



# Panthers Winter Athletics Packet

All students taking part in PVCP athletics must complete this packet before participating in any event, including a practice. Contact Athletic Director Don Mitchell at [dmitchell@pvcp.org](mailto:dmitchell@pvcp.org) with questions.

**PV CHRISTIAN  
PREPARATORY**

- Complete PVCP Athletic Physical Exam Form, Consent for Emergency Care, and the Parental or Legal Guardian Consent/Insurance Form. Be sure to include a copy of your medical insurance card.
- Pay the required athletic fee (Grades 5-8: \$100, Grades 9-12: \$175)
  - If 7<sup>th</sup> and 8<sup>th</sup> grade students play on Upper School team, the athletic fee will be \$175.00
  - Once rosters are finalized, student 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:
  - \_\_\_ MS Cross Country
  - \_\_\_ MS Girls Softball
  - \_\_\_ MS Boys Baseball
  - \_\_\_ US Boys Basketball
  - \_\_\_ US Girls Basketball

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 subsequent school year)*

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

Print student's name: \_\_\_\_\_

Parent's signature: \_\_\_\_\_

**Paradise Valley Christian Preparatory  
Athletic Physical Exam Form**  
(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:

\_\_\_\_\_  
 (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

**PARENTAL OR LEGAL GUARDIAN CONSENT/INSURANCE FORM**

Family Physician \_\_\_\_\_ Parent Home Address \_\_\_\_\_

Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Hospital \_\_\_\_\_ Business Phone \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_  
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**