



# 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](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: \$125, Grades 9-12: \$200)
  - If 7<sup>th</sup> and 8<sup>th</sup> 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

\_\_\_ MS Track and Field

\_\_\_ US 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 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

