



**PV CHRISTIAN
PREPARATORY**

Panthers Athletics Packet

All students taking part in PVCP athletics must complete this packet before participating in any event, including a practice. Contact Athletic Director Andre Murillo at amurillo@pvcp.org with questions.

- Complete PVCP Athletic Physical Card and include a copy of a Medical Insurance Card
- Pay the required athletic fee (Grades 5-8: \$100, Grades 9-12: \$175)
 - If 7th and 8th grade students play on Upper School team, the athletic fee will be \$175.00
 - Once rosters are finalized, PVCP students accounts will be billed
 - Non-PVCP students are required to pay by check made payable to Paradise Valley Christian Preparatory.
- Indicate sports in which your student is participating:

Fall	Winter	Spring
<input type="radio"/> MS Coed Soccer	<input type="radio"/> MS Cross Country	<input type="radio"/> MS Girls Basketball
<input type="radio"/> MS Swimming	<input type="radio"/> MS Girls Softball	<input type="radio"/> MS Boys Basketball
<input type="radio"/> MS Girls Volleyball	<input type="radio"/> MS Boys Baseball	<input type="radio"/> MS Coed Golf
<input type="radio"/> US Girls Volleyball	<input type="radio"/> US Boys Basketball	<input type="radio"/> MS Track and Field
<input type="radio"/> US Coed Ultimate Frisbee	<input type="radio"/> US Girls Basketball	<input type="radio"/> US Coed Soccer
<input type="radio"/> US Swimming		<input type="radio"/> US Girls Softball
<input type="radio"/> US Boys Soccer		<input type="radio"/> US Track and Field
		<input type="radio"/> US Coed Golf

Annual Pre-participation Evaluation Sheet and the Annual Physical Examination Sheet *-Physical must be from an MD, DO, NP, or PA-C (Physicals completed on or after March 1st of a given school year are valid for the entire ensuing school year)*

Return all completed forms to the PVCP Front Office, along with this cover sheet and payment.

Student's Name: _____

Parent Signature: _____

**Paradise Valley Christian Preparatory
Athletic Physical Card**
(To be filed out and signed by examining physician)

PLEASE PRINT (Last Name) (First Name) (Initial)

Sex _____ Grade _____ Birth-date _____

Eyes R _____ L _____ Glasses? _____ Hearing R _____ L _____ Height _____ Weight _____

Ear, Nose, Throat _____ Lungs _____

Urinalysis _____ Diabetes _____ Pulse _____ Blood Pressure and Heart _____

Heart Murmur _____ Deformities or present illness _____ Prosthesis _____

Hernia evidence _____ Concussion _____ Epilepsy _____ Other _____

Would athletic competition be injurious? _____

I hereby certify that, on this date, I examined the above student and recommend him/her as being physically able to participate in all supervised athletics and physical education activities, except as noted:

_____ 20_____
(Month/Date/Year) Signature of Examining Physician

(The following is to be filed out and signed by parents)

_____ allergy to bee sting	_____ diabetes	_____ heart murmur	_____ migraine headaches
_____ anemia	_____ eczema	_____ hepatitis	_____ pneumonia
_____ arthritis	_____ emotional problems	_____ hernia	_____ rheumatic fever
_____ asthma	_____ epilepsy	_____ hives	_____ other
_____ concussion	_____ fainting	_____ kidney	

Operations: _____ Fractures: _____
(include year) (include year)

To which drugs is student allergic: _____
If student is now under medical treatment list reason and attending doctor:: _____

I/we choose to waive the physical exam for _____, with the understanding that we accept all responsibility for any situation resulting from this waiver.
Signed _____

CONSENT FOR EMERGENCY CARE

SCHOOL _____ STUDENT _____

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 judgement 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 an interscholastic activity sponsored or sanctioned by Paradise Valley Christian Preparatory.

IT IS HEREBY understood that the consent and authorization hereby given and granted are continuing, and are intended throughout the current school year.

IT IS FURTHER understood that any expenses incurred will be paid for by insurance or the parent of the student. Payment of the expense is not a school responsibility.

DATED the _____ day of _____, 20_____, at _____, Arizona.

Signature of Parent or Guardian

Signature of Parent or Guardian

Family Physician _____ Parent Home Address _____
 Phone _____ Home Phone _____
 Hospital _____ Business Phone _____

PLEASE FILL OUT THE REVERSE SIDE OF THIS CARD

PARENTAL OR LEGAL GUARDIAN CONSENT/INSURANCE CARD

I/we give our permission for _____ to participate in organized Interscholastic Athletics, realizing that such activity involves the potential for injury that is inherent in all sports. 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, the injuries can be so severe as to result in total disability, paralysis, quadriplegia or even death.

Insurance: It is required that each student athlete have on file with the Athletic Director or his designee proof of insurance coverage prior to practice. Please submit a copy of the insurance card.

Request for permission to use family health and accident insurance in lieu of required student school insurance. I understand that Paradise Valley Christian Preparatory requires all students participating in athletics, to be covered by an insurance program. Fully understanding and accepting all responsibility, and absolving the school board and the school of such responsibility, I hereby petition that my personal family health and accident insurance be acceptable to the school board and the school district in lieu of any required insurance for my son/daughter/(ward). I further accept full responsibility for all obligations, financial or otherwise, which may result from injuries while participating in the above mentioned activities to the said student.

 Son/Daughter/(ward)

Signature of Parent or Guardian _____ Date _____ Signature of Parent or Guardian _____ Date _____

Insurance Company _____ Policy # _____

Sports Fees

Grades 5 – 8: \$100
 Grades 9 – 12: \$175

Copy of Insurance Card

Updated 6/16