



Combs Middle School Athletics

June 1st 2017

Dear Parents/Guardians,

Combs Middle School Athletics is excited for the 2017-2018 school year! We will continue to participate in the Desert Middle School Athletic Conference as well as the CAA for Flag football. We are happy to compete against schools in Apache Junction, Coolidge and Maricopa School Districts. Our league offers sports over four seasons with the seasons matching up with the four quarters.

Quarter 1: Baseball, Softball and Flag Football

Quarter 2: Boys' Soccer and Volleyball

Quarter 3: Cheer and Girls' Basketball

Quarter 4: Boys' Basketball, Cheer and Girls' Soccer

In the majority of the sports, due to league guidelines, only one team from each school will compete. Basketball and Volleyball will be the exception with each school having an "A" and a "B" team. Try-outs will occur at the start of each season to select athletes. Students interested in participating in a sport will need to complete the Athletic Participation Packet. This is included in the packet you are reading or can be picked up in the front office of Combs Middle School during summer office hours.

**Students will need to have a current physical on file in the health office in order to be cleared to try out for any team. A current physical must be dated on/after March 1st for the following school year. (Physicals dated March 1st 2017 or later are good for all of the 2017-2018 school year).

In addition, Combs Middle School will continue to implement its "Pay to Participate" program. All students selected for a team will be required to pay a \$75.00 participation fee, per student, per sport. The payment must be paid prior to the first practice following tryouts.

We look forward to another successful athletic season at Combs Middle School. If you have any questions, please feel free to contact me at (480)-882-3510 or at blockwood@jocombs.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Brian Lockwood". The signature is fluid and cursive, with a large initial "B" and "L".

Brian Lockwood

Dean of Students/Athletic Director

Combs Middle School Athletics

Brian Lockwood
Athletic Director
blockwood@jocombs.org
(480) 882-3510



Athletic Packet

Students must complete the following eligibility requirements in order to compete in the intramural athletics program. Once these requirements have been met, a yellow clearance card will be issued by the Athletic Director.

Required Forms in Packet:

- 2017-2018 Consent Form**
- 2017-2018 Annual Preparticipation Physical Evaluation Form 15.7-A-** Filled out and signed by parent and student athlete
- 2017-2018 Annual Preparticipation Physical Evaluation Form 15.7-B-** Must be filled out completely and signed by a physician.

Additional items needed to complete eligibility: (please provide copies)

- Copy of medical insurance card-** All athletes are required to show proof of medical insurance. Student health insurance can be purchased online through www.studentinsurance-kk.com. Packets are also provided in the front office.
- A sport participation fee of \$75 is due before the athlete can participate (\$225 cap for the school year)**

Please note: All information must be on file and fee paid before an athlete can participate.

***Sports physicals are good for one full calendar year.** For example, if a student has a physician signed physical from February of 2017 on file then the student may participate in sports until February of 2018. However, a current copy of the medical insurance card will be required

Combs Middle School

"Home of the Cougars"

37611 N. Pecan Creek Drive
San Tan Valley, AZ 85140
(480) 882-3510
www.jocombs.org



2017-2018 Athletic Consent Form

Date: _____

Student Name: _____

Grade: _____

Participating Sport(s): (Circle all that apply)

- 1st Quarter-Baseball, Softball and Competitive Flag Football
- 2nd Quarter-Boys' Soccer and Girls' Volleyball
- 3rd Quarter-Girls' Basketball and Cheerleading
- 4th Quarter-Boys' Basketball, Girls' Soccer and Cheerleading

Parental Permission:

I/We give permission for _____ to participate in middle school athletics, realizing that such activity involves the potential for injury which is inherent in all sports. I/We acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observation of rules, injuries are still a possibility. On rare occasions, these injuries can be so severe as to result in total disability, paralysis, quadriplegia, or even death.

I/We acknowledge that I/We have read and understand this warning.

Consent for Emergency Care.

Be it known that I, the undersigned parent or guardian of the student above named, do hereby give and grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment or care to said student as, in the judgment of said doctor or hospital, may be required, on an emergency basis, in the event said student should be injured or stricken ill while participating in a middle school sports at Combs Middle School.

I hereby consent for the student named above, to be given medical care by a doctor selected by the school.

IT IS HEREBY understood that the consent and authorization hereby given and granted are continuing and are intended throughout the 2017-2018 school year.

Signature of Parent/Guardian

Signature of Student Athlete

Printed Name of Parent/Guardian

Printed Name of Student Athlete



2017-2018 ANNUAL PREPARTICIPATION PHYSICAL EXAMINATION

Name: _____ Date of Birth: _____
 Age: _____ Sex: _____
 Height: _____ Weight: _____
 % Body fat (optional): _____ Pulse: _____
 BP: ____/____/____/____/____/____
 Vision: R20/____ L20/____ Corrected: Y N
 Pupils: Equal ____ Unequal ____

	Normal	Abnormal Findings	Initials*
Medical			
Appearance			
Eyes/Ears/ Throat/Nose			
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): _____ Exam Date: _____
 Address: _____ Phone: _____
 Signature of Physician: _____, MD/DO/ND/NMD/NP/PA-C/CCSP



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"/>	



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:	<input type="checkbox"/>	<input type="checkbox"/>
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:	<input type="checkbox"/>	<input type="checkbox"/>
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: _____