



## 2023 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 Casey Thorpe at [cthorge@pvcp.org](mailto:cthorge@pvcp.org) with questions.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

### To do list:

1. 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.**
2. Sign the Parental Commitment to PVCP policy forms.

**Panther Prep 4th Grade: \$100, Grades 5-8: \$250, Grades 9-12: \$300, \*Football/Swim: \$350)**

- If 7<sup>th</sup> and 8<sup>th</sup> grade students play on Upper School team, the athletic fee will be **\$300**
- Students' accounts will not be billed until the **end of the 2nd week** of each season.
- No refunds will be given after accounts are billed through our office.
- Non-PVCP students are required to pay by check made payable to Paradise Valley Christian Preparatory Athletics.

Indicate below the sports in which your student will be participating:

\_\_\_ MS Coed Soccer: +Panther Prep. Coach Alyssa Cline. [alyssacline@pvcp.org](mailto:alyssacline@pvcp.org)

\_\_\_ MS Girls Volleyball: + Panther Prep. Coach TBD

\_\_\_ MS Swimming: Coach TBD

\_\_\_ US Football: Coach Matthew Haeger. [matthewhaeger@gmail.com](mailto:matthewhaeger@gmail.com)

\_\_\_ US Girls Volleyball: Coach Leah Kauffman. [otlcoachk@gmail.com](mailto:otlcoachk@gmail.com)

\_\_\_ US Swimming: Coach Tammy Watt. [tammy\\_adamowicz@outlook.com](mailto:tammy_adamowicz@outlook.com)

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.

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
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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 has 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 #**

**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:

ξ Your child is not exhibiting any symptoms of Covid-19 or any other illness that can be transferred.

ξ You will not hold Paradise Valley Christian Preparatory financially responsible for any bodily injury or illness that occurs on campus. ξ 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: \_\_\_\_\_

# PVCP Athletic Policies:

\*Parental understanding and commitment of the PVCP Athletics policies must be signed for student athletes to be allowed to play for any PVCP athletic team:

## 1. Parent/Coach/Official conduct and ramifications policy

- a. Parents are to abide by the 24 hour rule when wishing to communicate with coaches about any frustrations or concerns they have that involve their students' experience. This rule communicates that no face to face conversation, email, or text should be sent to a coach within 24 hours of a concluded game or practice where a point of contention could arise.. The only exception to this rule is when it pertains to student safety in which parents are advised to reach out to Coach Thorpe immediately.
- b. We desire to be “uncommon” in our approach to how we conduct ourselves as players, fans, coaches, or onlookers at all PVCP events, home or away. This includes how we conduct ourselves with referees or umpires. NO PVCP FAN IS TO EVER COMMUNICATE THEIR FRUSTRATION OR DISAGREEMENT WITH THE OFFICIALS AT OUR GAMES. Leave this job up to the Head Coach of your son or daughter's respected program.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## 2. Playing Time Policy

- a. Middle School Policy- Middle School students MUST play in every game they are present. The amount of TIME they play will be determined by their attitude, effort, skill, and presence/attendance at practice on the days that precede a game or event. If students do not attend practices prior to games, playing time will not be guaranteed. This will come on a case by case basis which can be discussed between coaches and parents/players.
- b. Upper School Policy- Upper School students are not promised any playing time at any point in the season. Though our coaches will always look to find ways to include and utilize each student athlete within their program, playing time at this level is to be EARNED and will be 100% based upon each program's Coaching Staff. Alongside playing time, positions, or what team students are on is **not** to be discussed with coaches at any point.
- c. If the parent or guardian does not abide by the communication laid out for our playing time or parent/coaches/officials policies, they may be suspended for 2 weeks from all PVCP games, both home and away. A second offense will result in suspension from PVCP Athletic events for the remainder of the Academic School year.
- d. If this policy agreement is not signed, no discussion will be allowed to take place between any other family member or fan

and the Coaching Staff and Athletic Director. This is to protect our coaching staff from having conversations with student athletes' family members who have not signed this document and/or are unaware of our policy on conduct.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

### **3. Grade Check Policy**

- a. Grade checks will take place every 3 weeks. If a student has under a 70% on the date of each grade check, they will be ineligible for the next 3 weeks. Utilizing our schools philosophy of "Love & Logic," students can work through this problem by getting their grade up to a 70% or higher at any point within the 3 week ineligibility time frame. If grades are brought up within that timeline, students are to request that their teacher email Coach Thorpe with proof that their grade is now at the 70% mark. At which point Coach Thorpe will deem that student athlete immediately eligible.
- b. While students are academically ineligible, they are expected to attend every after school HW help possible until their grade gets up.
- c. T&F, XC, Wrestling, and Swim meets must be taken into consideration and have it be understood that coaches enter athletes into events days prior to an event or meet. This may impact eligibility for a student immediately participating at one



of these events. *Grade check dates can be found on the Athletic Calendar through the school website.*

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

#### **4. Transportation Policy**

- a. PVCP can not guarantee transportation for MS/US programs.

With the growth of our school, and the addition of over 10 teams from 2020/2021-2023/2024, we no longer have the resources to guarantee transportation for multiple teams. Likewise, many of our coaches are off campus throughout the day which makes it difficult to establish a routine for them to get here and transport student athletes from one location to another.

- b. Though there will be circumstances that will allow transportation with a school van or bus, playing for a PVCP athletics program must come with the understanding that parents may need to carpool to get students from campus to offsite game/match/event/practice locations.

- c. If a bus or van is available with a driver, that will be communicated to parents by the coach of their son or daughters team prior to the day of a game/event/match.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## 5. Uniform Policy

- a. Uniforms will be provided and handed out prior to the beginning of each team's season. An additional form will be provided at the time of uniform checkout that parents will be required to sign on behalf of their student athlete. At the bottom of the uniform policy document, there will be an amount listed of what a student's account will be charged if a uniform is lost upon the uniform return date at the end of the season.
- b. With the growing numbers of students joining our programs, there may be times that uniforms or jerseys have to be mismatched to assure each student has a uniform. This is a way to keep us from having to cut student athletes from particular teams and keep us within CCSL or CAA code of conduct while waiting upon the arrival of new uniforms when deemed necessary.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## Turning Packets In?

- Please turn packets into the front office prior to your student athletes first day of practice to be eligible to participate. The packets turned into Mrs. Chadwick in the front office will be put in Mr. Thorpe's box and he will let each coaching staff know who is eligible each day.
  - Please do NOT have your student-athlete turn packets in directly to their coaches or Athletic Director.



## 2023-2024 PVCP Partnership Opportunities

### **Athletics Gym Banner Sponsorship — \$800**

- ◆ Banner placed in PVCP gymnasium for the current school year
- ◆ Acknowledgment on Facebook, Instagram, and Twitter for each sports season
  - PVCP Primary Accounts and Athletics Accounts
- ◆ Acknowledgement in monthly Athletic Newsletters
- ◆ Acknowledgement on the PVCP Athletics Website annually
- ◆ Acknowledgement as Game Day Sponsors at PVCP Home Games
  - Fall, Winter, Spring Seasons
- ◆ Acknowledgement in one issue of PVCP quarterly publication, *The Monitor* ◆  
Acknowledgement in one biweekly *Panther Press* newsletter

Are you interested in doing more or have something else in mind? We can customize sponsorship levels to meet your unique marketing needs. Please contact Athletic Director [cthorpe@pvcp.org](mailto:cthorpe@pvcp.org) with any questions.