

Panthers Spring 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 with questions.

- 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: \$125, Grades 9-12: \$200)
 - If 7th and 8th grade students play on Upper School team, the athletic fee will be \$200
 - 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 Girls Basketball		US Coed Soccer			
	_	MS Boys Basketball	_	US Girls Softball US Track and Field			
	_	MS Track and Field	_				
			_	US Coed Golf			
			_	US Boys Tennis			
			_	US Girls Tennis			
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 a	all complete	ed forms to the PVCP Office, along with	n this cover she	et and payment.			
Print stu	dent's name:		Parent's signatur	arent'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 RL	Glasses? _	Hearing R_	L	Height	Weight		
Ear, Nose, Throat			Lungs				
Urinalysis	Diabetes	Pulse	BI	lood Pressure	and Heart		
Heart Murmur	Deformities	or present illness_		Prosthesis			
Hernia evidence	c	concussion	Ері	lepsy	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)				Si	gnature of Examining Physician		
(The following is to be filed out and signed by parents)							
allergy to bee s	tingdiab	etes	heart m	nurmur	migraine headaches		
anemia		eczemahepatitis		is	pneumonia		
arthritis	orthritisemotional problemsI		hernia	_herniarheumatic fever			
asthma	· · · /			other			
concussion	faint	ing	kidney				
Operations:(include		Fractur	es:				
(include	year)		(inc	clude year)			
To which drugs is st	udent 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	SCHOOLSTUDENT						
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	<u>,</u> 20 , at			, Arizona.		
Signature of Parent or G	iuardian		Signature of F	Parent or Guardia	n		

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: \$125

Grades 9 - 12: \$200

Attach Copy of Insurance Card