



**DYSART HIGH SCHOOL
DEPARTMENT OF ATHLETICS
ATHLETIC ELIGIBILITY PACKET**

Please complete the following forms and return to the Athletic Director's office
Before your first practice/tryout

1. Dysart High School Emergency Card – **must be current.**
2. Dysart District Athletic Permission form with signature of parent/guardian and athlete.
3. Student health history and physical examination.

An Arizona Interscholastic Association Physical Examination form is attached and available in the office. A parent/guardian must fill out the student health history part one, sign and date the form.

4. Read the sportsmanship page. The Student Athlete Handbook form needs the signature of the parent/guardian and athlete.
5. Each athlete must show proof of medical insurance. Medical insurance may be purchased if your parent/guardian does not have any. Student Accident Insurance Protection Plan information is available in the high school office.

**PLEASE KEEP ALL YOUR PAPERWORK TOGETHER AND TURN IN ALL FORMS TO THE
ATHLETIC OFFICE**

DYSART DISTRICT ATHLETIC PERMISSION FORM

(Mr./Mrs.) _____ give permission for _____ to participate in the sport (s) that I have initialed below. This consent shall endure throughout the school year unless the consent has been withdrawn in writing to the school principal over parental signature.

By signing this permission form I, the parent/guardian agree to provide the insurance for my child or sign an insurance waiver. I also will provide the school with any information that might limit my child's participation in the program.

Practice will begin after school and will continue until the sport activity bus departs campus around 6 p.m.

Students who participate in the program must obey all rules and are subject to dismissal from the team based on failure to attend practices, maintain adequate academic standards and meet citizenship standards.

By signing this permission for participation, we acknowledge that we are aware that all athletic participation involves a risk of injury or even death which cannot be totally avoided by equipment or coaching.

FALL SPORTS

Football _____
 Girl's Volleyball _____
 Cross Country _____
 Swimming _____
 Golf _____

WINTER SPORTS

Boy's Basketball _____
 Girl's Basketball _____
 Boy's Soccer _____
 Girl's Soccer _____
 Wrestling _____

SPRING SPORTS

Baseball _____
 Softball _____
 Track _____
 Tennis _____
 Boy's Volleyball _____

ALL SEASON SPORTS

Spirit Line _____
 Manager _____
 ROTC _____

 Parent/Guardian Signature

 Date

 Athlete's Signature

 Date



DHS ATHLETIC INSURANCE INFORMATION



ATHLETE HAS SCHOOL INSURANCE: YES _____ NO _____ (mark one)

I request that _____ of Dysart Unified School District #89 be exempt from the school's accident insurance requirement for student participation in athletics. The above named student is currently covered and will continue to be covered during the present school year by an accident/health insurance policy issued by:

INSURANCE COMPANY NAME: _____

POLICY NUMBER: _____

The above mentioned insurance policy will provide adequate and equivalent protections in the event of an injury to the above named student during a school supervised practice or game.

SIGNATURE OF PARENT/GUARDIAN

DATE



DHS ATHLETIC EMERGENCY INFORMATION



Name: _____ ID# _____

Birthdate: _____ Sex: F _____ M _____ Grade: _____

Mailing Address: _____

Parent Contact Information:

Father: _____ Hm Phone: _____ Cell Phone: _____

Mother: _____ Hm Phone: _____ Cell Phone: _____

Guardian: _____ Hm Phone: _____ Cell Phone _____

Preferred Hospital: _____ Phone: _____

Preferred Physician: _____ Phone: _____

In case of emergency, if parents cannot be contacted, please give a name of a relative or close friend who will assume responsibility.

Emergency Contact 1: _____ Relation: _____ Phone: _____

Emergency Contact 2: _____ Relation: _____ Phone: _____

If emergency service involving medical action or treatment is required and neither parent or guardian can be contacted, I hereby consent for the student named above to be given care by the doctor selected.

SIGNATURE OF PARENT/GUARDIAN

DATE



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?

- If yes, check appropriate box below.
Head Neck Back Chest Shoulder Upper arm
Elbow Forearm Wrist Hand Finger
Hip Thigh Knee Shin/calf Ankle Foot

- 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:
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
FORM 15.7-A 6/08

Signature of Student Athlete

Date



Arizona Interscholastic Association, Inc.

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*
Appearance	<input type="checkbox"/>		
Skin	<input type="checkbox"/>		
Eyes/Ears/Nose	<input type="checkbox"/>		
Throat/ Oropharynx	<input type="checkbox"/>		
Lymph Nodes	<input type="checkbox"/>		
Heart	<input type="checkbox"/>		
Pulses	<input type="checkbox"/>		
Lungs	<input type="checkbox"/>		
Abdomen	<input type="checkbox"/>		
Genitalia/ Hernia	<input type="checkbox"/>		
Neck	<input type="checkbox"/>		
Back	<input type="checkbox"/>		
Shoulder/arm	<input type="checkbox"/>		
Elbow/forearm	<input type="checkbox"/>		
Wrist/hand	<input type="checkbox"/>		
Hip/thigh	<input type="checkbox"/>		
Knee	<input type="checkbox"/>		
Leg/ankle	<input type="checkbox"/>		
Foot	<input type="checkbox"/>		

*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**