



**Littleton Elementary School District #65**

# **Athletic Handbook**

## **2023-2024**



Dear Parents/Guardians and Athletes,

Welcome to the Littleton Elementary School District Athletic Program. Our district athletic program aims to enrich the educational experience of our student athletes by offering unique opportunities for our 6th-8th grade students to develop and grow physically, intellectually, emotionally, and socially while enjoying the experiences of athletic competition. Our program strives to embody high standards of sportsmanship while allowing our student athletes to develop leadership, cooperative and other vital life skills in a safe and healthy environment.

It is our goal to foster and encourage positive, open communication between families and the Athletic staff. Included in this handbook are the rules and regulations necessary to provide a fair and orderly opportunity for all participants. This handbook contains information regarding the general operations and regulations of the Littleton Elementary School District Athletic Department. Please review this content carefully with your athlete. Thank you in advance for your support and dedication as we work together to promote student achievement.

We look forward to working with you,

Mr. Kellen Thornton

LESD Athletic Coordinator

Athletics.Department@littletonaz.org

Littleton Elementary School District #65 PO Box 280 Cashion, Arizona 85329 (623) 478-5600 Reception (623) 478-5625 Facsimile  
Underdown Learning Center and Administrative Offices 1600 South 107th Avenue, Avondale, Arizona 85323

[www.littletonaz.org](http://www.littletonaz.org)

Collier Business Academy  
(623) 478-5900 [www.coes.littletonaz.org](http://www.coes.littletonaz.org)

Country Place Leadership Academy  
(623) 478-6100 [www.cpes.littletonaz.org](http://www.cpes.littletonaz.org)

Estrella Vista STEM Academy  
(623) 478-6200 [www.eves.littletonaz.org](http://www.eves.littletonaz.org)

Fine Arts Academy  
(623) 478-6400 [www.faes.littletonaz.org](http://www.faes.littletonaz.org)

Lakin Prep Academy  
(623) 478-6500 [www.lpes.littletonaz.org](http://www.lpes.littletonaz.org)

Littleton STEM Academy  
(623) 478-5700 [www.lnes.littletonaz.org](http://www.lnes.littletonaz.org)

LESD Online Academy  
(623) 478-5805 [www.littletonaz.org/LESD-Online](http://www.littletonaz.org/LESD-Online)

Quentin STEM Academy  
(623) 478-6000 [www.ques.littletonaz.org](http://www.ques.littletonaz.org)

Tres Rios Service Academy  
(623) 478-6300 [www.tres.littletonaz.org](http://www.tres.littletonaz.org)

# TABLE OF CONTENTS

<b>School Information .....</b>	<b>1</b>
<b>2023-2024 Athletics.....</b>	<b>2</b>
Accident Insurance .....	2
Athletic Fee .....	2
Athletic Seasons .....	2
Communication .....	2
Coaching Qualifications .....	2
Code of Conduct.....	3
Eligibility .....	4
Equipment .....	5
Formation of Teams .....	6
Participation Requirements .....	6
Playing Time .....	6
Safety.....	6
Supervision.....	8
Suspension and Removal from the Team .....	
Transportation .....	8
<b>Registration Forms</b>	
Annual Pre-Participation Physical Form .....	10
Concussion Fact Sheets .....	21
Athletic Fee/Tax Credit Form.....	24
Code of Conduct Agreement Form .....	Aktivate Digital Form
Consent for Emergency Care Form .....	Aktivate Digital Form





# Littleton Elementary School District #65

## Littleton Elementary School District No. 65

Mailing Address: P.O. Box 280, Cashion, AZ 85329 / Physical Address: 1600 South 107th Avenue, Avondale, AZ 85323

Office Hours: 7:30 a.m. - 4:00 p.m. (regular day) / 7:30 a.m. - 2:00 p.m. (early release)

Main Line: (623) 478-5600

[service.customer@littletonaz.org](mailto:service.customer@littletonaz.org)

### Collier Business Academy

350 South 118th Ave. Avondale, AZ 85323

Office Hours: 8:00 a.m. - 4:00 p.m. (regular day)

8:00 a.m. - 1:40 p.m. (early release)

School Hours: 8:25 a.m. - 3:25 p.m. (regular day)

8:25 a.m. - 1:05 p.m. (early release)

Attendance Line: (623) 478-5901 / Main Line: (623) 478-5900

[collierprincipal@littletonaz.org](mailto:collierprincipal@littletonaz.org)

### Country Place Leadership Academy

10207 West Country Place Blvd, Tolleson, AZ 85353

Office Hours: 7:00 a.m. - 3:00 p.m. (regular day)

7:00 a.m. - 12:40 p.m. (early release)

School Hours: 7:30 a.m. - 2:30 p.m. (regular day)

7:30 a.m. - 12:10 p.m. (early release)

Attendance Line: (623) 478-6101 / Main Line: (623) 478-6100

[countryplaceprincipal@littletonaz.org](mailto:countryplaceprincipal@littletonaz.org)

### Estrella Vista STEM Academy

11905 West Cocopah Circle N., Avondale, AZ 85323

Office Hours: 8:00 a.m. - 4:00 p.m. (regular day)

8:00 a.m. - 1:35 p.m. (early release)

School Hours: 8:25 a.m. - 3:25 p.m. (regular day)

8:25 a.m. - 1:05 p.m. (early release)

Attendance Line: (623) 478-6201 / Main Line: (623) 478-6200

[estrellavistapincipal@littletonaz.org](mailto:estrellavistapincipal@littletonaz.org)

### Family Welcome Center

Mailing Address: P.O. Box 280, Cashion, AZ 85329

Physical Address: 1642 South 107th Avenue  
Avondale, AZ 85323

Office Hours: 7:30 a.m. - 4:00 p.m. (regular day)

7:30 a.m. - 2:00 p.m. (early release)

Attendance Line: (623) 478-5890 / Main Line: (623) 478-5800

[Registrar@littletonaz.org](mailto:Registrar@littletonaz.org)

### Fine Arts Academy

1700 South 103rd, Avenue, Tolleson, AZ 85353

Office Hours: 8:00 a.m. - 4:00 p.m. (regular day)

8:00 a.m. - 1:40 p.m. (early release)

School Hours: 8:25 a.m. - 3:25 p.m. (regular day)

8:25 a.m. - 1:05 p.m. (early release)

Attendance Line: (623) 478-6501 / Main Line: (623) 478-6500

[fineartsprincipal@littletonaz.org](mailto:fineartsprincipal@littletonaz.org)

### Lakin Prep Academy

1250 W Broadway Rd., Avondale, AZ 85323

Office Hours: 7:00 a.m. - 3:00 p.m. (regular day)

7:00 a.m. - 12:40 p.m. (early release)

School Hours: 7:30 a.m. - 2:30 p.m. (regular day)

7:30 a.m. - 12:10 p.m. (early release)

Attendance Line: (623) 478-6401 / Main Line: (623) 478-6400

[lakinprepprincipal@littletonaz.org](mailto:lakinprepprincipal@littletonaz.org)

### LESD Online Academy

350 South 118th Avenue, Avondale, AZ 85323

Office Hours: 7:30 a.m. - 12:30 p.m.

School Hours: 7:30 a.m. - 12:30 p.m.

\*additional hours for asynchronous learning

Attendance Line: (623) 478-6601 / Main Line: (623) 478-6600

[onlineprincipal@littletonaz.org](mailto:onlineprincipal@littletonaz.org)

### Littleton Elementary STEM Academy

1252 South Avondale Blvd, Avondale, AZ 85323

Office Hours: 7:00 a.m. - 3:00 p.m. (regular day)

7:00 a.m. - 12:40 p.m. (early release)

School Hours: 7:30 a.m. - 2:30 p.m. (regular day)

7:30 a.m. - 12:10 p.m. (early release)

Attendance Line: (623) 478-5701 / Main Line: (623) 478-5700

[littletonprincipal@littletonaz.org](mailto:littletonprincipal@littletonaz.org)

### Pre-K Flames -Littleton Elementary STEM Academy

1252 South Avondale Blvd, Avondale, AZ 85323

Office Hours: 7:00 a.m. - 3:00 p.m. (regular day)

7:00 a.m. - 12:40 p.m. (early release)

School Hours: 7:45 a.m. - 1:45 p.m. (regular day)

7:45 a.m. - 11:15 a.m. (early release)

Attendance Line: (623) 478-5701 / Main Line: (623) 478-5700

[littletonprincipal@littletonaz.org](mailto:littletonprincipal@littletonaz.org)

### Pre-K Sparks -Littleton Elementary STEM Academy

1252 South Avondale Blvd, Avondale, AZ 85323

Office Hours: 7:00 a.m. - 3:00 p.m. (regular day)

7:00 a.m. - 12:40 p.m. (early release)

School Hours: (AM) 7:30 a.m. - 10:30 a.m. (early) 7:30 a.m. - 9:00 a.m.

(PM) 11:30 a.m. - 2:30 p.m. (early) 10:30 a.m. - 12:00 p.m.

Attendance Line: (623) 478-5701 / Main Line: (623) 478-5700

[littletonprincipal@littletonaz.org](mailto:littletonprincipal@littletonaz.org)

### Quentin STEM Academy

11050 West Whyman Avenue, Avondale, AZ 85323

Office Hours: 8:00 a.m. - 4:00 p.m. (regular day)

8:00 a.m. - 1:40 p.m. (early release)

School Hours: 8:25 a.m. - 3:25 p.m. (regular day)

8:25 a.m. - 1:05 p.m. (early release)

Attendance Line: (623) 478-6001 / Main Line: (623) 478-6000

[quentinprincipal@littletonaz.org](mailto:quentinprincipal@littletonaz.org)

### Tres Rios Service Academy

5025 South 103rd Avenue, Tolleson, AZ 85353

Office Hours: 7:00 a.m. - 3:00 p.m. (regular day)

7:00 a.m. - 12:40 p.m. (early release)

School Hours: 7:30 a.m. - 2:30 p.m. (regular day)

7:30 a.m. - 12:10 p.m. (early release)

Attendance Line: (623) 478-6301 / Main Line: (623) 478-6300

[tresriosprincipal@littletonaz.org](mailto:tresriosprincipal@littletonaz.org)



# ATHLETICS

## Accident Insurance

The District's insurance carrier only covers incidents when our staff is involved such as a collision in a District vehicle so we encourage families to get their own insurance for things like falling on the playground.

We realize there are many student accident insurance providers serving the market, and families should choose coverage with whom ever they are most comfortable. K&K Insurance Group is recommended for student accident insurance. They have an on-line open enrollment option available throughout the year. For more information about K&K student accident insurance program, including rates, applications, and claims, please visit [www.studentinsurance-kk.com](http://www.studentinsurance-kk.com).

## Athletic Fee

Student-athletes are required to pay a fee of \$15.00 per sport, \$50.00 per student annual maximum, or \$100.00 per family annual maximum.

Student-athletes may receive a waiver from the principal if they meet specific criteria. Parents can request a waiver form from the school's front office. Students who qualify for free lunch may receive a full waiver; students who receive reduced lunch may have an 80% waiver. This fee is non-refundable to those who drop out of the program, are suspended, or ineligible due to grades/conduct. The athletic fee or payment arrangement is due a day before the scheduled game day.

The athletes are responsible for the uniforms and maintaining the condition in which they were given. Uniforms must be cleaned before they are returned. If a uniform is lost or damaged, the student will be charged to replace it. The fees can be applied to the tax credit on your state income tax return.

## Athletic Seasons

Season	Girl Sport	Boy Sport
Fall 1	Basketball	Flag Football
Fall 2	Soccer	Basketball
Spring 1	Softball	Soccer
Spring 2	Volleyball	Baseball

Cheerleading is not offered at every campus. Please check with your school office for more information.

## Communication

It is our goal to foster and encourage positive, open communication between parents and coaches. The health and welfare of our athletes is the highest prior-ity. Every effort will be made to ensure a healthy en-vironment and safe training conditions for our ath-letes. Prior to participation in the any aspect of the athletic program, information will be available for parents explaining the following:

- Try-out procedures
- Eligibility requirements
- Participation free agreement
- Season game and practice schedule
- Insurance requirements

There will be a mandatory pre-season Parent & Player meeting. The purpose of this meeting is to welcome you and your athlete into our athletic program. The coaching staff will review the goals and objective of the athletic program as well as the rules, regulations and safety precautions associated with the different sports our program has to offer.

## Coaching Qualifications

All of our coaches are required to be certified Littleton Elementary School District employees. Applications

# ATHLETICS

for coaching positions are submitted through the Human Resources Department. We strive to have a coaching staff that exhibits professional skills and qualities such as:

- Positive communication skills
- Sound knowledge of tactical and technical strategies related to an individual sport
- Effective managerial skills
- Mentoring and leadership skills

All athletes and their parents/guardians will be given the opportunity to complete a program/coach evaluation survey at the end of each sports season.

## **Code of Conduct**

The athletic programs will be conducted in keeping with the highest ideals of sportsmanship and positive citizenship. Winning is not the primary goal of the program. Development of the athlete's physical, emotional and intellectual capabilities is the primary objective. Our coaches believe that promoting ethics, sportsmanship, and integrity in extracurricular activities should be a part of the challenge to excel.

## Student Athletes

Student Athletes must abide by the academic and behavior guidelines of the school and strive to be a positive representative of the school at all times. A student athlete must be courteous to teachers, students, fellow athletes and adults. Athletes will not be disruptive, insubordinate or disrespectful to staff, students, opponents, parents or officials.

Our administrators, teachers, and athletic staff expect student athletes to demonstrate good sportsmanship and citizenship at all times. Athletes not living up to this expectation may lose team membership or playing privileges. Players, coaches, administrators, parents and spectators will:

- treat opponents with respect
- be humble in victory or defeat
- acknowledge good plays by both teams
- show concern with anyone who is injured give applause when an injured athlete is aided from the field
- use positive chants and avoid obscene, degrading or inappropriate cheers

## Parent/Guardian(s)

We expect parent/guardians to join the staff in setting good examples. We respectfully ask our parents to join in an overall effort to help make student sport participation a positive and healthy experience.

If a parent/guardian has a complaint involving a coach, the parent must first speak with the coach to share the concern. However, should you have any concern, do not approach the coach immediately at the conclusion of a game or practice. At this time, coaches have other responsibilities and it is not an optimal time to discuss concerns. Should you have concerns, contact the coach and arrange for a mutually agreed upon means of addressing the matter. Should this not resolve the concern, contact should be made with the Athletic Coordinator who will arrange for a meeting with the necessary parties.

- Common concerns appropriate to discuss with a coach are:
  - Unhealthy mental or physical strain you detect in your child at home
  - How you can contribute to your child's skill improvement and development
  - Any dramatic change you detect in your child's behavior.
- Common concerns inappropriate to discuss with a coach are:
  - Coaching strategy/decisions
  - Distribution of participation allocation; and/or
  - Other student athletes

## Spectator/Fan(s)

The athletic staff, site coordinators, and supervising administrators are charged with the responsibility for

# ATHLETICS

taking corrective steps when spectators create or contribute to spectator behavior problems. All regular school rules are in affect. Violation of rules may cause ejection from the game, in-school suspension or suspension from school, a required parental conference before re-admittance to class, prohibition from attending future events, and/or possible revocation of all spectators' rights to attend a sport.

As a parent or fan attending a Littleton Elementary School District athletic event, **I recognize that:**

- I am to demonstrate respect toward students, opponents, players, coaches and officials.
- It is my duty to project a positive and supportive attitude toward the participants, officials, school authorities and fellow fans of the event.
- Harassment of or arguing with officials, coaches, fans, or opponents at any time is not acceptable and will not be tolerated.
- Individual and group vulgarity is unacceptable, as are taunting, swearing, offensive language and other verbal forms of harassment of players, coaches and officials.
- Obscene gestures are unacceptable.
- Dangerous and boisterous behavior such as pushing, shoving, fighting is not acceptable.
- Spectators are not allowed on the playing field or court at any time, including half time, before, after and between games.
- After a competition, no one will be allowed onto the competition area until team members are released by their coaches, and the officials have exited safely.
- Student spectators must be accompanied by an adult at all times.
- It is my duty to adhere to both entrance and restricted area requirements.
- Use of any noise makers of any type (air horns, bullhorns, whistles, etc) at sporting event are prohibited.
- Violation of any of these rules may result in the removal from the activity; permission to future events may be denied, up to and including possible trespassing notification. This determination will be made by the Office of School Leadership.

## **Eligibility**

Each athlete's academic & behavior progress will be monitored throughout the season of competition by the Assistant Principal. A student-athlete must be both academically and behaviorally eligible to participate in LESD athletics. A student who has two or more out-of-school suspensions during the current academic school year or has been long-term suspended, will be required to petition for eligibility. The administrator, teacher, and coach will determine if the athlete is eligible to participate.

### Academic eligibility:

Grades will be checked on a weekly basis. The eligibility criterion for participation in athletics shall be a passing grade in all classes in which the student is enrolled. A passing grade is considered 60% or higher. Below is the outline for determining and addressing academic eligibility.

- A weekly grade report will be processed by the Assistant Principal each Thursday during the season.
- Results of the report will be communicated to the Athletic Coordinator and campus coaching staff Friday morning.
- Student-athletes receiving a failing grade in any class will serve a one game suspension. Parents/Guardians will be contacted by the coaching staff regarding the details of the suspension.
- If a team has two scheduled competitions within one week, the student may regain eligibility after serving the initial one-game suspension.
  - If a student-athlete becomes ineligible, it will be the responsibility of the student and coach to make arrangements with the classroom teacher involved to obtain additional help to aid in reestablishing eligibility.
  - Once a student-athlete has regained a passing grade, the classroom teacher must email the coaching staff, Assistant Principal, and Athletic Coordinator indicating that eligibility may be reinstated. \*
  - The student-athlete is then cleared to play until a subsequent eligibility check is performed.
- The Athletic Coordinator will compile a roster of athletes eligible to participate in each competition and provide this roster to each site coordinator.
- Only eligible athletes listed on the roster will be allowed to compete.



# ATHLETICS

## Consequences

If a student-athlete receives a failing grade (< 60%), they will serve a mandatory one game suspension.

- 1st occurrence- One game suspension from play. Coaching staff will communicate details of suspension to parent/guardian.
- 2nd occurrence- One game suspension from play. Coaching staff, classroom teacher(s), and parent/guardian conference.
- 3rd occurrence- Suspension for the season and dismissal from the team.

## Attendance Eligibility

- An athlete will not dress out or participate in a game or practice unless they are in attendance at least ½ of that day, based on the number of minutes in the day, or bring a valid note excusing the athlete's absence.
- An unexcused absence from school automatically forfeits participation that day.
- Student-athletes are required to be at all tryouts, practices, and games.
- A student-athlete cannot be adversely treated due to an excused absence.
- Absent student-athletes may have to work hard to regain their previous playing status.
- The student-athletes who attend all the practices and competitions must be given consideration for their commitment.
- Student-athletes should inform their coach well beforehand if they plan to miss a practice or game.

## Behavior eligibility

Students whose behavior presents a problem may be ineligible for participation in extracurricular activities until such time as their behavior warrants reinstatement. Students must abide by all school policies as outlined in the Parent/Student Handbook. The Assistant Principal or a designee will review behavior eligibility on a daily basis. The Assistant Principal will verify each athlete's behavior eligibility and notify the coaching staff and Athletic Coordinator prior to the end of each school day. Unresolved Step 4/In-school suspensions will result in an athlete becoming ineligible to participate in practices and/or competitions.

A student who has received an out-of-school suspension during the current academic school year or has been long-term suspended, will be required to formally petition for eligibility. Campus administration, the coaching staff, and the Athletic Coordinator will determine if the athlete is eligible to participate the athletic program or will be dismissed from the team.

Should it be discovered that an ineligible player participated in a competition:

- the competition will be forfeited;
- the said player will serve a one-game suspension; and
- the coach will serve a one-game suspension.

During academic ineligibility athletes may practice, but they may not participate in any games. They may travel on the bus with their team to/from competition however, they are prohibited from competing or dressing in uniform. Coaching staff, classroom teachers, and families should work together to assist the student athlete in maintaining behavioral eligibility.

## **Equipment**

- Students will be held responsible for all athletic equipment issued to them. Each athlete will be held responsible for unusual abuse or loss of equipment. Normal wear and tear is expected. Students who do not complete the season are required to return all equipment immediately.
- Equipment checked out to an athlete must be returned or paid prior to beginning a new season. Athletic equipment returned in good condition (allowing for normal wear and tear) will be accepted.
- In the event that the uniform is lost, stolen, destroyed, or damaged, students are responsible for the replacement cost.
- Students failing to pay for lost or damaged items will not be allowed to participate in sports, dances or any other extra-curricular activities until satisfactory clearance is made.

# ATHLETICS

## Formation of Teams

Teams will be comprised of 6th, 7th, and 8th grade students. In some sports, there is a limit to the number of athletes that can be selected for the team. Teams will be determined after an evaluation by the coaching staff. Each athlete who shows up for tryouts is given a fair opportunity to demonstrate his or her skills and attitude. Athletes must attend all tryouts to be considered for a team. Each coaching staff must provide written criteria that score each of the athletes at various skills and other criteria. Each coaching staff will keep a copy of their rubric or written criteria on file for the duration of the season. Decisions made by the coaching staff are final.

New students who register after the third competition in a season will not be allowed to try out for that season. Occasionally during the season, a coach may need to add more members to the team due to ineligibility, illness, injury, or other factors. If this occurs, the coach may add a student to the team based on the athlete's try-out evaluation with campus administration and Athletic Coordinator approval.

## Participation Requirements

Before athletes may participate in any aspect of school sports, they must complete and submit the following forms and receive official clearance to participate in programming events.

- Parent Permission Form - Parents must sign the permission form indicating all sports in which the student may participate
- Proof of Insurance - All athletes are required to purchase school insurance or provide proof of insurance by providing the school with the policy number and the name of the insurance company.
- Prior Sports Release - The coach of the previous sport in which the student/athlete participated must release every athlete. This involves returning all equipment and uniforms checked out to them and meeting all requirements of that sport.
- Pay to Participate Fee - This fee must be paid to the front office. Student-athletes are required to pay a fee of \$15.00 per sport, \$50.00 per student annual maximum, or \$100.00 per family annual maximum. Student-athletes may receive a waiver from the principal if they meet specific criteria. Parents can request a waiver form from the school's front office. Students who qualify for free lunch may receive a full waiver; students who receive reduced lunch may have an 80% waiver. This fee is non-refundable to those who drop out of the program, are suspended, or ineligible due to grades/conduct. The athletic fee or payment arrangement is due before a student is eligible to participate in competitions. The fees can be applied to the tax credit on your state income tax return.
- Code of Conduct Agreement Form
- Sportsmanship Form
- Consent to Treat Emergency Form - Completed Consent for Emergency Care form with insurance coverage information provided.
- Medical Clearance - Completed Physical form with doctor's signature; To participate a physical with doctor's signature is needed before the student can try out or be placed on the team. Physicals must be dated after May 1st of the current year.
- Mild Traumatic Brain Injury/Concussion Statement and Acknowledgement Form

## Playing Time

The athlete's effort, attendance, participation in practice, academic and behavioral performance, attitude, ability and size of team roster are some of the factors considered by the coach when determining playing time.

We strive to create opportunities that promote learning in all aspects of player development. Every effort shall be made by the coaching staff to maximize each student athlete's engagement and participation in competitions. Our goal is to strive for consistency and fairness within each sport.

All students who are on the team and are academically and behaviorally eligible and participate in all practices:

- Basketball—1/2 of one quarter
- Flag Football—1/2 of one quarter

# ATHLETICS

- Volleyball—play at least 10 points of one game
- Soccer—play at least 12 minutes
- Softball/Baseball—3 outs or one at bat

This is determined by the coaches. Athletes must attend practices to earn playing time.

## Safety

- Parents and athletes must accept a degree of risk from participation in sports. An informed consent signature is required of both a parent and athlete before participation in the athletic program. Informed consent forms are to be provided to all parents and athletes.
- The coaches accept responsibility for instructing all athletes of the full extent of rules, regulations and safety precautions related to their sport. Written copies of the rules are to be distributed to both athletes and parents and posted where appropriate. We ask that participants assist in reinforcing these guidelines.
- The school nurse is not on duty at our after school games, but coaching staff and/or campus Administrators are responsible for calling 911, if necessary.

## Heat Index and Water in Arizona

The heat index and proper hydration have become two very important safety concerns for our athletes. Coaches will be closely monitoring both these essential elements in practice and competition. Parents and athletes play a major role in this process. Pre-hydration and re-hydration are crucial to safe participation in all physical activities. It is essential that parents attend pre-season meetings and talk with the coaches to ensure and monitor safe participation for the student athletes.

## Injuries

- An athlete will not be allowed to return to physical activity after serious injury or extended illness without written consent from a physician or parent/guardian.
- Each student must reach a safe level of fitness and show no or minimal effects from the injury or illness before they will be allowed to participate in the next competition.

## What is a Concussion?

The American Academy of Neurology defines concussion as “a trauma-induced alteration in mental status that may or may not involve loss of consciousness.” This signifies that a person does not have to be knocked unconscious to receive a concussion. When an athlete sustains one concussion, they are more susceptible to suffer another concussion in subsequent contests.

## Some Signs and Symptoms of Concussion

- Vacant stare
- Delayed verbal and motor responses (slow to answer questions or follow directions)
- Confusion and inability to focus attention (easily distracted)
- Slurred or incoherent speech (making disjointed or incomprehensible statements)
- Gross observable incoordination (stumbling, inability to walk tandem/straight lines)
- Emotions out of proportion to circumstances (distraught, crying for no apparent reason)
- Disorientation (walking in the wrong direction; unaware of time, date, and place)
- Memory deficits
- Any period of loss of consciousness (paralytic coma, unresponsiveness to arousal)
- Persistent headache
- Double vision
- Nausea/ may be accompanied by vomiting
- Tinnitus (ringing in the ears)

## Protocol for Suspected Head Injury

1. Determine the level of consciousness.
  - a. if unconscious, call 911 and check airway, breathing, and circulation. DO NOT MOVE THEM!



# ATHLETICS

- b. if conscious, continue to #2
2. Remove the athlete from the activity
3. Observe athlete for movement, disorientation or confusion.
4. Talk to athlete to determine if they
  - a. are disorientated, have a headache or
  - b. blurred vision
  - c. have any memory loss
  - d. are sick to their stomach
5. If any of these symptoms are present, continue to observe the athlete for 15 minutes.
6. If any of these symptoms persist for longer than 15 minutes, that athlete should not be allowed to return under any circumstances. The athlete should be observed by an adult, and seen by a physician within 24 hours.

## Supervision

Coaches take their responsibility for the supervision of student athletes very seriously. Athletes are to be supervised at all times during program functions. Coaches are responsible for direct supervision until every player has left campus. This pertains to both home and away games. Coaches will provide a written schedule of practices and games. Sufficient notice will be provided to players, families, and campus administration if the schedule must change due to unforeseen circumstances.

## Suspension and Removal From Team

Student athletes are expected to abide by the regulations and guidelines outlined in the Parent Student Handbook as well as the Athletic Program Code of Conduct. If the coaching staff has determined a violation has occurred they should:

- Notify the administration of the exact nature of the violation.
- Notify the athlete of the determination of the violation.
- Notify the parent/guardian of the athlete, giving the exact nature of the violation and the length and conditions of the disciplinary action before it takes effect.
- If the athlete and/or his/her parents feel that the athlete was not afforded due process or; the consequences are not consistent with the discipline procedures of the district or the athletic code; they can appeal in writing within five days to the school administration. Campus administration along with the Athletic Coordinator will make the determination on athletic eligibility.
- A coach or player ejected from a competition for any reason shall be subject to the following without appeal:
  - First Ejection - Ineligible for the next competition.
  - Second Ejection - The athlete or coach will be dismissed from the athletic program for the remainder of the season. Coaches and athletes will need to petition to rejoin the athletic program.
- An athlete who resigns from a team after the first week of competition or is dismissed from any team will not be allowed to participate on another team without the complete consent of both coaching staffs involved along with the campus administration and the Athletic Coordinator.
- A student will be removed from the team if:
  - The athlete becomes academically and/or behaviorally ineligible for a third time during a season.
  - If an athlete earns a second out of school suspension during course of the academic year.

## Transportation

- Transportation for athletes to and from all athletic competitions will be provided by the Littleton Elementary School District.
- Transportation to an athlete's residence from athletic games will be provided for students who reside within the attendance area of Littleton Elementary School District.
- All athletes are required to use school transportation to and from athletic competitions.
- The athletic bus will also be available for student-athletes following after school practice.
- The bus will drop off students at bus stops within walking distance of their homes.
- Bus schedules will vary from campus to campus. The coaching staff will provide specific departure times for their home campus.

# ATHLETICS

- It is required that each athlete have a consistent means of transportation from games and practice.
- Parent/guardians should arrive at school no later than 15 minutes after the conclusion of practice or the arrival of the bus after a sporting event.
- The coaching staff should initiate communication if an athlete is habitually picked up late from games and practices.
- Participation and playing time may be affected by failure to meet the transportation guidelines.
- If a parent/guardian wishes to take their student athlete home after a sporting event, the parent/guardian taking custody of the student-athlete must meet with the coach and sign the release form provided by the coach.

## Games

- Players are expected to attend every game for which they are eligible. If a player must miss a game for any reason, the player should notify the coaching staff in advance of the absence.
- All athletes will stay after school on game days unless otherwise communicated by the coach.

## Practices

- A team will have no less than two scheduled practices a week regardless of the number of scheduled competitions that week.
- Practices may only be held after school, on days school is in session.
- Mandatory training sessions shall not be held on weekends, holidays, or any day school is out of session.



(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	<input type="checkbox"/>	<input type="checkbox"/>
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 non-functioning 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**

	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?	_____	

**Explain "Yes" Answers Here**

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?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
6a) Was your child tested for COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
7) Did your child receive the COVID-19 vaccine?	<input type="checkbox"/>	<input type="checkbox"/>
7a) What was the manufacturer of the vaccine? _____		
7b) Date of vaccination(s) _____		

**Explain "Yes" Answers Here**

### 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)

	Not At All	Several Days	Over Half The Days	Nearly Every Day
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)



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

			<b>Y</b>	<b>N</b>
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:			
		<b>Y</b>	<b>N</b>	
	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"/>	
				<b>Y</b>
	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



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

**2023-24**  
**ANNUAL PREPARTICIPATION**  
**PHYSICAL EXAMINATION**



**EXCLUSIVE URGENT CARE**  
**PARTNER OF THE AIA**

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

Age: \_\_\_\_\_

Height: \_\_\_\_\_

% Body Fat (optional): \_\_\_\_\_

Vision: R20/\_\_\_\_ L20/\_\_\_\_

Pupils: Equal ☐ Unequal ☐

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

Sex: \_\_\_\_\_

Weight: \_\_\_\_\_

Pulse: \_\_\_\_\_

BP: \_\_\_\_ / \_\_\_\_ (\_\_\_\_ / \_\_\_\_ / \_\_\_\_)

Corrected: Y ☐ N ☐

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

\* - 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

**FORM 15.7-B 02/22/2023 (rev.)** NextCare is the preferred partner of the AIA. It is not required you visit NextCare locations for your healthcare needs.



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

**FORM 15.7-C 06/2015**



## 2023-24 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.

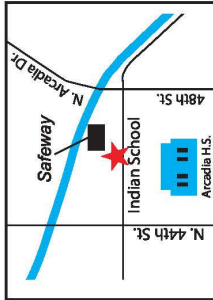
If the parent believes that the minor is in need of further treatment or rehabilitation services for the injury/illness, the minor may be treated by the physician or provider of his/her choice. I understand, however, that all decisions regarding same day return to activity following injury/illness shall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

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

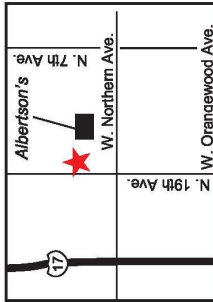




**Phoenix • 85016**  
1701 E. Thomas Road, Suite #A104



**Phoenix • 85018**  
4730 E. Indian School Rd., Suite #211



**Phoenix • 85021**  
8101 N. 19th Ave., Suite #A



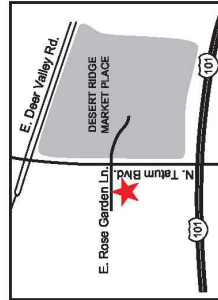
**Phoenix • 85032**  
3229 E. Greenway Rd., Suite #102



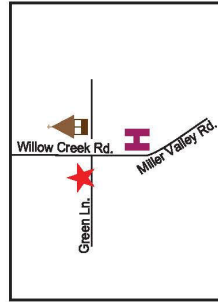
**Phoenix • 85018**  
3931 E. Camelback Road



**Phoenix • 85035**  
5920 W. McDowell Road



**Phoenix • 85050**  
20950 N. Tatum Blvd., Suite #190



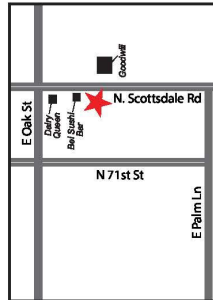
**Prescott • 86301**  
2062 Willow Creek Road



**Prescott Valley • 86314**  
3051 N. Windsong Drive



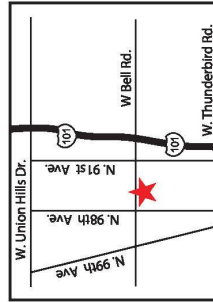
**Scottsdale • 85260**  
7425 E. Shea Blvd., Suite #108



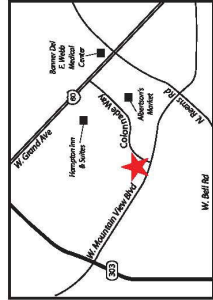
**Scottsdale • 85257**  
2122 N. Scottsdale Road



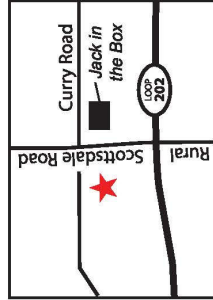
**Sedona • 86336**  
2530 W. SR 89A, Suite #A



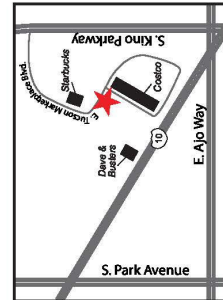
**Sun City • 85351**  
9745 W. Bell Road, Suite #105



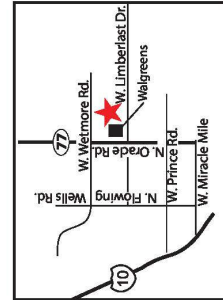
**Surprise • 85374**  
14800 W. Mtn. View Blvd., Suite #100



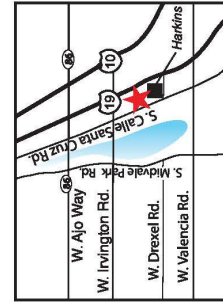
**Tempe • 85281**  
914 N. Scottsdale Rd., Suite #104



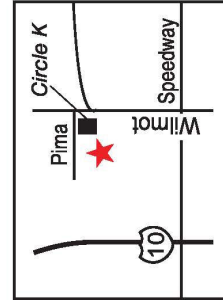
**Tucson • 85713**  
1570 E. Tucson Marketplace Blvd.



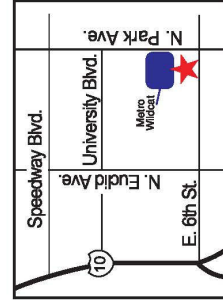
**Tucson • 85705**  
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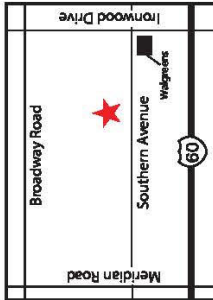
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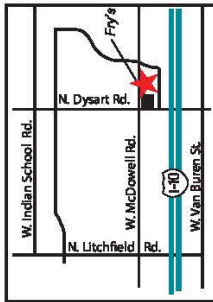
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**Tucson • 85719**  
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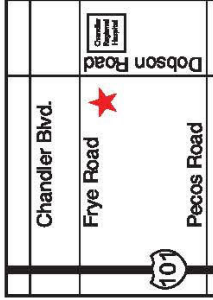
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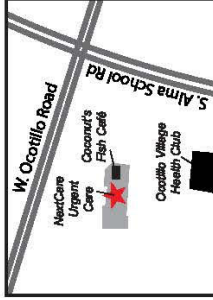
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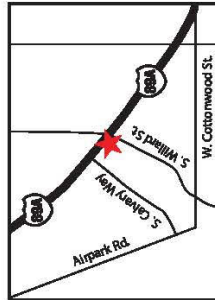
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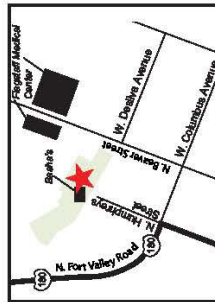
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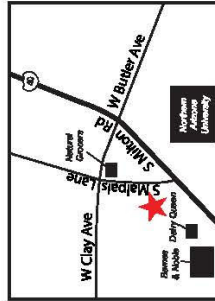
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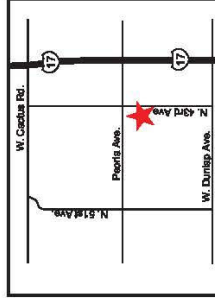
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**Flagstaff • 86001**  
1000 N. Humphreys St., Suite #104



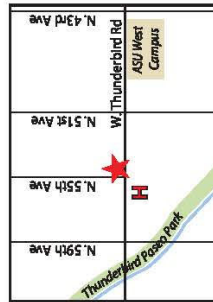
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**Glendale • 85302**  
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**Glendale • 85305**  
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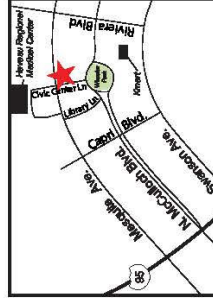
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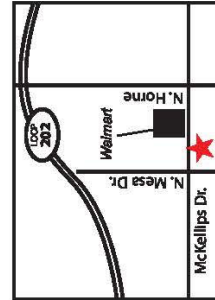
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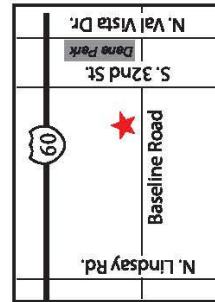
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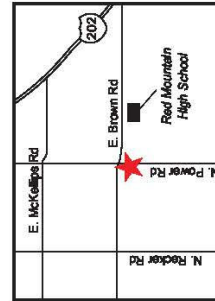
**Lake Havasu City • 86403**  
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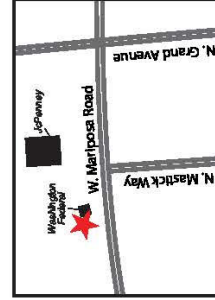
**Mesa • 85203**  
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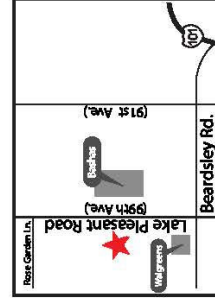
**Mesa • 85204**  
3130 E. Baseline Road, Suite #105



**Mesa • 85205**  
1066 N. Power Road, Suite #101



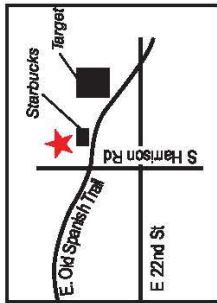
**Nogales • 85621**  
298 W. Mariposa Road



**Peoria • 85382**  
20470 N. Lake Pleasant Rd., Suite #102

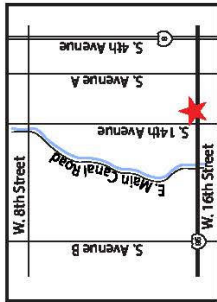


Visit website for additional locations & hours  
**NEXTCARE.COM • 1-888-705-8562**



**Tucson • 85748**

9525 E. Old Spanish Trail, Suite #101



**Yuma • 85364**

1394 W. 16th Street



**Concussions affect each child and teen differently.** While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' health care provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities.



### Plan ahead.

What do you want your child or teen to know about concussion?

## What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.



You can also download the CDC **HEADS UP** app to get concussion information at your fingertips. Just scan the QR code pictured at left with your smartphone.

## What Should I Do If My Child or Teen Has a Possible Concussion?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a health care provider and only return to play with permission from a health care provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's health care provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a health care provider should assess a child or teen for a possible concussion. You may not know how serious the concussion is at first, and some symptoms may not show up for hours or days. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a health care provider.

▶ **Children and teens who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect a child or teen for a lifetime. It can even be fatal.**

Revised 12/2015



Centers for Disease  
Control and Prevention  
National Center for Injury  
Prevention and Control

To learn more, go to [www.cdc.gov/HEADSUP](http://www.cdc.gov/HEADSUP)





# A Fact Sheet for YOUTH SPORTS PARENTS



This sheet has information to help protect your children or teens from concussion or other serious brain injury.

## What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—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. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

## How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
  - › Work with their coach to teach ways to lower the chances of getting a concussion.
  - › Emphasize the importance of reporting concussions and taking time to recover from one.
  - › Ensure that they follow their coach's rules for safety and the rules of the sport.
  - › Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. There is no "concussion-proof" helmet. Even with a helmet, it is important for children and teens to avoid hits to the head.

## How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

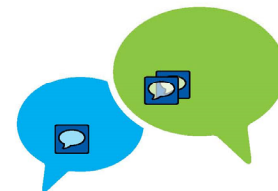
### Signs Observed by Parents

- Appears dazed or stunned.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (*even briefly*).
- Shows mood, behavior, or personality changes.
- Can't recall events *prior to* or *after* a hit or fall.

### Symptoms Reported by Children and Teens

- Headache or "pressure" in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not "feeling right," or "feeling down."

**Talk with your children and teens about concussion.** Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious or worry that if they report a concussion they will lose their position on the team or look weak. Remind them that *it's better to miss one game than the whole season.*



Centers for Disease  
Control and Prevention  
National Center for Injury  
Prevention and Control

## GOOD TEAMMATES KNOW:

IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.

## INTERSCHOLASTIC SPORTS

*In accordance with Policy JJIB-Interscholastic Sports, the Littleton ESD#65 Board shall develop, in consultation with the Arizona Interscholastic Association (AIA) Guidelines, Information and Forms to inform and educate coaches, pupils and parents of the dangers of Heat-Related Illnesses, Sudden Cardiac Death and Prescription Opioid use. Before a pupil participates in any District-Sponsored practice session, game or other Interscholastic Athletic Activity, the pupil and the pupil's parent must be provided with the information at least once each school year on the risks of Heat-Related Illnesses, Sudden Cardiac Death and Prescription Opioid Addiction.*

Parents & Students,

We are asking that you please review the following information related to Heat-Related Illnesses, Sudden Cardiac Death and Prescription Opioid Addiction. In alignment with our Governing Board Policy the information we are providing is from Arizona Interscholastic Association (AIA).

➤ **Heat Related Illnesses**

<http://www.nfhs.org/articles/dangers-of-heat-illness-reduced-by-following-proper-guidelines/> (Heat Related Illness Policy)

➤ **Sudden Cardiac Death**

<https://nfhslearn.com/courses/61032/sudden-cardiac-arrest> (Sudden Cardiac Death)

➤ **Prescription Opioid Use**

<http://aiaonline.org/files/16347/high-school-athletes-and-the-risks-associated-with-opioid-use.pdf> (Opioid Use)

<http://www.nfhs.org/articles/the-opioid-epidemic-and-high-school-sports-why-it-matters/> (Opioid Use)



The Arizona Legislature passed a law (ARS§ 43-1089.01) allowing Arizona taxpayers a TAX CREDIT up to \$200 for Single or Head of Household tax filers and up to \$400 for a Married Couple Filing a Joint Return when contributing to EXTRACURRICULAR ACTIVITIES in public schools. The tax credit is available only to individuals, not to businesses.

A tax credit allows you to subtract the amount of a contribution from the amount of your taxable income. **This tax credit is a full refund of your money, up to \$200 if filed individually or \$400 if filed married jointly.** This tax credit is available to all taxpayers, regardless of whether or not they have children in school. The amount of the tax credit you take does not have to be for the total allowable amount - you can make a difference in our schools with just \$50, \$75, or \$100.



## What is an Extracurricular Activity?

Extracurricular activity means any optional, non-credit educational or competitive school sponsored activity that supplements the education program of the school. Select the extracurricular activity you wish to support. Activities like the ones listed may be funded with tax credit money:

### ARIZONA DEPARTMENT OF REVENUE GUIDELINES ARS§ 43-1089.01

- ▲ The credit is applied against the taxpayer's Arizona state income tax. Extracurricular Activities are defined as "...school-sponsored educational activities that require enrolled students to pay a fee in order to participate."
- ▲ The credit is available for any personal Arizona state income tax return.
- ▲ It is not a requirement that the taxpayer have a child enrolled in the public school.
- ▲ The credit is limited to \$200 for Single or Head of Household tax filers and up to \$400 for a Married Couple Filing a Joint Return.
- ▲ **Checks must be made payable to the school.**

Visit our website to translate information.  
Visite nuestro sitio web para traducir la información.

[www.littletonaz.org](http://www.littletonaz.org)



Note: The school district issues a valid state income tax receipt, but cannot issue refunds. Consult your tax advisor to determine how the tax credit will affect your tax return.





# Contribución Para Crédito Fiscal de Arizona

Reduzca su cuenta impositiva del estado y apoye a su escuela



Las parejas con declaración de impuestos conjuntos pueden donar hasta **\$400**  
Y los contribuyentes individuales hasta **\$200**

Envíe su contribuciones a: LITTLETON ELEMENTARY SCHOOL DISTRICT NO. 65  
ATTN: BUSINESS RESOURCES  
P.O. BOX 280  
CASHION, AZ 85329



Deseo que mi contribución se aplique a la escuela siguiente (escoja solamente una):

☐  Littleton

☐  Quentin

☐  Estrella Vista

☐  Collier

☐  Country Place

☐  Tres Rios

☐  Lakin Prep Academy

☐  Fine Arts Academy

☐  Online Academy

Fecha \_\_\_\_\_ Padre, tutor o miembro de la comunidad \_\_\_\_\_

Domicilio \_\_\_\_\_

Ciudad \_\_\_\_\_ C.P. \_\_\_\_\_ Número de tel. \_\_\_\_\_

CUOTA DE ALUMNOS:  
PARA PARTICIPAR  
PARA CLUBS  
ACTIVIDAD EXTRACURRICULAR

Nombre/Alumno \_\_\_\_\_ Actividad \_\_\_\_\_

☐ \$15/actividad

☐ \$50/máx por alumno

☐ \$100/máx por familia

☐ \$1/club de alumnos

☐ \$1/actividad extracurricular



Monto total pagado \$ \_\_\_\_\_ ☐ Efectivo ☐ Cheque/Giro # \_\_\_\_\_

**APORTES NO SON  
REEMBOLSABLES**

Deseo Apoyar:

☐ Opción de la Escuela (0446)

☐ Las Bellas Artes (0448)

☐ Deportes (0447)

☐ Programas de Enriquecimiento/El Carácter Cuenta (0449)





# ARIZONA TAX CREDIT CONTRIBUTION

*Reduce Your Arizona Tax Bill & Support Your School*



Couples filing joint taxes may donate up to **\$400**;  
Individuals up to **\$200**

Mail Your Contributions To: LITTLETON ELEMENTARY SCHOOL DISTRICT NO. 65  
ATTN: BUSINESS RESOURCES  
P.O. BOX 280  
CASHION, AZ 85329



I would like my contribution to support the following school (choose only one):

- |  |   |  |
|--|---|--|
| <input type="checkbox"/>  Littleton           | <input type="checkbox"/>  Quentin            | <input type="checkbox"/>  Estrella Vista  |
| <input type="checkbox"/>  Collier             | <input type="checkbox"/>  Country Place      | <input type="checkbox"/>  Tres Rios       |
| <input type="checkbox"/>  Lakin Prep Academy | <input type="checkbox"/>  Fine Arts Academy | <input type="checkbox"/>  Online Academy |

Date \_\_\_\_\_ Parent (Guardian)/Community Member \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

**STUDENT FEES: PAY-  
TO-PARTICIPATE  
STUDENT CLUBS  
EXTRA CURRICULAR ACTIVITY**

Student Name \_\_\_\_\_ Activity \_\_\_\_\_

- |   |   |
|---|---|
| <input type="checkbox"/> \$15/activity    | <input type="checkbox"/> \$1 Student Club             |
| <input type="checkbox"/> \$50 student cap | <input type="checkbox"/> \$1 Extracurricular Activity |
| <input type="checkbox"/> \$100 family cap |   |



Total Amount Paid \_\_\_\_\_ ☐ Cash ☐ Check # \_\_\_\_\_

**CONTRIBUTIONS ARE  
NON-REFUNDABLE**

**I want to support:**

- |  |   |
|--|---|
| <input type="checkbox"/> School May Designate (0446) | <input type="checkbox"/> Music/Arts (0448)                                      |
| <input type="checkbox"/> Athletics (0447)            | <input type="checkbox"/> Enrichment/Clubs/Field Trips/Character Programs (0449) |