

Player's Agreement

I, _____, would like to participate in Painted Rock Academy's _____ team for the 20____-20____ season. I have been advised that I am required to have the following forms completed and returned to my coach/leader:

- ☐ **Athletic Emergency Information Form**
- ☐ **Physical Exam Form or a Waiver and Acknowledgement Form**
- ☐ **Permission to Ride Share Form**

I understand that Painted Rock Academy's philosophy states that the purpose of our extra-curricular sports program is to provide its students with the opportunity to participate in competitive physical activities. The goal of Painted Rock Academy's sports program is to develop good sportsmanship, build a sense of teamwork and responsibility, and improve basic athletic skills. I understand that it is my responsibility as a player to keep my grades at an acceptable level and to demonstrate a high level of sportsmanlike conduct as a representative of Painted Rock Academy.

I hereby agree to abide by the philosophy and goals set by Painted Rock Academy.

Player Signature

Date

Parent Signature

Date

Extracurricular Fee Form

The extracurricular fee is \$35.00 per year for each participating child, for each sport or activity they participate in.

The _____ fee due date is _____.

Payments may be made in the form of cash or check (charge cards are not accepted). The fee can be paid through _____ or the attendant in the front office. Please make checks payable to **PAINTED ROCK ACADEMY**. Checks returned due to non-sufficient funds will incur an additional \$25.00 service charge by Painted Rock Academy

To make an Arizona Tax Credit Donation that may apply to this fee, please follow the instructions on the Tax Credit Donation Form, available at <http://PaintedRockAcademy.com/support/arizona-tax-credit-info/>.

Student's Name: _____

Teacher: _____

Parent's Signature: _____

Date: _____

Painted Rock Academy

Athletic Emergency Information Form

Student Last Name: _____	Student First Name: _____	Grade: _____	Age: _____	Sex: _____
Student Lives With: Mother: _____ Father: _____ Legal Guardian: _____ Other: _____ Relationship: _____				
Student Address: _____ _____ _____	Home Phone: _____ Cell Phone: _____ _____			
Mother/Legal Guardian Name: _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____	Father/Legal Guardian Name: _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____			
Emergency Contact (If unable to reach parents) Name: _____ Relationship: _____ Phone Number: _____ Cell Number: _____	Emergency Contact (If unable to reach parents) Name: _____ Relationship: _____ Phone Number: _____ Cell Number: _____			
SPORT: _____ Basketball: _____ Track: _____ Football: _____ Soccer: _____ Volleyball: _____ Other: _____				
Physician's Name: _____ Phone Number: _____	Hospital of Choice: _____			
Medical Allergies: _____				
Medications Currently Taken: _____				
Other Health History (i.e. Fractures; Operations; Heart problems; Asthma): _____				
Insurance Company: _____	Policy #: _____ Holder's Name: _____		Group #: _____	

Parent/Guardian Emergency Release Statement

The above named student has my permission to participate in athletic activities as a team member. To the best of my knowledge, he/she does not have any health problems that would be harmful to him/her while participating. I hereby give consent for the said student to receive initial treatment by medical or emergency personnel should he/she be injured or stricken ill. If emergency service involving medical action or treatment is required and parent/guardian can not be contacted, I hereby consent for the student named above to be given medical care by the doctor selected by the school. It is hereby understood that the consent and authorization given and granted are continuous and are intended by me to extend through the current school year.

Parent/Guardian Signature: _____ Date: _____

Painted Rock Academy

Physical Exam or Waiver and Acknowledgement Form

This section must be filled out by Authorized Medical Provider (M.D.; D.O.; N.P.; P.A.-C.)
Or parent/guardian must sign the waiver statement.

Student Name:				Date of Birth:	
Sex:	Pulse:	BP:	Height::	Weight::	
Vision: R _____ L _____ Correction: Glasses: _____ Contacts: _____					
Medications:					
Allergies:					
Urinalysis:			Deformities:		
Seizure Disorder:			Concussion:		
Other:					
GENERAL EXAM					
HEENT:					
Heart:			Lungs:		
Abdomen:			Genital:		
Neurological:			Other:		
ORTHOPEDIC EXAM					
Spine/Gait:			Hands/Wrist:		
Shoulders:			Feet/Ankles:		
Knees:			Hips:		
Other:					
PHYSICIAN'S RECOMMENDATION: _____ Student may participate in athletics with no restrictions. _____ Student may NOT participate in athletics. _____ Student may participate in athletics with restrictions: _____					
Physician's Signature: _____ Date: _____					
Physician's Name Printed: _____					
Phone Number: _____					

Optional Parent/Guardian Waiver of Physical Exam

I/We realize that participation in athletics involves the potential for injury. We agree that in requesting a physical exam of all its student participants in school athletic activities, Painted Rock Academy seeks to

protect its students. However, I/We choose not to have our child:

_____ undergo a physical exam.
Child's Name

I/We agree to accept full and total responsibility for our child's well being during participation in school athletic activities.

Parent/Guardian Signature: _____ Date: _____

Acknowledgment of Risk & Waiver of Subrogation

We realize that participation in athletic activities involves the potential for injury, which is inherent in all Sports. We acknowledge that even with proper coaching, use of approved protective equipment, strict observance 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. With full awareness and understanding of the risks, and agreeing to hold Painted Rock Academy harmless, we consent to participation.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

SCHOOL PERSONNEL ONLY

On File:

_____ Physical exam results or signed waiver

_____ Birth Certificate or Passport

_____ Informed Consent

_____ Proof of Insurance

Athletic Director Signature: _____ Date: _____

Athletic Director Name Printed: Mrs. Harper

**Painted Rock Academy
Ride Sharing Guidelines For
Parents/Guardians Choosing Ride Sharing For Students**

Painted Rock Academy does not encourage car-pooling or ride sharing. However, we recognize that many parents will choose to participate in such. Therefore we offer the following guidelines to help parents/guardians of our students increase the safety of their children.

For the driver: Please check off each of the following as verification that you have them in your car while transporting students.

<input type="checkbox"/> Seat belt for each passenger	<input type="checkbox"/> Blanket
<input type="checkbox"/> First aid Kit	<input type="checkbox"/> Water
<input type="checkbox"/> First aid & emergency information for each passenger	<input type="checkbox"/> Cell phone if possible
<input type="checkbox"/> Written permission to travel in your vehicle from each juvenile passenger	
<input type="checkbox"/> Statement of your auto insurance turned in to event sponsor/coach	

Please fill in the following and attach a copy of the declaration page of your insurance policy to this page. Turn these two pages in to the event sponsor or coach prior to departing. As a service to our students' families, Painted Rock Academy will hold these papers for viewing should a parent/guardian of a student you are transporting request to see them.

Vehicle Model/Year:	Insurance Company:	
Policy Number:	Policy Period:	
Policy Limits:	Arizona Drivers License # :	Expiration Date:

I hereby confirm the above information is correct and that automobile liability coverage is currently in force for the Vehicle listed above.

Driver Signature: _____ Date: _____

Driver's Name Printed: _____

**Painted Rock Academy
Parent Permission Slip
For Ride Sharing To Practices And Games**

I hereby give permission for my student, _____, to be
(Print Student Name)
transported to or from practices and or games.

Check one of the following:

☐ On Date: _____ To Location: _____

☐ All School Events.

This permission is granted to: _____
(Driver's Name)

The driver of the vehicle is required to have a copy of a valid driver's license and current insurance information on file at Painted Rock Academy business office.

I hereby release Painted Rock Academy, Inc. from any liability in the event that any accident occurs while my child is in the company of the above mentioned driver.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian

Printed

Name: