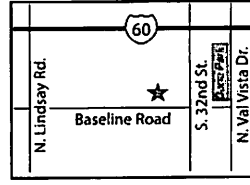
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18589 N. 59th Ave., Suite #101



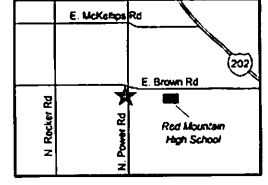
Lake Havasu City • 86403
1810 Mesquite Ave., Suite B



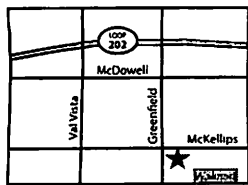
Mesa • 85203
535 E. McKellips Road, Suite #101



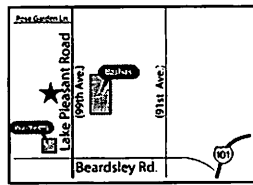
Mesa • 85204
3130 E. Baseline Road, Suite #105



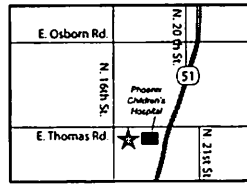
Mesa • 85205
1066 N. Power Road, Suite #101



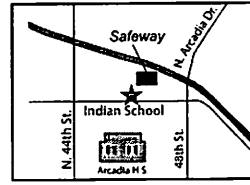
Mesa • 85215
4401 E. McKellips Road, Suite #102



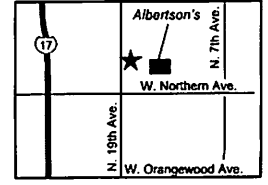
Peoria • 85382
20470 N. Lake Pleasant Rd., Suite #102



Phoenix • 85016
1701 E. Thomas Road, Suite #A104



Phoenix • 85018
4730 E. Indian School Rd., Suite #211



Phoenix • 85021
8101 N. 19th Ave., Suite #A

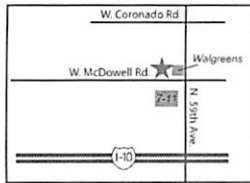


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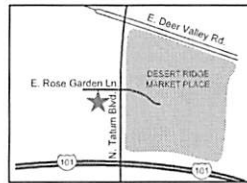
1-888-364-7502
NextCareAZ.com



Phoenix • 85032
3229 E. Greenway Rd., Suite #102



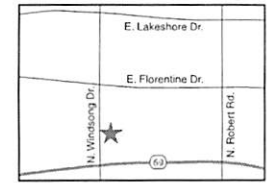
Phoenix • 85035
5920 W. McDowell Road



Phoenix • 85050
20950 N. Tatum Blvd., Suite #190



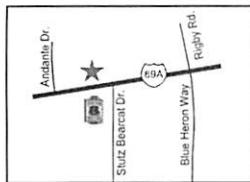
Prescott • 86301
2062 Willow Creek Road



Prescott Valley • 86314
3051 N. Windsong Drive



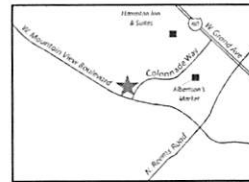
Scottsdale • 85260
7425 E. Shea Blvd., Suite #108



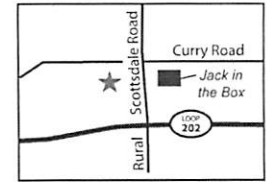
Sedona • 86336
2530 W. SR 89A, Suite #A



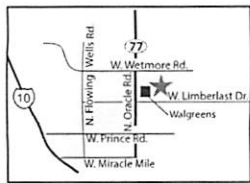
Sun City • 85351
9745 W. Bell Road, Suite #105



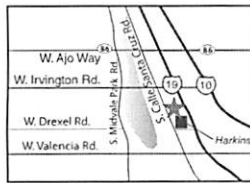
Surprise • 85374
14800 W. Mtn. View Blvd., Suite #100



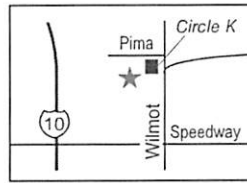
Tempe • 85281
914 N. Scottsdale Rd., Suite #104



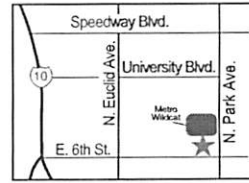
Tucson • 85705
4280 North Oracle Rd., Suite #100



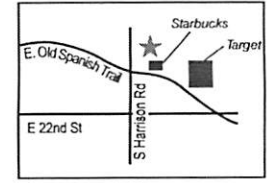
Tucson • 85706
5369 S. Calle Santa Cruz, Suite #145



Tucson • 85712
6238 E. Pima Street



Tucson • 85719
501 North Park Ave., Suite #110



Tucson • 85748
9525 E. Old Spanish Trail, Suite #101



Arizona Interscholastic Association, Inc.

Mild Traumatic Brain Injury (MTBI) / Concussion

Annual 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: _____

KRPA Athletics

Date:
Sport:
Coach:

My son/daughter, _____ has my permission to try out for and/or participate in _____. I understand that such participation involves after school time and travel to other schools and that the remaining portions of this permission form are an integral part of my permission to participate.

I realize that any athletic activity including this one, can result in possible injury/disability/etc. to the participants even though proper instruction, adequate supervision, and periodic maintenance of equipment are provided for.

In the event of any injury to my child, I understand that the person responsible for the team or a designee will try to contact me. I also understand emergency medical personnel will be called if necessary, in order to evaluate the injury; that transportation to the nearest emergency health care facility and appropriate treatment may result; that the Riverside School District does not carry health/accident insurance for my child; and that I am responsible for any costs of emergency transportation and/or treatment of my child. Therefore, I certify that I carry adequate health/accident insurance on the above named student as follows:

Insurance Company: _____
Policy Number: _____
Home Phone Number: _____ Work Phone: _____
Cell Phone: _____

In case of emergency, I can be located at _____
Phone# _____

If unable to contact parent/guardian, contact the following person:

Name: _____ Phone #: _____

Address: _____

I will keep the school/coach informed regarding any changes in emergency information pertaining to the above name student.

I HAVE READ, UNDERSTAND AND AGREE TO ALL OF THE ABOVE INFORMATION/ PROVISIONS.

Student Signature: _____

Parent/Guardian Signature: _____ Date: _____

◆Return this completed form to your coach prior to the first practice.

KRPA Athletics

Permiso para participar en atletismo

Fecha: _____
Juego: _____
Entrenador: _____

Mi hijo/a, _____ tiene mi permiso para poner a prueba a participar en _____. Yo entiendo que la participation es una parte integrante de mi permiso para que mi hijo/a puede participar.

Yo comprendo que cualquier actividad atletica, incluyendo esta, puede resultar en herida/incapacidades posibles, etc., a los participantes aunque hay instruction propio, supervision adecuado y mantenimiento periodico de el equipo.

En caso de una herida a mi hijo/a, yo entiendo que la persona responsable por el tiro o otra persona designada trataran de ponerse en contacto conmigo. Yo tambien entiendo que personal medico de emergencia se llaman si es necesario para evaluar la herida: que la transportacion para una facilidad medica cerca y tratamiento apropiada puede resultar; que el distrito escolar de *Riverside* incluye una poliza de segura contra salud o accidentes para mi hijo/a; y que yo estoy responsable para cualquier costos de transportacion de mi hijo/a y yo llevo un poliza contra salud o accidente adecuado por el estudiante mencionado arriba:

Nombre de la compania de seguro: _____
Numero de la poliza: _____
Numero de telefono de casa: _____ Numero de trabajo: _____
Numero celular: _____

En caso de emergencia, me pueden encontrar en
Numero de telefono: _____

So no es posible poner en contacto con los padres/guardians puede encontrarse con la siguiente persona:

Nombre: _____ Numero de telefono _____
Direccion: _____

Yo me quedo en contacto con la escuela/entrenador para informarles de cualquier cambio de information de emergencia que pertenece a el estudiante mencionado arriba.

Yo hay leído, entiendo, y estoy en acuerdo con todo la informacion/provisiones mencionada arriba.

Firma del estudiante: _____

Firma de los padres/guardian: _____ Fecha: _____

Riverside Elementary School District Sportsmanship and Participation Contract

Player's Pledge for Sportsmanship:

- I will respect my teammates and opponents.
- I will respect my coach and follow his/her instructions.
- I will respect game officials and accept their calls
- I will follow the rules of the game.
- I will be gracious and congratulate opponents in victory and defeat.
- I will encourage other team members.
- I will not trash talk, taunt, or cheer against the opponent.
- I will not commit flagrant fouls or use obscene language.
- I will not pout, criticize or blame other players for losses or mistakes.

Player's Pledge for Participation:

- I will understand that academics come first and that I need to be passing all classes.
- I will understand that eligibility checks will be done on a weekly basis during the season.
- I will understand that if I am found ineligible, I will have to sit out of all games for at least 1 week, not be able to travel to AWAY games or be in uniform on game days. I will be allowed to practice with the team during the ineligibility period.
- I will be a positive role model at school.
- I will behave at school or will have to accept the consequences of my actions.
- I will receive playing time at each game as long as I am eligible, have been to all practices and my behavior is in good standing.
- I understand that not all students will receive equal playing time at each game, but I will cheer on my teammates when I am not playing.

Parent's Sportsmanship Pledge:

- I will be a good role model of sportsmanship for my child.
- I will respect and support the coach and discuss problems in private.
- I will accept the calls of the officials.
- I will not place a desire to win above the emotional or physical well being of my child.
- I will respect my child's teammates and opponents, and the other parents.
- I will give my child positive feedback.
- I will not pressure my child to perform.
- I will not compare my child's skill level to another.
- I will emphasize fun above all else.

Parent's Pledge concerning Child's Participation:

- I understand that there is a \$25.00 Athletic Participation Fee, if my child makes a team.
- I understand that academics come first and my child needs to be passing all classes.
- I understand that eligibility checks will be done on a weekly basis during the season.
- I understand that if my child is ineligible, he/she will have to sit out of all games for at least 1 week, not be able to travel to AWAY games or be in uniform on game days. My child will be allowed to practice with the team during the ineligibility period.
- I understand that my child is expected to behave at school or accept the consequences.
- I understand that my child will receive playing time at each game as long as he/she is eligible, have been at all practices and his/her behavior is in good standing.
- I understand that not all students receive equal playing time at each game and that each student athlete plays a different role on the team.
- I understand that I will be expected to pick up my son/daughter after all practices and games on time.

Player's Signature _____

Date _____

Parent's Signature _____

Date _____

Athletic Participation Fee Paid: _____

Date _____

Distrito Elemental Escolar de Riverside Espiritu Deportivo y Contrato de Participacion

Promesas para jugadores Espiritu Deportivo:

- Respetare a mis companeros de equipo y oponentes.
- Respetare a mi entrenador y seguire sus instrucciones.
- Respetare a los oficiales de juego y aceptare sus llamadas de atencion.
- Seguire las reglas del juego.
- Sere agradecido y felicitare a mis oponentes en victoria y perdidas.
- Animare a otros miembros del equipo.
- No hablare malas palabras, no me burlare, o hacer porras en contra del oponente.
- No cometere faltas intencionadas o usar lenguaje obsceno.
- No hare gestos con la boca, criticare o culpare a otros jugadores por perder o errores.

Promesas de Participacion para jugadores:

- Entendere que los estudios son primero y que debere pasar todas mis clases.
- Entendere revision de elegibilidad se realizaran cada semana durante la temporada.
Entendere que si no soy elegible, me debere permanecer sentado en todos los juegos por lo menos de 1 semana, no podre viajar a los juego de FUERA o usar el uniforme del equipo los dias de juego. Se me permitira practicar con el equipo durante los dias de ilegibilidad.
- Sere un ejemplo positivo en la escuela.
- Me comportare en la escuela o aceptare las consecuencias de mis actos.
- Recibire tiempo de juego en cada partido mientras sea elegible, haya asistido a todas las practicas y mi conducta sea buena.
- Entiendo que no todos los estudiantes recibiran tiempo de juego igual en cada partido, pero animare a mis companeros de equipo cuando no este jugando.

Promesa de Espiritu Deportivo de los Padres:

- Sere un buen ejemplo de espiritu deportivo para mi hijo.
- Respetare y apoyare a el/la entrenador/a y discutire los problemas en privado.
- Aceptare las llamadas de los oficiales.
- No pondre el deseo de ganar ni fisico ni emocionalmente en el bienestar de mi hijo/a.
- Respetare a los companeros y oponentes de mi hijo/a y a los otros padres.
- Le dare a mi hijo/a respuestas positivas.
- No presionare a mi hijo/a en su realization.
- No comparare los conocimientos de mi hijo/a con los de otros.
- Enfatizare la diversion sobre todo.

Promesa de Consentimiento de Participacion de Padres para hijos/as:

- Entiendo que hay un Cobro de Participacion en Atletismo de \$25.00, si mi hijo/a queda en el equipo.
- Entiendo que las actividades academicas son primero y mi hijo/a necesita pasar todos sus clases.
- Entiendo que revisiones de elegibilidad seran realizadas semanalmente durante la temporada.
- Entiendo que si mi hijo/a no es elegible. El/ella debere permanecer sentado/a en todos los juegos por lo menos por 1 semana, no podra viajar a juegos FUERA o vestir el uniforme los dias de juego. Mi hijo/a podra practicar con el equipo durante el periodo ilegibilidad.
- Entiendo que se espera que mi hijo/a se comporte en la escuela o acepte las consecuencias.
- Entiendo que mi hijo/a recibira tiempo de juego en cada partido mientras el/ella sea elegible, haya asistido a todas las practicas y su conducta sea buena.
- Entiendo que no todos los estudiantes recibiran tiempo de juego igual en cada partido, y que cada estudiante atleta juega diferentes roles en el equipo.
- Entiendo que se espera que recoja a tiempo a mi hijo/hija despues de todas las practicas y juegos.

Firma de Jugador _____

Fecha _____

Firma de Padre(s) _____

Fecha _____

Pago de Cobro de Participacion Atletismo: _____

Fecha _____