

# Athletic Department



SAINT MARY'S  
CATHOLIC HIGH SCHOOL

**This is the packet of forms needed in order to tryout/ practice for the 2024-2025 school year**

The following forms need to be filled out and turned into the athletic department in order for you **to be able to practice/ tryout:**

- **Physical:** You need to complete a physical every year. AIA physical forms need to be filled out completely by a physician. (There are six medical forms in total and two places your physician needs to sign.)
- **Transportation Form:** This form needs to be notarized, and waiver if student is driving themselves/another student.
- **Parent/ Coach Agreement:** This needs to be signed by your parent/guardian and yourself.
- **Concussion and Opioid Certificate (Brainbook):** This certificate is obtained by taking a test on the AIA website. This certification is good for 4 years. (aiaacademy.org)
- **Athletic Code:** This is the back page of the Student Athletic Handbook. Your coach will hand this out to you once the season starts.
- **AIA Consent To Treat Form**
- **AIA Mild Traumatic Brain Injury(MTBI)/ Concussion Annual Statement and Acknowledgment Form**
- **Birth Certificate (copy):** This is good for 4 years.

**To receive a uniform and play in the first game you will need the following additional document**

- **Sports Fee Form:** This needs to be paid in the Business Office before the first game and uniform is issued.

**\*\*\* If you are a transfer student (coming from another High School, where you participated in a sport) you will need to fill out a 550 form on the AIA website. \*\*\***

**<https://admin.aiaonline.org/public-forms/student-transfer>**





# SAINT MARY'S CATHOLIC HIGH SCHOOL

## Physical, Health History & Consent

School Year 2024-2025

\_\_\_\_\_  
\_ Please print: Last First Middle Initial Sex Grade

Sports: \_\_\_\_\_

### Parental Permission:

I/We give our permission for \_\_\_\_\_ to participate in organized interscholastic athletics, realizing that such activity involves the potential for injury which is inherent in all sports. I/We acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observation of rules, injuries are still a possibility.

On rare occasions, these injuries can be so severe as to result in total disability, paralysis, quadriplegia, or even death.

I/We acknowledge that I/We have read and understand this warning.

### Consent for Emergency Care.

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 judgment 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 Arizona Interscholastic Association, Inc., of which the above named school is a member .

I hereby consent for the student named above, to be given medical care by a doctor selected by the school.

IT IS HERE BY understood that the consent and authorization hereby given and granted are continuing and are intended throughout this school year.

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

\_\_\_\_\_  
Signature of Student Athlete

(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: \_\_\_\_\_  
 Sex Assigned at Birth: \_\_\_\_\_  
 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.

	<b>Y</b>	<b>N</b>																		
1) Has a doctor ever denied or restricted your participation in sports for any reason?																				
2) List past and current medical conditions: _____																				
3) Are you currently taking any prescription or nonprescription (over-the-counter) medicines or supplements? (Please specify): _____																				
4) Do you have allergies to medicines, pollens, foods or stinging insects? (Please specify): _____																				
5) Does your heart race or skip beats during exercise?																				
6) Has a doctor ever told you that you have (check all that apply): High Blood Pressure      A Heart Murmur      High Cholesterol      A Heart Infection																				
7) Have you ever had surgery? (Please list): _____																				
8) 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 10)																				
9) Have you had any broken/fractured bones or dislocated joints? (If yes, check affected area in the box below in question 10):																				
10) 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):																				
<table border="0" style="width: 100%;"> <tr> <td>Head</td> <td>Neck</td> <td>Shoulder</td> <td>Upper Arm</td> <td>Elbow</td> <td>Forearm</td> </tr> <tr> <td>Hand/Fingers</td> <td>Chest</td> <td>Upper Back</td> <td>Lower Back</td> <td>Hip</td> <td>Thigh</td> </tr> <tr> <td>Knee</td> <td>Calf/Shin</td> <td>Ankle</td> <td>Foot/Toes</td> <td></td> <td></td> </tr> </table>	Head	Neck	Shoulder	Upper Arm	Elbow	Forearm	Hand/Fingers	Chest	Upper Back	Lower Back	Hip	Thigh	Knee	Calf/Shin	Ankle	Foot/Toes				
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Hand/Fingers	Chest	Upper Back	Lower Back	Hip	Thigh															
Knee	Calf/Shin	Ankle	Foot/Toes																	

**Y N**

- 11) Have you ever had a stress fracture?
- 12) Have you ever been told that you have, or have you had an X-ray for atlantoaxial (neck) instability?
- 13) Do you regularly use a brace or assistive device?
- 14) Has a doctor told you that you have asthma or allergies?
- 15) Do you cough, wheeze or have difficulty breathing during or after exercise?
- 16) Have you ever used an inhaler or taken asthma medication?
- 17) Do you have groin or testicular pain, or a painful bulge or hernia in the groin area?
- 18) Were you born without, are you missing, or do you have a non-functioning kidney, eye, testicle or any other organ?
- 19) Have you had infectious mononucleosis (mono) within the last month?
- 20) Do you have any rashes, pressure sores or other skin problems?
- 21) Have you had a herpes skin infection?
- 22) 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")?
- 23) Have you ever had a seizure?
- 24) Have you ever had numbness, tingling or weakness in your arms or legs after being hit, falling, stingers or burners?
- 25) While exercising in the heat, do you have severe muscle cramps or become ill?
- 26) Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?
- 27) Have you ever been tested for sickle cell trait?
- 28) Are you happy with your weight?
- 29) Are you trying to gain or lose weight?
- 30) Has anyone recommended you change your weight or eating habits?
- 31) Do you limit or carefully control what you eat?
- 32) Do you have any concerns that you would like to discuss with a doctor?

**Females Only**

**Explain "Yes" Answers Here**

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



**ARIZONA INTERSCHOLASTIC ASSOC.**  
7007 N. 18TH ST., PHOENIX, AZ 85020  
PHONE: (602) 385-3810

**2024-25  
ANNUAL PREPARTICIPATION  
PHYSICAL EVALUATION**



**EXCLUSIVE URGENT CARE  
PARTNER OF THE AIA**

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

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

Date of Birth: \_\_\_\_\_

**Patient History Questions: Please Share About Your Child**

**Y N**

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

**Explain "Yes" Answers Here**

**COVID-19**

**Y N**

- 1) Was your child hospitalized as a result for complications of COVID-19?
- 2) Has your child had any long-term complications from COVID-19?
- 3) 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?

**Explain "Yes" Answers Here**



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**EXCLUSIVE URGENT CARE**  
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**Patient Health Questionnaire Version 4 (PHQ-4)**

Over the last two weeks, how often have you been bothered by any of the following problems? (circle responses)

	<b>Not At All</b>	<b>Several Days</b>	<b>Over Half The Days</b>	<b>Nearly Every Day</b>
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

*(A sum of  $\geq 3$  is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)*

If you score a sum of 3 or greater on either questions 1 and 2, or 3 and 4, you may have anxiety or depression that is affecting you more than normal. In this case, it is recommended that you talk to a trusted health care provider such as your primary care physician, your athletic trainer at school, or a counselor at school. If there is not someone you feel comfortable talking to or you are interested in learning more to help yourself or a friend, please use the resources provided below.

For more information regarding student-athlete mental health:  
[Quiet Suffering - A Resource for Student-Athlete Mental Health](https://spark.adobe.com/page/lltwyoLpTAp0V/)  
[spark.adobe.com/page/lltwyoLpTAp0V/](https://spark.adobe.com/page/lltwyoLpTAp0V/)

Teen Lifeline Call and Text Crisis Line  
(602) 248-8336 (TEEN)

Outside Maricopa county call: 1-800-248-8336 (TEEN)

Hours are: Call 24/7/365 | Text weekdays 12-9 p.m. & weekends 3-9 p.m. | Peer counseling 3-9 p.m. daily

Crisis text line: Text HOME to 741741 to connect with a crisis counselor

National Suicide Prevention Lifeline  
1-800-273-8255 or [suicidepreventionlifeline.org](https://suicidepreventionlifeline.org)

The Trevor Lifeline  
866-488-7386 (for gender diverse youth)



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EXCLUSIVE URGENT CARE  
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**Family History Questions: Please Share About Any Of The Following In Your Family**

	Y	N
1) Are there any family members who had sudden/unexpected/unexplained death before age 35? (including SIDS, car accidents drowning or near drowning)		
2) Are there any family members who died suddenly of "heart problems" before age 35?		
3) Are there any family members who have unexplained fainting or seizures?		
4) Are there any relatives with certain conditions, such as:		
<b>Y      N</b>	<b>Y</b>	<b>N</b>
Enlarged Heart		
Hypertrophic Cardiomyopathy (HCM)		
Dilated Cardiomyopathy (DCM)		
Heart Rhythm Problems		
Long QT Syndrome (LQTS)		
Short QT Syndrome		
Brugada Syndrome		
Catecholaminergic Polymorphic Ventricular Tachycardia (CPVT)		
Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC)		
Marfan Syndrome (Aortic Rupture)		
Heart Attack, Age 35 or Younger		
Pacemaker or Implanted Defibrillator		
Deaf at Birth		

**Explain "Yes" Answers Here**

**Additional History**

	Y	N
1) Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff or dip?		
2) Do you drink alcohol or use illicit drugs?		
3) Have you ever taken anabolic steroids or used any other performance-enhancing supplements?		
4) Have you ever taken any supplements to help you gain or lose weight, or improve your performance?		
5) Do you always wear a seatbelt while in a vehicle?		

**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

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 *
<b>Medical</b>			
Appearance			
Eyes/Ears/Throat/Nose			
Hearing			
Lymph Nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary &			
Skin			
<b>Musculoskeletal</b>			
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: \_\_\_\_\_

Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of:

Recommendations: \_\_\_\_\_

Name of Physician (Print/Type): \_\_\_\_\_ Exam Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Physician: \_\_\_\_\_, MD/DO/ND/NMD/NP/PA-C/CCSP



## Arizona Interscholastic Association, Inc. Mild Traumatic Brain Injury (MTBI) / Concussion Annual Statement and Acknowledgement Form

I, \_\_\_\_\_ (student), acknowledge that I have to be an active participant in my own health and have the direct responsibility for reporting all of my injuries and illnesses to the school staff (e.g., coaches, team physicians, athletic training staff). I further recognize that my physical condition is dependent upon providing an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries and/or disabilities experienced before, during or after athletic activities.

### By signing below, I acknowledge:

- My institution has provided me with specific educational materials including the CDC Concussion fact sheet (<http://www.cdc.gov/concussion/HeadsUp/youth.html>) on what a concussion is and has given me an opportunity to ask questions.
- I have fully disclosed to the staff any prior medical conditions and will also disclose any future conditions.
- There is a possibility that participation in my sport may result in a head injury and/or concussion. In rare cases, these concussions can cause permanent brain damage, and even death.
- A concussion is a brain injury, which I am responsible for reporting to the team physician or athletic trainer.
- A concussion can affect my ability to perform everyday activities, and affect my reaction time, balance, sleep, and classroom performance.
- Some of the symptoms of concussion may be noticed right away while other symptoms can show up hours or days after the injury.
- If I suspect a teammate has a concussion, I am responsible for reporting the injury to the school staff.
- I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion related symptoms.
- I will not return to play in a game or practice until my symptoms have resolved AND I have written clearance to do so by a qualified health care professional.
- Following concussion the brain needs time to heal and you are much more likely to have a repeat concussion or further damage if you return to play before your symptoms resolve.

Based on the incidence of concussion as published by the CDC the following sports have been identified as high risk for concussion; baseball, basketball, diving, football, pole vaulting, soccer, softball, spiritline and wrestling.

I represent and certify that I and my parent/guardian have read the entirety of this document and fully understand the contents, consequences and implications of signing this document and that I agree to be bound by this document.

Student Athlete:

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or legal guardian must print and sign name below and indicate date signed:

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**2024-25**

**CONSENT TO TREAT FORM**



**EXCLUSIVE URGENT CARE  
PARTNER OF THE AIA**

**2024-25 CONSENT TO TREAT FORM**

Parental consent for minor athletes is generally required for sports medicine services, defined as services including, but not limited to, evaluation, diagnosis, first aid and emergency care, stabilization, treatment, rehabilitation and referral of injuries and illnesses, along with decisions on return to play after injury or illness. Occasionally, those minor athletes require sports medicine services before, during and after their participation in sport-related activities, and under circumstances in which a parent or legal guardian is not immediately available to provide consent pertaining to the specific condition affecting the athlete. In such instances it may be imperative to the health and safety of those athletes that sports medicine services necessary to prevent harm be provided immediately, and not be withheld or delayed because of problems obtaining consent of a parent/guardian.

Accordingly, as a member of the Arizona Interscholastic Association (AIA), \_\_\_\_\_ (name of school or district) requires as a pre-condition of participation in interscholastic activities, that a parent/guardian provide written consent to the rendering of necessary sports medicine services to their minor athlete by a qualified medical provider (QMP) employed or otherwise designated by the school/district/AIA, to the extent the QMP deems necessary to prevent harm to the student-athlete. It is understood that a QMP may be an athletic trainer, physician, physician assistant or nurse practitioner licensed by the state of Arizona (or the state in which the student-athlete is located at the time the injury/illness occurs), and who is acting in accordance with the scope of practice under their designated state license and any other requirement imposed by Arizona law. In emergency situations, the QMP may also be a certified paramedic or emergency medical technician, but only for the purpose of providing emergency care and transport as designate

**PLEASE PRINT LEGIBLY OR TYPE**

"I, \_\_\_\_\_, the undersigned, am the parent/legal guardian of, \_\_\_\_\_, a minor and student-athlete at \_\_\_\_\_ (name of school or district) who intends to participate in interscholastic sports and/or activities.

I understand that the school/district/AIA employs or designates QMP's (as defined above) to provide sports medicine services (as also defined above) to the school's interscholastic athletes before, during or after sport-related activities, and that on certain occasions there are sport-related activities conducted away from the school/district facilities during which other QMP's are responsible for providing such sports medicine services. I hereby give consent to any such QMP to provide any such sports medicine services to the above-named minor. The QMP may make decisions on return to play in accordance with the defined scope of practice under the designated state license, except as otherwise limited by Arizona law. I also understand that documentation pertaining to any sports medicine services provided to the above-named minor, may be maintained by the QMP. I hereby authorize the QMP who provides such services to the above-named minor to disclose such information about the athlete's injury/illness, assessment, condition, treatment, rehabilitation and return to play status to those who, in the professional judgment of the QMP, are required to have such information in order to assure optimum treatment for and recovery from the injury/illness, and to protect the health and safety of the minor. I understand such disclosures may be made to above-named minor's coaches, athletic director, school nurse, any classroom teacher required to provide academic accommodation to assure the student-athlete's recovery and safe return to activity, and any treating QMP.

If the parent believes that the minor is in need of further treatment or rehabilitation services for the injury/illness, the minor may be treated by the physician or provider of his/her choice. I understand, however, that all decisions regarding same day return to activity following injury/illness shall be made by the QMP employed/designated by the school/district/AIA.

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

## **AIA Brainbook Concussion Course & Opioid Education**

Have you taken the AIA Brainbook Concussion Opioid Education Course? This is a required course for all students and must be completed once per high school career.

If yes, the Athletic Director or Assistant will mark your Brainbook requirement complete.

If no, please follow the directions below.

### **To complete the Concussion Brain Book Quiz Opioid Education Quiz:**

1. Go to [www.aiaacademy.org](http://www.aiaacademy.org)
2. Click on the “Brainbook” link at the top of the page.
3. Click register as a student on the sign in page.
4. Fill out the account creation information and click the appropriate school.
5. Select the sport you are taking the test for and also click any additional sports you may participate in. Then click register.
6. Once registration is complete – log in.
7. Complete the pre-quiz.
8. Athletes must answer all of the questions as they go from page to page through the course.

**(Athletes must pass with at least an 80% or must retake the quiz.)**

Any questions please contact the Saint Mary's Athletic Department at 602-251-2509.



**\*This document must be notarized\***

**Appendix G.6**  
(Exception Form)

**Roman Catholic Diocese of Phoenix**  
**TRANSPORTATION OF MINOR PERSON TO/FROM SCHOOL CAMPUS**

The Catholic Diocese of Phoenix "Diocesan Policy and Procedure for the Protection of Minors" as it pertains to Diocesan Personnel provides, in part, that "Field trips or other outings involving a minor in places and situations where no other responsible adults are present..." are to be avoided. The directive of this provision requires that another adult should accompany Diocesan personnel who transport minors to and from field trips and outings.

Because of the limited number of participants in the Saint Mary's Athletics (name of program) of Saint Mary's Catholic School (name of school) and the time of day in which program events will occur, it may not always be possible to have two adults occupying each vehicle transporting minors to and from the programs.

The Diocese permits **exceptions to this policy** only upon a showing by the school that:

- 1) a school has made reasonable efforts to have two adults present in such vehicles, but without success; and
- 2) a parent or guardian of any student participating in such program has consented in writing to allow such student to be transported in a vehicle occupied by only one adult. However, for the exception to apply the parent/guardian of the minor person must consent in writing.

I, \_\_\_\_\_, of \_\_\_\_\_  
(name of parent/guardian) (name of minor student)

have selected one of three alternatives below by checking the applicable box to indicate selection:

(1) **CONSENT OF PARENT/GUARDIAN TO ALLOW FOR EXCEPTION TO POLICY.**

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_, (name of student) a participant in the \_\_\_\_\_ (name of program) of \_\_\_\_\_ (name of school) hereby consent to allow the student named above to travel to and from program events in a vehicle occupied by a single adult person at any time during the \_\_\_\_\_ school year. I further acknowledge that I have instructed my minor child to occupy only the rear seat(s) of such vehicle. I agree that if I wish to revoke this consent I will do so in writing and deliver such revocation to the Principal of the school. I further consent subject to the following additional conditions (if any): \_\_\_\_\_

(2) **NON-EXCEPTION**

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_, choose to have my child always travel in a 2 adult vehicle.

(3) **ASSUMPTION OF TRANSPORTATION RESPONSIBILITY**

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_, will solely provide transportation for my child to all activities away from the school campus.

\_\_\_\_\_  
(signature of parent/guardian)

\_\_\_\_\_  
(print name of parent/guardian)

State of Arizona  
County of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

## EXPLANATION OF THE “STUDENT TRANSPORTATION NOTICE”

Parents/Guardians,

The following page is our “Student Transportation Notice”. This page is an **OPTIONAL** page that can be completed by parents/guardians in the event their child needs to transport themselves to an off-campus practice or a game.

The school **does** plan to provide transportation to and from any offcampus activities, but in some rare cases it may be more prudent for the student athletes to transport themselves to an event. This form is what grants permission for an athlete to do so.

Not all sports will need this waiver to be completed, if you have any questions regarding the form please reach out to our athletic department.



SAINT MARY'S  
CATHOLIC HIGH SCHOOL



THE ROMAN CATHOLIC  
DIOCESE OF PHOENIX

# STUDENT TRANSPORTATION NOTICE

SCHOOL: \_\_\_\_\_

STUDENT NAME(S): \_\_\_\_\_

*As parent/guardian of the above named student I understand and acknowledge that the school will NOT be providing transportation, or providing assistance in locating transportation to and/or from the following activity:*

---

*I acknowledge that I am responsible for the transportation of my child and assume all risks and hazards associated with my child driving, or as a passenger in a vehicle. I also acknowledge, understand and agree that my child, if driving, is NOT driving on behalf of or for the benefit of the school and is NOT an agent of the school. If my child is a passenger I acknowledge, understand and agree that the driver is not driving on behalf of or for the benefit of the school and is NOT an agent of the school. I further acknowledge, understand and agree that the school will not be held responsible for any claims, injuries or damage that may arise out of my child driving to and/or from the named event, or as a passenger in a vehicle traveling to and/or from the named event.*

---

Parent guardian Signature and Date



SAINT MARY'S  
CATHOLIC HIGH SCHOOL

# FAMILY AND COACH AGREEMENT

## COACH TO FAMILY/STUDENT-ATHLETE

### Steps for Agreement of Expectation:

- The coach will talk to team about expectations & sign team agreement.
- The coaches will have a pre-season meeting with parents and team.
- The coach will talk to the student first about any issues.
- The coach will talk to the parent and student with this concern.
- The coach will take continuing concerns to administration.
- The coach will help parents with access to rules of the sport.
- The coach will make available his or her email and phone number.
- The coach will evaluate each player's performance in mid-season conference (as determined by coach).

### Non-Negotiable Items:

- \*Playing time
- \*Practice times
- \*Discussion of other players
- \*Past history
- \*Personal information
- \*Stats
- \*Coaching philosophy

### Protocol of Meetings:

**-24/48 Rule:** After a game or event a parent will wait 24 to 48 hours before contacting the coach to set up a meeting.

## FAMILY/STUDENT-ATHLETE TO COACH

### Steps for Agreement of Expectation:

- The student will talk to the coach with concerns first.
- The student will meet with the parent and coach.
- The parent will meet with the coach and athletic director.
- The parent will meet with the athletic director.
- The parent will work with school on issues.
- The parent will let the coach do the job as coach.
- The parent and coach will follow all Six Pillars of PVWH.
- The parent and student will meet with coach (as determined by coach), AD and/or Principal with written agenda items to be discussed by the parent with the AD serving as the facilitator.

**I have read and agree to all expectations above.**

\_\_\_\_\_  
Student-athlete Name (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Name (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Saint Mary's Catholic High School  
 Athletic Department  
 Payment Plan for Athletic Participation Fee

**Fall:** Cross Country, Football, Golf,  
 Spirit line, Swim, Volleyball (Girls)  
**Due by August 15, 2024**

**Winter:** Basketball, Soccer  
**Due by November 15, 2024**

**Spring:** Baseball, Softball, Tennis, Track,  
 Volleyball (Boys)  
**Due by February 15, 2025**

This form is not required if you would like to pay the full amount due. Payment can be made directly at Saint Mary's Business Office. Please complete this form **PER SEASON** if you would like to roll your student(s) athletic participation fee(s) into your monthly tuition payments. Athletic fees are **Non-Refundable** once the season has started. Thank You.

Student Athlete Name(s)	Sport(s)	Date

**Total Fee Due \$** \_\_\_\_\_

- 1 student athlete- \$200 per sport  
 (Two sports in same season=\$350)
- 2 student athletes (same season) - \$350
- 3 student athletes (same season) - \$500

\_\_\_\_\_ I would like to have the balance of my student(s) fee added to my monthly tuition.  
 (SM Business Office will contact you with your revised payment amount.)

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 SM Business Office Staff Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 SM Athletic Director or Assistant  
 Athletic Director

\_\_\_\_\_  
 Date

Initial Amount Paid \$ _____
Date Pd: _____
For Business office Staff only



**Saint Mary's Catholic High School  
Athletic Handbook  
2024-2025**

**Revised: March 14, 2024. A copy of the handbook is available at <http://www.smknights.org> or a hardcopy is available at the front office or at the Athletic Department.**

**Sports: \_\_\_\_\_**

**Please sign, date, and return this page to the athletic department.**

**Student Acknowledgement**

As a student, and an athlete, I agree to comply with the Saint Mary's Athletic Code.

Student Name:

\_\_\_\_\_

Print Name:    Signature:    Date:

**Parent Acknowledgement**

As a parent of a Saint Mary's student-athlete, I agree to support and abide by the spirit and intent of the Saint Mary's Athletic Code.

Parent Signature:

\_\_\_\_\_

Print Name:    Signature:    Date:



## AIA POSITION STATEMENT

### SUPPLEMENTS, DRUGS AND PERFORMANCE ENHANCING SUBSTANCES

**PURPOSE OF FORM:** All AIA Member schools are required to ANNUALLY communicate this AIA Position Statement on the use of supplements, drugs and performance enhancing substances to every participant in interscholastic activities. (See Article 14, Section 13, Paragraph 2).

The Arizona Interscholastic Association (AIA) views sport, and the participation of student-athletes in sports, as an activity that enhances the student-athlete's well-being by providing an environment and stimulus that promotes growth and development along a healthy and ethically based path.

- It is the position of the AIA that a balanced diet, providing sufficient calories, is optimal for meeting the nutritional needs of the growing student-athlete.
- It is the position of the AIA that nutritional supplements are rarely, if ever, needed to replace a healthy diet.
- Nutritional supplement use for specific medical conditions may be given individual consideration.
- The AIA is strongly opposed to "doping", defined as those substances and procedures listed on the World Anti-Doping Agency's Prohibited List ([www.wada-ama.org](http://www.wada-ama.org)).
- It is the position of the AIA that there is no place for the use of recreational drugs, alcohol or tobacco (e-cigarettes) in the lifestyle of the student-athlete. The legal consequences for the use of these products by a student-athlete are supported by the AIA.

In pursuit of **Victory with Honor**, the AIA promotes the use of exercise and sport as a mechanism to establish current fitness and long-term healthy lifetime behaviors. It is the position of the AIA that the student-athlete, who consumes a balanced diet, practices sport frequently and consistently, and perseveres in the face of challenges, can meet these goals.

# Saint Mary's High School

## Concussion Protocol Acknowledgement

### Definition of Concussion

- A concussion is defined as a “trauma-induced alteration in mental status that may or may not involve loss of consciousness.”
- This can be caused by a bump, blow or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth.
- Concussion signs and symptoms can appear immediately or not be noticed until days or even weeks after the injury.

### Signs and Symptoms of Concussion

The signs and symptoms of concussion may include but are not limited to: Headache, appears to be dazed or stunned, tinnitus (ringing in the ears), fatigue, slurred speech, nausea or vomiting, dizziness, loss of balance, blurry vision, sensitive to light or noise, feel foggy or groggy, memory loss, or confusion.

### Treatment of Concussion

The student-athlete shall be removed from practice or competition immediately if suspected to have sustained a concussion. Every student-athlete suspected of sustaining a concussion shall be seen by the athletic trainer before they may return to athletic participation. The treatment for concussion is cognitive rest. Students should limit external stimulation such as watching television, playing video games, sending text messages, use of computer, and bright lights. When all signs and symptoms of concussion have cleared and the student has received written clearance from a physician, the student-athlete may begin their Return to Play protocol.

### Return to Play

A student removed from an interscholastic athletics practice or competition and diagnosed with a concussion may not be permitted to practice or compete again until a full day Return-to-Play progression has been completed under the direction of the school's Athletic Trainer.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_