COATIMUNDI ATHLETICS

"HOME OF THE CAVALIERS"

Athletics Participation Packet

THIS PACKET MUST BE COMPLETED BY
ALL ATHLETES ON A YEARLY BASIS

- ✓ Parent Permission and Proof of Insurance Form
- ✓ Annual Pre-Participation Physical Evaluation (Parent)
- ✓ Annual Pre-Participation Physical Evaluation (Physician)

All information must be completed before athlete will be cleared for participation in their particular sport. Insurance is required; insurance may be purchased from the Myers-Stevens & Toohey Company, Inc. for a nominal cost.

You must receive a CLEARANCE SLIP from the Athletic Department to give your head coach before they will allow you to participate.

Please Return Completed Packets To:

Coatimundi Front Office Clerk

Athlete's Name____

COATIMUNDI ATHLETICS

"Home of the CAVALIERS"

Parent Permission/Emergency Consent/Proof of Insurance

"I/WE acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance 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." (Arizona Interscholastic Association)

I/WE, the parents or legal guardians of ___________________________________ hereby give our consent for him/her to engage in interscholastic athletics during the 2015-2016 School Year.

_______I/WE understand that the school district has no financial responsibility if accidents occur to students while
Initial taking part in athletics.

_______ I/WE certify that our son/daughter is fully covered with ____________________________ medical/health
Initial insurance company. Name of Insurance Company

_______ I/WE permit emergency medical care to be administered to our son/daughter in the event it is required, as
Initial deemed necessary by the Coatimundi School Coach, Administrator, or Athletic Trainer during any athletic-related activities.

_______ I/WE understand that certain emergencies require immediate transportation to a hospital.
Initial

_______ I/WE will allow the involved hospital and/or doctor to administer the required treatment for this condition.
Initial

I/WE have read and understand the training rules relating to the athletic department and understand the penalties that may be imposed for failure to comply with standard expected of athletes who represent Coatimundi School.

____________________________________ ____________________________________ ____________________
Father's Signature Mother's Signature Date

____ ________________________________
Street Address Home Phone

IN AN EMERGENCY, IF PARENTS CANNOT BE CONTACTED PLEASE NOTIFY THE FOLLOWING:

Name ____ Phone ________________________

Street Address ____ City _________________

INSURANCE: (The student **MUST SHOW** proof of insurance to participate. Calabasas does offer insurance through the Myer-Stevens & Toohey Company). It is the parents/guardians responsibility to purchase and contact the insurance company directly.

Name of Insurance ____

Insurance Policy Number ____

ARIZONA INTERSCHOLASTIC ASSOCIATION
7007 North 18th Street, Phoenix, Arizona 85020-5552
Phone: (602) 385-3810

NextCare URGENT CARE
The Preferred Health Care Partner of the Arizona Interscholastic Association

2015-2016 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?		
2) Do you have an ongoing medical condition (like diabetes or asthma)?		
3) Are you currently taking any prescription or nonprescription (over-the-counter) medicines or supplements? (Please specify):		
4) Do you have allergies to medicines, pollens, foods, or stinging insects? (Please specify):		
5) Does your heart race or skip beats during exercise?		
6) Has a doctor ever told you that you have (check all that apply): High Blood Pressure ☐ A Heart Murmur ☐ High Cholesterol ☐ A Heart Infection ☐		
7) Have you ever spent the night in the hospital?		
8) Have you ever had surgery?		

	Y	N
* 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):		
*10) Have you had any broken/fractured bones or dislocated joints? (If yes, circle affected area in the box below):		
* 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):		

Head ☐ Neck ☐ Shoulder ☐ Upper Arm ☐ Elbow ☐ Forearm ☐
Hand/Fingers ☐ Chest ☐ Upper Back ☐ Low Back ☐ Hip ☐ Thigh ☐
Knee ☐ Calf/Shin ☐ Ankle ☐ Foot/Toes ☐

NextCare is the preferred partner of the AIA, it is not required you visit NextCare locations for your healthcare needs.

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

Females Only

Question	Y	N
38) Have you ever had a menstrual period?		
39) How old were you when you had your first menstrual period?		
40) How many periods have you had in the last year?		

Explain "Yes" Answers Here

NextCare is the preferred partner of the AIA, it is not required you visit NextCare locations for your healthcare needs.

ARIZONA INTERSCHOLASTIC ASSOCIATION
7007 North 18th Street, Phoenix, Arizona 85020-5552
Phone: (602) 385-3810

NextCare URGENT CARE
The Preferred Health Care Partner of the Arizona Interscholastic Association

2015-2016 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?		
2) Has your child ever had extreme shortness of breath during exercise?		
3) Has your child had extreme fatigue associated with exercise (different from other children)?		
4) Has your child ever had discomfort, pain or pressure in his/her chest during exercise?		
5) Has a doctor ever ordered a test for your child's heart?		
6) Has your child ever been diagnosed with an unexplained seizure disorder?		
7) Has your child ever been diagnosed with exercise-induced asthma not well controlled with medication?		

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)		
9) Are there any family members who died suddenly of "heart problems" before age 50?		
10) Are there any family members who have unexplained fainting or seizures?		
11) Are there any relatives with certain conditions, such as:		

	Y	N
Enlarged Heart		
Hypertrophic Cardiomyopathy (HCM)		
Dilated Cardiomyopathy (DCM)		
Heart Rhythm problems:		
Long QT Syndrome (LQTS)		
Short QT Syndrome		
Brugada Syndrome		
Catecholaminergic Polymorphic Ventricular Tachycardia (CPVT)		
Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC)		
Marfan Syndrome (Aortic Rupture)		
Heart Attack, age 50 or younger		
Pacemaker or Implanted Defibrillator		
Deaf at Birth (Congenital Deafness)		

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 is the preferred partner of the AIA, it is not required you visit NextCare locations for your healthcare needs.

NextCare® URGENT CARE

Open 7 Day A Week; Extended Hours

1-888-705-8562
NextCareAZ.com

APACHE JUNCTION
1. 2080 W. Southern Ave., Ste. A1, AZ 85120
(Southern Ave. & S. Ironwood Dr.)

AVONDALE
2. 13075 W. McDowell Rd., Ste. D106, AZ 85392
(McDowell Rd. & Dysart Rd.)

CASA GRANDE
3. 1683 E. Florence Blvd., Ste. 7, AZ 85122
(Florence Blvd. & N. Arizola Rd.)

CHANDLER
4. 600 S. Dobson Rd., Ste. C-26, AZ 85224
OPEN 8AM-MIDNIGHT, 7 DAYS A WEEK!
(Dobson Rd. & W. Frye Rd.)

GLENDALE
5. 18589 N. 59th Ave., Ste. 101, AZ 85308
(N. 59th Ave. & W. Union Hills Dr.)
6. 10240 N. 43rd Ave., Ste. 3, AZ 85302
(W. Peoria Ave. & N. 43rd Ave.)
7. 9494 W. Northern Ave., Ste. 101, AZ 85305
OPEN 8AM-MIDNIGHT, 7 DAYS A WEEK!
(Northern Ave. just E of 101)

MESA
8. 1066 N. Power Rd., Ste. 101, AZ 85205
(N. Power Rd. & E. Brown Rd.)
9. 4401 E. McKellips Rd., Ste. 102, AZ 85215
(E. McKellips Rd. & Greenfield Rd.)
10. 3130 E. Baseline Rd., Ste. 105, AZ 85204
(E. Baseline Rd. West of Val Vista Dr.)
11. 535 E. McKellips Rd., Ste. 101, AZ 85203
(N. Mesa Dr. & E. McKellips Rd.)

PEORIA
12. 20470 N. Lake Pleasant Rd., Ste. 102, AZ 85382
(N. Lake Pleasant Rd. & W. Beardsley Rd.)

PHOENIX
13. 3229 E. Greenway Rd., Ste. 102, AZ 85032
(E. Greenway Rd. & 32nd St.)
14. 5920 W. McDowell Rd., AZ 85035
(59th Ave. & W. McDowell Rd.)
15. 1701 E. Thomas Rd., Ste. A-104, AZ 85016
OPEN 8AM-MIDNIGHT, 7 DAYS A WEEK!
(E. Thomas Rd. & 16th St.)
16. 4730 E. Indian School Rd., Ste. 211, AZ 85018
(North 48th St. & E. Indian School Rd.)
17. 8101 N. 19th Ave., Ste. A, AZ 85021
(N. 19th Ave. & E. Northern Ave.)

SCOTTSDALE
18. 7425 E. Shea Blvd., Ste. 108, AZ 85260
(E. Shea Blvd. & 74th St.)
19. 20950 N.Tatum Blvd., Ste. 190, AZ 85050
(On Tatum Blvd. just north of the 101)

SUN CITY
20. 9745 W. Bell Rd., Ste. 105, AZ 85351
(N. 98th Ave. & W. Bell Rd.)

TEMPE
21. 914 N. Scottsdale Rd., Ste. 104, AZ 85281
(N. Scottsdale Rd. & E. Curry Rd.)

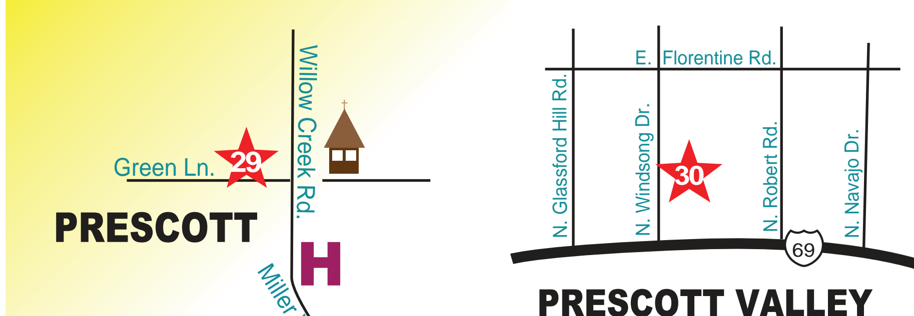
TUCSON
22. 6238 E. Pima Street, AZ 85712
(Pima Rd. & Wilmot Rd.)
23. 9525 E. Old Spanish Trail, Ste. 101, AZ 85748
OPEN 8AM-MIDNIGHT, 7 DAYS A WEEK!
(S. Harrison Rd. & Old Spanish Trail Rd.)
24. 4280 North Oracle Rd., Ste. 100, AZ 85705
(Oracle Rd. & Wetmore Rd.)
25. 5369 S. Calle Santa Cruz, Ste. 145, AZ 85706
OPEN 8AM-MIDNIGHT, 7 DAYS A WEEK!
(Between W. Irvington Rd. & Drexel Rd. on Calle Santa Cruz)
26. 501 North Park Ave., Ste. 110, AZ 85719
(Park Ave. & 6th St.)

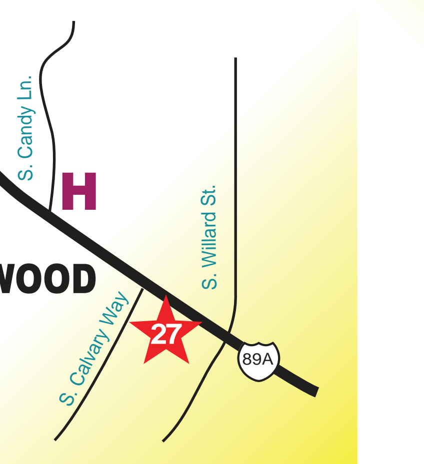
COTTONWOOD
27. 450 S. Willard Street, Ste. 120, AZ 86326
(Arizona 89A at Willard Street)

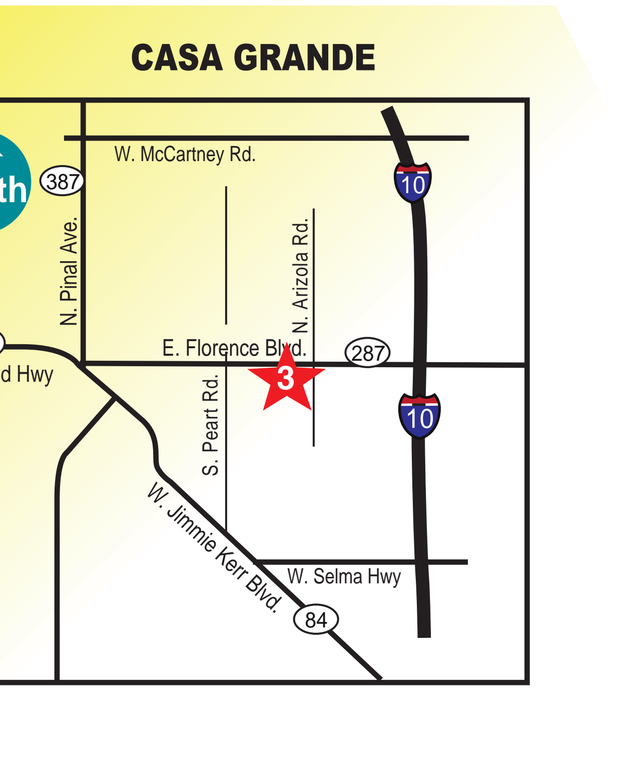
SEDONA
28. 2530 W. SR 89A, Ste. A, AZ 86336
(Arizona 89A & Andante Dr.)

PRESCOTT
29. 2062 Willow Creek Rd., AZ 86301
(Green Ln. & Willow Creek Rd.)

PRESCOTT VALLEY
30. 3051 N. Windsong Dr., AZ 86314
(SR 69 & Windsong Dr.)







ARIZONA INTERSCHOLASTIC ASSOCIATION
7007 North 18th Street, Phoenix, Arizona 85020-5552
Phone: (602) 385-3810

NextCare URGENT CARE

The Preferred Health Care Partner of the Arizona Interscholastic Association

2015-2016 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

NextCare® URGENT CARE

Open 7 Day A Week; Extended Hours

1-888-705-8562
NextCareAZ.com

APACHE JUNCTION
1. 2080 W. Southern Ave., Ste. A1, AZ 85120
(Southern Ave. & S. Ironwood Dr.)

AVONDALE
2. 13075 W. McDowell Rd., Ste. D106, AZ 85392
(McDowell Rd. & Dysart Rd.)

CASA GRANDE
3. 1683 E. Florence Blvd., Ste. 7, AZ 85122
(Florence Blvd. & N. Arizola Rd.)

CHANDLER
4. 600 S. Dobson Rd., Ste. C-26, AZ 85224
OPEN 8AM-MIDNIGHT, 7 DAYS A WEEK!
(Dobson Rd. & W. Frye Rd.)

GLENDALE
5. 18589 N. 59th Ave., Ste. 101, AZ 85308
(N. 59th Ave. & W. Union Hills Dr.)
6. 10240 N. 43rd Ave., Ste. 3, AZ 85302
(W. Peoria Ave. & N. 43rd Ave.)
7. 9494 W. Northern Ave., Ste. 101, AZ 85305
OPEN 8AM-MIDNIGHT, 7 DAYS A WEEK!
(Northern Ave. just E of 101)

MESA
8. 1066 N. Power Rd., Ste. 101, AZ 85205
(N. Power Rd. & E. Brown Rd.)
9. 4401 E. McKellips Rd., Ste. 102, AZ 85215
(E. McKellips Rd. & Greenfield Rd.)
10. 3130 E. Baseline Rd., Ste. 105, AZ 85204
(E. Baseline Rd. West of Val Vista Dr.)
11. 535 E. McKellips Rd., Ste. 101, AZ 85203
(N. Mesa Dr. & E. McKellips Rd.)

PEORIA
12. 20470 N. Lake Pleasant Rd., Ste. 102, AZ 85382
(N. Lake Pleasant Rd. & W. Beardsley Rd.)

PHOENIX
13. 3229 E. Greenway Rd., Ste. 102, AZ 85032
(E. Greenway Rd. & 32nd St.)
14. 5920 W. McDowell Rd., AZ 85035
(59th Ave. & W. McDowell Rd.)
15. 1701 E. Thomas Rd., Ste. A-104, AZ 85016
OPEN 8AM-MIDNIGHT, 7 DAYS A WEEK!
(E. Thomas Rd. & 16th St.)
16. 4730 E. Indian School Rd., Ste. 211, AZ 85018
(North 48th St. & E. Indian School Rd.)
17. 8101 N. 19th Ave., Ste. A, AZ 85021
(N. 19th Ave. & E. Northern Ave.)

SCOTTSDALE
18. 7425 E. Shea Blvd., Ste. 108, AZ 85260
(E. Shea Blvd. & 74th St.)
19. 20950 N.Tatum Blvd., Ste. 190, AZ 85050
(On Tatum Blvd. just north of the 101)

SUN CITY
20. 9745 W. Bell Rd., Ste. 105, AZ 85351
(N. 98th Ave. & W. Bell Rd.)

TEMPE
21. 914 N. Scottsdale Rd., Ste. 104, AZ 85281
(N. Scottsdale Rd. & E. Curry Rd.)

TUCSON
22. 6238 E. Pima Street, AZ 85712
(Pima Rd. & Wilmot Rd.)
23. 9525 E. Old Spanish Trail, Ste. 101, AZ 85748
OPEN 8AM-MIDNIGHT, 7 DAYS A WEEK!
(S. Harrison Rd. & Old Spanish Trail Rd.)
24. 4280 North Oracle Rd., Ste. 100, AZ 85705
(Oracle Rd. & Wetmore Rd.)
25. 5369 S. Calle Santa Cruz, Ste. 145, AZ 85706
OPEN 8AM-MIDNIGHT, 7 DAYS A WEEK!
(Between W. Irvington Rd. & Drexel Rd. on Calle Santa Cruz)
26. 501 North Park Ave., Ste. 110, AZ 85719
(Park Ave. & 6th St.)

COTTONWOOD
27. 450 S. Willard Street, Ste. 120, AZ 86326
(Arizona 89A at Willard Street)

SEDONA
28. 2530 W. SR 89A, Ste. A, AZ 86336
(Arizona 89A & Andante Dr.)

PRESCOTT
29. 2062 Willow Creek Rd., AZ 86301
(Green Ln. & Willow Creek Rd.)

PRESCOTT VALLEY
30. 3051 N. Windsong Dr., AZ 86314
(SR 69 & Windsong Dr.)