

PARADISE VALLEY UNIFIED SCHOOL DISTRICT NO. 69

ATHLETIC INFORMATION

CHECK ALL THAT APPLY

- BADMINTON
- CROSS COUNTRY
- FOOTBALL
- GIRLS GOLF
- BOYS GOLF
- SWIM & DIVE
- CHEER
- VOLLEYBALL
- TENNIS
- GIRLS B-BALL
- BOYS B-BALL
- BOYS SOCCER
- GIRLS SOCCER
- WRESTLING
- TRACK
- BASEBALL
- SOFTBALL



STUDENT ID # _____

OFFICE USE ONLY
Eligibility checklist

- Birth certificate
- Physical
- Informed Consent video
- Clearance issued
- NURSE

STUDENT: _____ BIRTHDATE: _____ SEX: _____ GRADE: _____

HOME ADDRESS: _____ CITY: _____ ZIP: _____

PARENT(S) NAME: _____ HOME PHONE: _____ WORK PHONE: _____

If not living with parents, name of Guardian _____ Relationship? _____

School or schools attended last year: _____

IF PARENT OR GUARDIAN CANNOT BE CONTACTED IN AN EMERGENCY, PLEASE CONTACT:

NAME: _____ HOME PHONE: _____ WORK PHONE: _____

PHYSICIAN: _____ PHYSICIAN S PHONE: _____

PREFERRED HOSPITAL: _____ ALLERGIES: _____

I hereby give consent for coaches, trainers, or a team physician to use their judgement in securing medical aid in emergencies.

INSURANCE

It is recommended that each student athlete have medical insurance coverage. Parents are highly encouraged to obtain insurance as they are responsible for medical bills incurred as a result of participation in athletics. Parents must provide insurance information to assist coaches, trainers, other athletic staff, and medical people in the event an athlete may require medical assistance as a result of injury.

I have purchased school insurance: () Yes () No I have my own insurance: () Yes () No

Insurance Co.: _____ Policy No.: _____

STUDENT ATHLETE DRUG TESTING CONSENT

I/WE HAVE RECEIVED, READ, AND UNDERSTAND A COPY OF THE Paradise Valley Unified School District Parent and Athlete Informed Consent and Random Drug Testing Handbook. I will allow my son/daughter to participate in this drug program while participating as a high school athlete in the Paradise Valley Unified School District and hereby voluntarily agree to be subject to the terms of the Prevention Program. I accept the method of obtaining urine samples, testing and analysis of such specimens and all other aspects of the program. I agree to cooperate in furnishing urine specimens that may be required from time to time.

I further agree and consent to the disclosure of the sampling, testing and results as provided in the program. This consent is given pursuant to all state and federal privacy statutes and constitutional and common law privacy provisions and is a waiver of right to nondisclosure of such test records and results, only to the extent of the disclosure authorized in the program.

PERMISSION TO TRANSPORT

I/We give the District permission for our son/daughter to be transported by District vehicles to away games and off-site practices as required.

EQUIPMENT CODE

It is the athlete's responsibility to care for and return all equipment issued by the high school. I/We understand and agree that all equipment issued to our son/daughter is the property of the high school and must be returned in reasonable condition. Items lost, stolen or abused must be replaced and the Athletic Department reimbursed for the cost of the equipment.

CODE OF CONDUCT / HANDBOOK

I have read and understand the information in the Informed Consent Handbook, including the PVUSD statement of understanding and the high school Code of Conduct, and attest to the fulfillment of all rules and requirements for athletes, as outlined in the handbook.

ACKNOWLEDGMENT

I/We have read, understand, and will abide by the statements listed on both sides of this form.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

STUDENT SIGNATURE: _____

DATE: _____