

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 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: \$150, Grades 9-12: \$200)
 - If 7th and 8th grade students play on Upper School team, the athletic fee will be \$200

• Nor	ce rosters are finalized, student accom- n-PVCP students are required to paparatory.		ed payable to Paradise Valley Christian
0 Indicate	e sports in which your student is par	rticipating:	
_	MS Cross Country	_	US Boys Basketball
_	MS Girls Softball		US Girls Basketball
_	MS Boys Baseball		
	(Physicals completed on or after M		nination Sheet -Physical must be from an MD, een school year are valid for the entire
Return all comple	eted forms to the PVCP Office, along	with this cover sh	eet and payment.
Print student's nan	ne:	Parent's signatu	ire:

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	В	irth-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 pr		or present illness_		Prosthesis		
Hernia evidence	c	concussion	Ері	lepsy	Other	
Would athletic comp	etition 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	ecze		hepatit	is	pneumonia	
arthritis		tional problems	hernia		rheumatic fever	
asthma	epile		hives		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						
	CC	NSENT FOR EN	MERGENCY	CARE		
SCHOOL	SCHOOLSTUDENT					
consent and authorization t	o render such aid, treatm ent said student should b	ent or care to said stude	nt as, in the judger	ment of said doctor	nto any medical doctor or hospital my or hospital may be required, on an activity sponsored or sanctioned by	
IT IS HEREBY understood year.	that the consent and auth	norization hereby given a	nd granted are cor	ntinuing, and are int	ended throughout the current school	
IT IS FURTHER understood school responsibility.	d that any expenses incu	rred will be paid for by ins	surance or the pare	ent of the student. F	Payment of the expense is not a	
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	
realizing that such activity involves the potential for best coaching, use of the most advanced protective On rare occasions, the injuries can be so severe as	to participate in organized Interscholastic Athletics, injury that is inherent in all sports. I/we acknowledge that even with the e equipment, and strict observance of rules, injuries are still a possibility. In total disability, paralysis, quadriplegia or even death. The ete have on file with the Athletic Director or his designee proof of ubmit 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

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:	