

**VULTURE PEAK MIDDLE SCHOOL
DEPARTMENT OF ATHLETICS
ATHLETIC CLEARANCE PACKET**

The following forms must be completed and turned in to the office **BEFORE** your first practice/tryout

1. Athletic Permission Form with signature of parent/guardian and athlete.
2. Student health history and physical examination

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

3. Read the sportsmanship page. The form needs the signature of the parent/guardian and athlete.
4. Read the Informed Consent (Warning to Students, Parents and Guardians) page. The 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 office.

PLEASE KEEP ALL PAPERWORK TOGETHER AND TURN IN ALL FORMS TO THE OFFICE.

VULTURE PEAK ATHLETIC PERMISSION FORM

(Mr./Mrs./Ms.) _____ give permission for
(student name) _____ 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been withdrawn in writing to the school principal over parental signature.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.** I will also
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 5:45 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.

Please Initial next to all sports the student-athlete may participate in during the school year

FALL SPORTS

Volleyball _____

WINTER SPORTS

Boys Basketball _____
Girls Basketball _____
Cheer _____

SPRING SPORTS

Baseball _____
Softball _____

Parent/Guardian Signature

Date

Student-Athlete Signature

Date

VULTURE PEAK MIDDLE SCHOOL ATHLETICS

SPORTSMANSHIP FORM

STUDENT-ATHLETE NAME: _____

Athletic contests are sports and games participated within the confines of a rule system that assures participants equality in competition.

This issue addresses those rules set up by an ethics and sportsmanship committee to assure that we not only abide by a standardized set of rules, i.e., Spearing, 4 balls and three strikes, 3-point field goals, etc. but also a behavioral set of rules. Sportsmanship rules involve, but are not limited to "trash talking," profanity, delivering a blow after the whistle, throwing at a batters head, etc.

Within the **Wickenburg Unified School District** we will support following the letter of the obvious rules and just as strongly, following the **Sportsmanship and Discipline Code**.

If an athlete is ejected from any athletic contest, s/he will miss the next contest. The ejection due to sportsmanship is an **AIA Rule and cannot be appealed**. If the athlete feels that they have been unfairly treated, regarding any other issue other than the bad sportsmanship ejection rule, s/he can appeal this decision to the Athletic Director. Only the incident will be evaluated. The Athletic Director, along with two coaches not involved with the athlete or situation, will review the incident during the next school day and rule on the appeal. If the appeal is granted, the athlete will be immediately reinstated. If the appeal is not granted, I understand that I can appeal this decision to the building principal.

By signing this agreement, I understand that if my behavior during athletic contests warrants my being expelled from the contest, I will not be allowed to participate in the next athletic contest. If this action occurs a second time, I may be dismissed from the athletic program for the remainder of that season.

If an athlete is placed on out-of-school suspension, s/he may be dismissed from the team for the remainder of the season. The same appeals process will be in effect.

I also understand that if my school-time behavior warrants out-of-school suspension that I may be immediately dismissed from the athletic program for the remainder of the season.

STUDENT-ATHLETE SIGNATURE

DATE

PARENT SIGNATURE

DATE

VULTURE PEAK MIDDLE SCHOOL ATHLETICS
INFORMED CONSENT FORM
WARNING TO STUDENTS, PARENTS & GUARDIANS

STUDENT-ATHLETE NAME: _____

**SERIOUS, CATASTROPHIC, AND PERHAPS FATAL INJURY MAY
RESULT FROM ATHLETIC COMPETITION**

By its very nature, competitive athletics may put students in situations which SERIOUS, CATASTROPHIC and, perhaps, FATAL ACCIDENTS may occur.

Many forms of athletic competition result in violent physical contact among players, the use of equipment, which may result in accidents, strenuous physical exertion, and numerous other exposures to risk or injury.

Students and parents must assess the risks involved in such participation and make their choice to participate in spite of those risks. No amount of instruction, precaution, or supervision will totally eliminate all risk of injury. Just as driving an automobile involves choice of risk; athletic participation by high school athletes may also be inherently dangerous.

The obligation of parents and students in making this choice to participate cannot be overstated. There have been accidents resulting in death, paraplegia, quadriplegia, and other very serious permanent physical impairments as a result of athletic competition.

By granting permission for your student to participate in athletic competition, you, the parent or guardian, acknowledge that such risks exist.

By choosing to participate, you, the student, acknowledge that such risks exist.

Students will be instructed in proper techniques to be used in athletic competition and in the proper utilization of all equipment worn or used in practice or competition. Students must adhere to that instruction and utilization and must refrain from improper uses and techniques.

As previously stated, no amount of instruction, precaution, and supervision will totally eliminate all risk of serious, catastrophic, or even fatal injury.

If any of the foregoing is not completely understood, please contact your school principal for further information.

DIRECTIONS: Sign this form and return it to the Athletic Office with the Athletic Clearance Packet

This will acknowledge that we have read and understand the material contained in this WARNING TO STUDENTS, PARENTS AND GUARDIANS.

STUDENT-ATHLETE SIGNATURE

DATE

PARENT SIGNATURE

DATE

WICKENBURG UNIFIED SCHOOL DISTRICT

ATHLETIC/ACTIVITY FEES

The Wickenburg Unified School District requires that schools collect fees from students that are involved in athletics, choir, band and drama/theater arts. These fees are used to offset costs associated with events, including (but not limited to): officials' fees, uniforms, sheet music, royalty fees for scripts and other associated costs.

The basic fee is \$50.00 per activity/team at the high school level and \$35.00 per activity/team at the middle school level. This fee will not exceed \$100.00 per year per student. For families with multiple students, the maximum paid per year will be \$135.00.

The basic contribution structure per family:

A.	One (1) student in one high school activity/team	\$50.00
B.	One (1) student in one middle school activity/team	\$35.00
C.	One (1) student in two or more high school activities/teams	\$100.00
D.	Two (2) students each of whom is in one high school activity/team	\$100.00
E.	Two (2) students, one of which is in one high school activity/team and one is in one middle school activity/team	\$85.00
F.	Two or more students in a total of three activities/teams	\$135.00
G.	Three (3) students each of whom is in one activity/team	\$135.00
H.	Two or more students each of whom are in two or more activities/teams	\$135.00

Fees will be refunded to students who are cut or voluntarily drop before their activity/team's first contest. No refunds will be granted to students who are cut or drop the activity/team after the first contest, regardless of participation. No refunds will be granted to students who become scholastically ineligible.

Please write a check, payable to the **Wickenburg Unified School District**. Complete the information below and on your check, write your child/children's name, grade level(s) and activity(ies).

Name of Student	Grade	Activity 1	Activity 2	Other Activities	Total Fees

Athletic Emergency and Clearance Information

Name: _____ Birthdate: __/__/____ Gender: F__ M__
Grade Level: _____
Mailing Address: _____

Parent Contact Information:

Father: _____ Home Phone: _____ Cell: _____
Mother: _____ Home Phone: _____ Cell: _____
Guardian: _____ Phone Number: _____

Preferred Hospital: _____ Phone: _____
Preferred Physician: _____ Phone: _____

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

Emergency Contact 1: _____ Relationship: _____ Phone: _____
Emergency Contact 2: _____ Relationship: _____ 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.

Signature of Parent/Guardian Date: _____

Allergies to Medication: _____
Medical Conditions: Asthma _____ Diabetes (non-insulin) _____ Diabetes (insulin) _____
Allergies _____ list: _____ other _____

Athlete Insurance Information:

Athlete has school insurance: Yes ___ No ___ (mark one)

I request that _____ of WUSD#9 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 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.

Parent/Guardian Signature Date: _____