



Pomerene School District #64

Educating the Whole Child

1396 N. Old Pomerene Rd.
PO Box 7 Pomerene, AZ
Tel: 520-586-2407
Fax: 520-586-7724

Dear Panther Parents:

To help ensure the health and safety of your son or daughter the Pomerene School District requires the following information for participation in interscholastic activities.

1. Athletic Participation Consent/Code Agreement
2. Emergency Medical Treatment Release (please fill out completely with **ALL** insurance information)
3. Parent Code of Ethics
4. Covid Form
5. Annual Pre-participation Physical Examination (this has replaced the previous Health History Questionnaire.) **THIS FORM MUST BE SIGNED BY A DOCTOR YEARLY.**

If your student does not have health insurance you may purchase a very affordable coverage at www.studentinsurance-kk.com. This needs to be purchased before the student can participate.

When **ALL** of the information is returned and **FILLED OUT COMPLETELY**, the athlete can participate.

Please have the information in this packet completed prior to the student participating in athletic practices or competition.

Sincerely,

A handwritten signature in blue ink that reads "Michael Sherman".

Mr. Michael Sherman
Pomerene School
Superintendent

Pomerene School District is a welcoming school community whose mission is to provide an engaging and safe learning environment, emphasizing quality education and traditional values that prepare students to seize opportunities for success.

Visit us at: www.pomereneschool.org

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ATHLETIC PARTICIPATION CONSENT

I hereby give my consent for my student/athlete to participate in organized interscholastic athletics, realizing that even with the best coaching, use of the most advanced protective equipment, and strict observance of rules, injuries, in some cases severe, are still a possibility. I also give my consent for him/her to travel in school-sponsored vehicles operated by school personnel. I agree not to hold the school responsible in case of accident or injury whether it is during team travel, practice, or an interscholastic event provided.

ELIGIBILITY TO PARTICIPATE

To be eligible to compete, students must be passing with a **C** or better all of their subjects at the end of each one-week grading interval. The one-week grading interval runs from 12:01 on Sunday through 7 consecutive 24-hour periods ending on Sunday at midnight. A student has one week to make up any deficiency notice from the time of the first notice.

In order to remain on the team, an athlete is required to practice during his/her period of ineligibility.

A grade of "C" is the lowest passing grade. Students who do not meet the above eligibility requirements become academically deficient and will be unable to compete in extracurricular activities until the deficiency is cleared up.

- To be eligible, students must be passing all of their subjects at the end of each one week grading interval. A student has one week to make up any deficiency from the time of the first notice.
- **SEMESTER ELIGIBILITY:** Students must be passing all core classes (Math, Language Arts, Science and Social Studies) at the end of each semester to be eligible to compete in extracurricular activities the following semester.
- A student must be a student in "good standing", i.e. academics, tardies, truancy, discipline.
- A "C" is the lowest passing grade.
- Students who do not meet the above eligibility requirements become academically deficient and will be unable to participate in extracurricular activities until the deficiency is cleared up.
- Academically deficient students will be notified in a manner that will ensure confidentiality, both for pending ineligibility and for the period of ineligibility.
- Coaches and/or sponsors will be advised under the same procedure.
- Support services will be made available to students who become ineligible for extracurricular programs as well as to students notified of pending ineligibility.
- Students whose behavior presents a problem or jeopardizes school discipline may be ineligible for participation in extracurricular activities until such time as their behavior warrants reinstatement.
- The same general statement shall apply for special education students except that such eligibility shall be determined on a case-by-case basis in relationship to the respective students' individual education programs.
- Absences due to athletic participation shall not justify cause for late or incomplete class assignments. Each individual student/athlete is responsible for communicating with their teachers regarding assignments that are due during athletic absences.

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ATHLETIC CODE AGREEMENT **ATHLETICS**

Interscholastic participants are reminded that they represent their school and community. It is their responsibility to maintain appropriate conduct at all times and to demonstrate behavior that will bring credit to themselves, the school and the community.

Sportsmanship and moral ethics are to be exemplified at all times in relation to other schools and with officials. It is an honor and privilege to participate in interscholastic athletics.

RESPONSIBILITY OF PARTICIPANTS

1. Respect the rules of the school, its' teachers, coaches and administrators.
2. Follow PESD eligibility rules, conference rules, and school rules. You are responsible for maintaining your own eligibility.
3. Strive to perform to your best ability in the classroom.
4. Promote sportsmanship and foster the "Six Pillars of Character" –trustworthiness, respect, responsibility, fairness, caring and good citizenship.
5. Exemplify good behavior, appearance, and conduct at all times.
6. Attend all classes the day of the game.
7. Students are responsible for turning in all equipment and uniforms issued to them immediately after the season is over.
 - I, the undersigned, have read and understand fully the athletic code/athletic participation consent and I agree to abide by it.
 - I, the parent/guardian, have read, understood, and will full support enforcement of this athletic code/athletic participation.

Parent/Guardian Signature

Date

Student/Athlete Signature

Date

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POMERENE ELEMENTARY SCHOOL EMERGENCY MEDICAL TREATMENT RELEASE

As a parent/guardian of _____ I hereby give permission for Pomerene School District personnel to give emergency first-aid treatment and to obtain, if necessary, medical treatment from a doctor and/or hospital. This release may be used during school athletic trips. I agree to the participation of my above-named son/daughter in the program/programs, which they participate in. In addition, I consent to practice sessions and travel to and from the programs.

EMERGENCY/MEDICAL INSURANCE STATEMENT

It is hereby understood that Pomerene School District does not provide medical insurance coverage to students for injuries incurred while participating in athletics. It is further understood that the responsibility for payment of medical expenses lies with the family or their insurance.

Students participating in athletics are **required** to show proof of insurance or purchase individual Student Accident/Health Insurance before they will be allowed to attend any practice session. If your student does not have health insurance you may purchase a very affordable coverage at www.studentinsurance-kk.com. This needs to be purchased before the student can participate.

Insurance Company _____

Policy Number _____

Group Number (If Applicable) _____

I, the undersigned, have read and understand fully the Permission to participate, Eligibility policy, Emergency Medical statement and the Medial Insurance Statement and agree to abide by it.

Emergency Phone Numbers (must have ONE)

1. _____

2. _____

Parent/Guardian Signature

Date

Student/Athlete Signature

Date

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Parents Code of Ethics

- I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice or other sports events.
- I will place the emotional and physical well-being of my student/athlete ahead of a personal desire to win.
- I will insist that my student/athlete play in a safe and healthy environment.
- I will support coaches and officials working with my student/athlete, in order to encourage a positive and enjoyable experience for all.
- I will demand a sports environment for my student/athlete that is free of drugs, tobacco and alcohol, and will refrain from their use at all sports events.
- I will remember that the game is for youth – not for adults.
- I will do my very best to make school sports fun for my student/athlete.
- I will ask my student/athlete to treat other players, coaches, fans and officials, with respect regardless of race, sex, creed or ability.
- I promise to help my student/athlete enjoy the sports experience by doing whatever I can, such as being a respectful fan.
- I will expect that the coach be trained in the responsibilities of being a sports coach and that the coach upholds the Coaches' Code of Ethics.
- I will respect the coaches' decisions and will encourage my student/athlete to communicate with the coaches.
- If I disagree with a coach's decision, I will abide by the athletic chain of command.
- I will support the team by cheering in a positive manner.

Parent/Guardian Signature

Date

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Pomerene School District **Non-Mandatory On-Campus Activities** **Waiver, Release, and Assumption of Risk Form**

On behalf of myself, my household members, and my minor child, _____, I hereby give permission for my child to attend be present at Pomerene School for participation in The Valley league Sports program. My child and I are familiar with, and knowingly and voluntarily accept, any and all risks associated with being on campus as well as travel to other campuses related to this activity.

By my signature below, I am acknowledging and agreeing to the following:

1. I acknowledge that my child's participation in this program is wholly voluntary and is not part of any regular school curriculum.
2. I specifically assume all risks and hazards associated with my child's participation in the activity or program including, but not limited to, the risks associated with the novel COVID-19 virus.
3. I understand that my child will be associating with staff and other children and may contract COVID-19, and other viruses and diseases, through my child's presence on campus. Although other students and staff who are present may have their temperatures taken upon entering campus, that precaution is not adequate to prevent the spread of COVID-19 given, among other things, the relatively long incubation period, and the fact that many infected persons are asymptomatic.
4. I understand and voluntarily assume the risk that my child may acquire COVID-19, and that COVID-19 may subsequently be transmitted from my child to me, my family, and members of my household.
5. While instruction and reasonable supervision will be provided, school staff cannot ensure my child's safety. Accidents and injuries happen, and it is impossible to eliminate the risk that my child will suffer an injury or illness.
6. In the event of a medical emergency, 911 will be called and I will be responsible for any and all costs of medical treatment.

By my signature below, I certify the following:

1. That my child is in good health, has no fever, and has no current issues that make it unsafe for my child to participate in the activity or program.
2. I will notify the school and not send my child to the campus if my child develops a fever or illness or tests positive for COVID-19.
3. I acknowledge that my child and I are responsible for ensuring that he or she takes any necessary medication, and for avoiding any allergies.

To the fullest extent permitted by law, I hereby agree to waive, release, and discharge any and all claims, causes of action, damages, and rights of any kind against the school, its insurers, the School's governing board, and all of their respective employees, agents, representatives, and volunteers (the "Released Parties") arising from or relating in any way to any damage, injury, trauma, illness, loss, unwanted contact, harassment, disability, dismemberment, or death that may occur to my child, me, or my household members—whatever the cause—due to my child's participation in the non-mandatory on-campus activity. This includes, without limitation, any claim arising from the negligence of the Released Parties.

I further agree not to sue the Released Parties, and to defend and indemnify the Released Parties for all claims, damages, losses, or expenses, including attorneys' fees, if a suit is filed concerning an injury, illness, or death to me, my child, or my household members resulting from participation in on-campus activities.

Parent/Guardian Name (Printed) _____

Parent/Guardian Signature _____ Date _____

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2022-23 ANNUAL PREPARTICIPATION PHYSICAL EVALUATION

(The parent or guardian should fill out this form with assistance from the student-athlete) Exam Date: _____

Name: _____
Home Address: _____
Phone: _____
Date of Birth: _____
Age: _____
Gender: _____
Grade: _____
School: _____
Sport(s): _____
Personal Physician: _____
Hospital Preference: _____

In case of emergency contact:
Name: _____
Relationship: _____
Phone (Home): _____
Phone (Work): _____
Phone (Cell): _____
Name: _____
Relationship: _____
Phone (Home): _____
Phone (Work): _____
Phone (Cell): _____

Explain "Yes" answers on the following page.
Circle questions you don't know the answers to.

	Y	N
1) Has a doctor ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
2) Do you have an ongoing medical conditional (like diabetes or asthma)?	<input type="checkbox"/>	<input type="checkbox"/>
3) Are you currently taking any prescription or nonprescription (over-the-counter) medicines or supplements? (Please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>
4) Do you have allergies to medicines, pollens, foods or stringing insects? (Please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>
5) Does your heart race or skip beats during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
6) Has a doctor ever told you that you have (check all that apply): <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> A Heart Murmur <input type="checkbox"/> High Cholesterol <input type="checkbox"/> A Heart Infection		
7) Have you ever spent the night in a hospital?	<input type="checkbox"/>	<input type="checkbox"/>
8) Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>
9) Have you ever had an injury (sprain, muscle/ligament tear, tendinitis, etc.) that caused you to miss a practice or game? (If yes, check affected area in the box below in question 11)	<input type="checkbox"/>	<input type="checkbox"/>
10) Have you had any broken/fractured bones or dislocated joints? (If yes, check affected area in the box below in question 11):	<input type="checkbox"/>	<input type="checkbox"/>
11) Have you had a bone/joint injury that required X-rays, MRI, CT, surgery, injections, rehabilitation physical therapy, a brace, a cast or crutches? (If yes, check affected area in the box below):	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Shoulder <input type="checkbox"/> Upper Arm <input type="checkbox"/> Elbow <input type="checkbox"/> Forearm		
<input type="checkbox"/> Hand/Fingers <input type="checkbox"/> Chest <input type="checkbox"/> Upper Back <input type="checkbox"/> Lower Back <input type="checkbox"/> Hip <input type="checkbox"/> Thigh		
<input type="checkbox"/> Knee <input type="checkbox"/> Calf/Shin <input type="checkbox"/> Ankle <input type="checkbox"/> Foot/Toes		

	Y	N
12) Have you ever had a stress fracture?	<input type="checkbox"/>	<input type="checkbox"/>
13) Have you ever been told that you have, or have you had an X-ray for atlantoaxial (neck) instability?	<input type="checkbox"/>	<input type="checkbox"/>
14) Do you regularly use a brace or assistive device?	<input type="checkbox"/>	<input type="checkbox"/>
15) Has a doctor told you that you have asthma or allergies?	<input type="checkbox"/>	<input type="checkbox"/>
16) Do you cough, wheeze or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
17) Is there anyone in your family who has asthma?	<input type="checkbox"/>	<input type="checkbox"/>
18) Have you ever used an inhaler or taken asthma medication?	<input type="checkbox"/>	<input type="checkbox"/>
19) Were you born without, are you missing, or do you have a nonfunctioning kidney, eye, testicle or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>
20) Have you had infectious mononucleosis (mono) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>
21) Do you have any rashes, pressure sores or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>
22) Have you had a herpes skin infection?	<input type="checkbox"/>	<input type="checkbox"/>
23) Have you ever had an injury to your face, head, skull or brain (including a concussion, confusion, memory loss or headache from a hit to your head, having your "bell rung" or getting "dinged")?	<input type="checkbox"/>	<input type="checkbox"/>
24) Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
25) Have you ever had numbness, tingling or weakness in your arms or legs after being hit, falling, stingers or burners?	<input type="checkbox"/>	<input type="checkbox"/>
26) While exercising in the heat, do you have severe muscle cramps or become ill?	<input type="checkbox"/>	<input type="checkbox"/>
27) Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
28) Have you ever been tested for sickle cell trait?	<input type="checkbox"/>	<input type="checkbox"/>
29) Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
30) Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
31) Do you wear protective eyewear, such as goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>
32) Are you happy with your weight?	<input type="checkbox"/>	<input type="checkbox"/>
33) Are you trying to gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
34) Has anyone recommended you change your weight or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>
35) Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>
36) Do you have any concerns that you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>

Females Only

Explain "Yes" Answers Here

	Y	N
37) Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
38) How old were you when you had your first menstrual period?	_____	
39) How many periods have you had in the last year?	_____	



2022-23 ANNUAL PREPARTICIPATION PHYSICAL EXAMINATION

The physician should fill out this form with assistance from the parent or guardian.)

Student Name: _____

Date of Birth: _____

Patient History Questions: Please Tell Me About Your Child...

	Y	N
1) Has your child fainted or passed out DURING or AFTER exercise, emotion or startle?	<input type="checkbox"/>	<input type="checkbox"/>
2) Has your child ever had extreme shortness of breath during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
3) Has your child had extreme fatigue associated with exercise (different from other children)?	<input type="checkbox"/>	<input type="checkbox"/>
4) Has your child ever had discomfort, pain or pressure in his/her chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
5) Has a doctor ever ordered a test for your child's heart?	<input type="checkbox"/>	<input type="checkbox"/>
6) Has your child ever been diagnosed with an unexplained seizure disorder?	<input type="checkbox"/>	<input type="checkbox"/>
7) Has your child ever been diagnosed with exercise-induced asthma not well controlled with medication?	<input type="checkbox"/>	<input type="checkbox"/>

Explain "Yes" Answers Here

COVID-19...

	Y	N
1) Has your child been diagnosed with COVID-19? 1a) If yes, is your child still having symptoms from their COVID-19 infection?	<input type="checkbox"/>	<input type="checkbox"/>
2) Was your child hospitalized as a result for complications of COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
3) Has your child been diagnosed with Multi-Inflammatory Syndrome in Children (MIS-C)?	<input type="checkbox"/>	<input type="checkbox"/>
4) Did your child have any special tests ordered for their heart or lungs or were referred to a heart specialist (cardiologist) to be cleared to return to sports?	<input type="checkbox"/>	<input type="checkbox"/>
5) Has your child returned back to full participation in sports?	<input type="checkbox"/>	<input type="checkbox"/>
6) Has your child had direct or known exposure to someone diagnosed with COVID-19 in the past 3 months? 6a) Was your child tested for COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
7) Did your child receive the COVID-19 vaccine? 7a) What was the manufacturer of the vaccine? _____ 7b) Date of vaccination(s) _____	<input type="checkbox"/>	<input type="checkbox"/>

Explain "Yes" Answers Here



Family History Questions: Please Tell Me About Any Of The Following In Your Family...

	Y	N
1) Are there any family members who had sudden/unexpected/unexplained death before age 50? (including SIDS, car accidents, drowning or near drowning)	<input type="checkbox"/>	<input type="checkbox"/>
2) Are there any family members who died suddenly of "heart problems" before age 50?	<input type="checkbox"/>	<input type="checkbox"/>
3) Are there any family members who have unexplained fainting or seizures?	<input type="checkbox"/>	<input type="checkbox"/>
4) Are there any relatives with certain conditions, such as:		
	Y	N
	Y	N
Enlarged Heart	<input type="checkbox"/>	<input type="checkbox"/>
Hypertrophic Cardiomyopathy (HCM)	<input type="checkbox"/>	<input type="checkbox"/>
Dilated Cardiomyopathy (DCM)	<input type="checkbox"/>	<input type="checkbox"/>
Heart Rhythm Problems	<input type="checkbox"/>	<input type="checkbox"/>
Long QT Syndrome (LQTS)	<input type="checkbox"/>	<input type="checkbox"/>
Short QT Syndrome	<input type="checkbox"/>	<input type="checkbox"/>
Brugada Syndrome	<input type="checkbox"/>	<input type="checkbox"/>
Catecholaminergic Polymorphic Ventricular Tachycardia (CPVT)	<input type="checkbox"/>	<input type="checkbox"/>
Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC)	<input type="checkbox"/>	<input type="checkbox"/>
Marfan Syndrome (Aortic Rupture)	<input type="checkbox"/>	<input type="checkbox"/>
Heart Attack, Age 50 or Younger	<input type="checkbox"/>	<input type="checkbox"/>
Pacemaker or Implanted Defibrillator	<input type="checkbox"/>	<input type="checkbox"/>
Deaf at Birth	<input type="checkbox"/>	<input type="checkbox"/>

Explain "Yes" Answers Here

I hereby state that, to the best of my knowledge, my answers to all of the above questions are complete and correct. Furthermore, I acknowledge and understand that my eligibility may be revoked if I have not given truthful and accurate information in response to the above questions.

Signature of Student-Athlete	Signature of Parent/Guardian	Date
------------------------------	------------------------------	------

Signature of MD/DO/ND/NMD/NP/PA-C/CCSP	Date
----------------------------------------	------



2022-23 ANNUAL PREPARTICIPATION PHYSICAL EXAMINATION

Name: _____ Date of Birth: _____
 Age: _____ Sex: _____
 Height: _____ Weight: _____
 % Body Fat (optional): _____ Pulse: _____
 BP: ____ / ____ (____ / ____ / ____)
 Corrected: Y N
 Vision: R20/____ L20/____
 Pupils: Equal Unequal

	Normal	Abnormal Findings	Initials *
Medical			
Appearance			
Eyes/Ears/Throat/Nose			
Hearing			
Lymph Nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary & Skin			
Musculoskeletal			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hands/Fingers			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot/Toes			

* - Multi-examiner set-up only
& - Having a third party present is recommended for the genitourinary examination

NOTES:

Cleared Without Restriction
 Cleared With Following Restriction: _____
 Not Cleared For: All Sports Certain Sports: _____ Reason: _____
 Recommendations: _____

Name of Physician (Print/Type): _____ Exam Date: _____
 Address: _____ Phone: _____
 Signature of Physician: _____, MD/DO/ND/NMD/NP/PA-C/CCSP

