



# Panthers Fall 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:

<input type="checkbox"/> MS Coed Soccer	<input type="checkbox"/> US Girls Volleyball
<input type="checkbox"/> MS Girls Volleyball	<input type="checkbox"/> US Coed Ultimate Frisbee
<input type="checkbox"/> MS/US Swimming	<input type="checkbox"/> US Cross Country

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)**

<input type="checkbox"/> allergy to bee sting	<input type="checkbox"/> diabetes	<input type="checkbox"/> heart murmur	<input type="checkbox"/> migraine headaches
<input type="checkbox"/> anemia	<input type="checkbox"/> eczema	<input type="checkbox"/> hepatitis	<input type="checkbox"/> pneumonia
<input type="checkbox"/> arthritis	<input type="checkbox"/> emotional problems	<input type="checkbox"/> hernia	<input type="checkbox"/> rheumatic fever
<input type="checkbox"/> asthma	<input type="checkbox"/> epilepsy	<input type="checkbox"/> hives	<input type="checkbox"/> other
<input type="checkbox"/> concussion	<input type="checkbox"/> fainting	<input type="checkbox"/> 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



# Waiver of Liability

This agreement releases Paradise Valley Christian Preparatory from all liability relating to injuries or illnesses that may occur on our facilities. By signing this agreement to hold Paradise Valley Christian Preparatory entirely free from any liability, including financial responsibility for any injuries/illnesses occurred.

I also acknowledge the risks involved in athletic participation. These include but are not limited to: injuries due to athletic participation or the risks of Covid-19. I affirm that my child is participating voluntarily and that all risks have been made known to me.

By signing this document, you are acknowledging that:

- Your child is not exhibiting any symptoms of Covid-19 or any other illness that can be transferred.
- You will not hold Paradise Valley Christian Preparatory financially responsible for any bodily injury or illness that occurs on campus.
- Your child will follow all proper safety and sanitation protocol in place at Paradise Valley Christian Preparatory.

Name of Child: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_