



CHANDLER UNIFIED SCHOOL DISTRICT ATHLETIC DEPARTMENT

JUNIOR HIGH SCHOOL ELIGIBILITY CLEARANCE CHECKLIST

To download: <http://www.cusd80.com>

Choose: Departments – Athletics – Junior High School Athletics

Name: _____ Student#: _____ Grade: _____

The eligibility requirements are listed below. After you have completed all of the steps, your entire packet should be turned in to the Athletic Office prior to the start of the season's try-out.

- 1. Physical Examination:
 - AIA Annual Preparticipation Physical Evaluation (Form 15.7-A) ****Signature required-Parent***
 - AIA Annual Preparticipation Physical Evaluation (Form 15.7-B) ****Signature required-Physician (MD/DO/NP/PA-C)***
 - Physical Examination must be dated on or after March 1
 - Physical Examination must be performed by a doctor of medicine (M.D.), osteopathic physician (D.O.) or certified registered nurse practitioner (N.P.) licensed to practice, or a certified physician's assistant (PA-C) registered by the Joint Board of Medical examiners and the Osteopathic Examiners in Medicine and Surgery.
 - AIA Statement and Acknowledgement Form (Form 15.7-C) ****Signatures required-Parent & Student***
 - CDC Concussion Fact Sheet – information only

- 2. CUSD Emergency Insurance Card ****Signature required-Parent***
 - Provide policy name, number and expiration date.
 - Insurance can be purchased through the school.

- 3. East Valley Conference Academic Requirements:
 - Grade checks will be run every Thursday.
 - Throughout the first 4 weeks, grade checks will be utilized for informational purposes only. Athletic eligibility will not be affected.
 - Progress reports will be utilized as the eligibility grade check. Any student- athlete with an F will be ineligible for competition.
 - Some sites may have additional academic requirements (ACP-Oakland/Erie requires a C or better for eligibility).
 - Any student deemed ineligible must sit out a minimum of 1 competition. When failing grade(s) are improved to passing, the student will be immediately eligible for competition.
 - After each *Progress Report*, grades will be checked every Thursday for eligibility purposes.
 - *Please contact your site Athletic Director for more information.*

- 4. CUSD Code of Conduct ****Signatures required-Parent & Student***
 - Student-Athlete
 - Parent

- 5. Implied/Legal Consent & Hazing/Harassment Policy ****Signature required-Parent***

- 6. Guidelines for Team Try-Outs and Sportsmanship ****Signatures required-Parent & Student***

Each junior high school may require additional forms. Please contact your *Junior High School Athletic Director* if you have any questions.



March 4th, 2013



ARIZONA INTERSCHOLASTIC ASSOCIATION

7007 North 18th Street, Phoenix, Arizona 85020-5552

Phone: (602) 385-3810

2013-2014 ANNUAL PREPARTICIPATION PHYSICAL EVALUATION

(The Parent or Guardian should fill out this form with assistance from the student athlete.)

Name _____ Sex _____ Age _____ Date of Birth _____ Grade _____

School _____ Sport(s) _____

Address _____ Phone _____

Personal Physician _____ Hospital Preference _____

In case of emergency, contact:

Name _____ Relationship _____ Phone (H): _____ (W): _____ (C) _____

Name _____ Relationship _____ Phone (H): _____ (W): _____ (C) _____

Explain "Yes" answers below.**Circle questions you don't know the answers to.**

	YES	NO		YES	NO			
1. Has a doctor ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	24. Do you cough, wheeze, or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>			
2. Do you have an ongoing medical condition (like diabetes or asthma)?	<input type="checkbox"/>	<input type="checkbox"/>	25. Is there anyone in your family who has 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"/>	26. Have you ever used an inhaler or taken asthma medicine?	<input type="checkbox"/>	<input type="checkbox"/>			
4. Do you have allergies to medicines, pollens, foods, or stinging insects? (Please specify):	<input type="checkbox"/>	<input type="checkbox"/>	27. Were you born without, are you missing. Or do you have a nonfunctioning kidney, eye, testicle or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>			
5. Have you ever passed out or nearly passed out DURING exercise?	<input type="checkbox"/>	<input type="checkbox"/>	28. Have you had infectious mononucleosis (mono) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>			
6. Have you ever passed out or nearly passed out AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>	29. Do you have any rashes, pressure sores, or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>			
7. Have you ever had discomfort, pain, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	30. Have you had a herpes skin infection?	<input type="checkbox"/>	<input type="checkbox"/>			
8. Does your heart race or skip beats during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	31. 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"/>			
9. Has a doctor ever told you that you have (check all that apply):	<input type="checkbox"/>	<input type="checkbox"/>	32. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur	<input type="checkbox"/>	<input type="checkbox"/>	33. Do you have headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection	<input type="checkbox"/>	<input type="checkbox"/>	34. 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"/>			
10. Has a doctor ever ordered a test for your heart? (ex: ECG, echocardiogram)	<input type="checkbox"/>	<input type="checkbox"/>	35. When exercising in the heat, do you have severe muscle cramps or become ill?	<input type="checkbox"/>	<input type="checkbox"/>			
11. Has anyone in your family died for no apparent reason?	<input type="checkbox"/>	<input type="checkbox"/>	36. 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"/>			
12. Does anyone in your family have a heart problem?	<input type="checkbox"/>	<input type="checkbox"/>	37. Have you ever been tested for sickle cell trait?	<input type="checkbox"/>	<input type="checkbox"/>			
13. Has any family member or relative died of heart problems or of sudden death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	38. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>			
14. Does anyone in your family have Marfan syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	39. Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>			
15. Have you ever spent the night in the hospital?	<input type="checkbox"/>	<input type="checkbox"/>	40. Do you wear protective eyewear, such as goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>			
16. Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	41. Are you happy with your weight?	<input type="checkbox"/>	<input type="checkbox"/>			
17. Have you ever had an injury (sprain, muscle/ligament tear, tendinitis, etc.) that caused you to miss a practice or game? If yes, circle affected area in the boxes below:	<input type="checkbox"/>	<input type="checkbox"/>	42. Are you trying to gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>			
18. Have you had any broken/fractured bones or dislocated joints? If yes, circle affected area in the boxes below:	<input type="checkbox"/>	<input type="checkbox"/>	43. Has anyone recommended you change your weight or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>			
19. 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, circle affected area in the boxes below:	<input type="checkbox"/>	<input type="checkbox"/>	44. Do you limit or carefully control what you eat?	<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	FEMALES ONLY							
<input type="checkbox"/> Hand/Fingers <input type="checkbox"/> Chest <input type="checkbox"/> Upper Back <input type="checkbox"/> Low Back <input type="checkbox"/> Hip <input type="checkbox"/> Thigh						45. Do you have any concerns that you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Knee <input type="checkbox"/> Calf/Shin <input type="checkbox"/> Ankle <input type="checkbox"/> Foot/Toes						46. Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you ever had a stress fracture?	<input type="checkbox"/>	<input type="checkbox"/>	47. How old were you when you had your first menstrual period?	_____				
21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?	<input type="checkbox"/>	<input type="checkbox"/>	48. How many periods have you had in the last year?	_____				
22. Do you regularly use a brace or assistive device?	<input type="checkbox"/>	<input type="checkbox"/>	Explain "Yes" answers here: _____ _____ _____					
23. Has a doctor told you that you have asthma or allergies?	<input type="checkbox"/>	<input type="checkbox"/>						

I hereby state that, to the best of my knowledge, my answers to 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 athlete

Signature of parent/guardian

Date

2013-2014 ANNUAL PREPARTICIPATION PHYSICAL EVALUATION

Name _____ Date of birth _____ Age _____ Sex _____

Height _____ Weight _____ % Body fat (optional) _____ Pulse _____ BP ____ / ____ (____ / ____, ____ / ____)

Vision R 20 / ____ L 20 / ____ Corrected: Y N Pupils: Equal ____ Unequal ____

	NORMAL	ABNORMAL FINDINGS	INITIALS *
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Hearing			
Lymph Nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary †			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand/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

Not cleared for: All sports Certain sports: _____ Reason: _____

Recommendations: _____

Name of physician (print/type) _____ Exam Date _____

Address _____ Phone _____

Signature of physician _____, MD / DO / NP / PA-C



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:

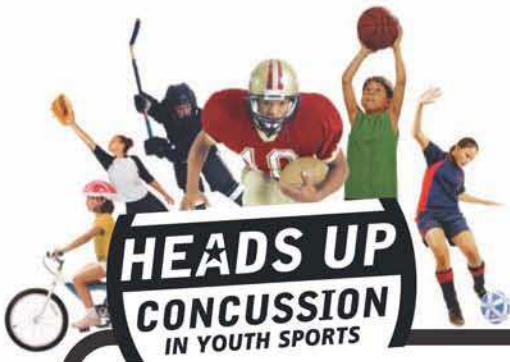
Print Name: _____ Signature: _____

Date: _____

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

Print Name: _____ Signature: _____

Date: _____



A Fact Sheet for PARENTS

WHAT IS A CONCUSSION?

A concussion is a brain injury. Concussions are caused by a bump or blow to the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

You can’t see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

Signs Observed by Parents or Guardians

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:

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

Symptoms Reported by Athlete

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Does not “feel right”

HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION?

Every sport is different, but there are steps your children can take to protect themselves from concussion.

- Ensure that they follow their coach’s rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity (such as helmets, padding, shin guards, and eye and mouth guards). Protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
- Learn the signs and symptoms of a concussion.

WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

- 1. Seek medical attention right away.** A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to sports.
- 2. Keep your child out of play.** Concussions take time to heal. Don’t let your child return to play until a health care professional says it’s OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a second concussion. Second or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.
- 3. Tell your child’s coach about any recent concussion.** Coaches should know if your child had a recent concussion in ANY sport. Your child’s coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

It’s better to miss one game than the whole season.



CHANDLER UNIFIED SCHOOL DISTRICT

INSURANCE INFORMATION

Student Name _____

Student ID _____ Grade _____

Accident insurance is required for a student to participate in an athletic or vocational work/study program.

Please complete the following:

NAME OF INSURANCE COMPANY COVERING STUDENT:

Policy No: _____ Group No: _____

Effective Date: _____

Student is covered by School Insurance: Yes No

At-School Protection? _____ 24-Hour Protection? _____

Parent/Guardian Signature _____

Address _____

City _____ State _____ Zip _____



CHANDLER UNIFIED SCHOOL DISTRICT

EMERGENCY INFORMATION

Student Name _____

Grade _____ Sport _____

I, _____,
(Print Parent/Guardian Name)

authorize the school administration and/or athletic coach to seek medical aid, as deemed necessary, for my son/daughter in the event I cannot be contacted.

Parent/Guardian Signature _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Telephone _____

Name of Doctor _____

Telephone _____

Insurance Company _____



CHANDLER UNIFIED SCHOOL DISTRICT ATHLETIC DEPARTMENT

CODE OF CONDUCT FOR INTERSCHOLASTIC STUDENT-ATHLETES AND PARENTS

Interscholastic athletic competition should demonstrate high standards of ethics and sportsmanship and promote the development of good character and other important life skills. The highest potential of sports is achieved when participants are committed to pursuing victory with honor according to six core principles: Trustworthiness, Respect, Responsibility, Fairness, Caring, and Good Citizenship (the "Six Pillars of Character"). The Code applies to all student-athletes involved in interscholastic sports in Arizona.

TRUSTWORTHINESS

- Trustworthiness** – Be worthy of trust in all I do.
 - Integrity – Live up to high ideals of ethics and do what's right even when it's unpopular or personally costly.
 - Honesty – Live and compete honorably, don't lie, cheat, steal or engage in any other dishonest or unsportsmanlike conduct.
 - Reliability – Fulfill commitments; do what I say I will do; be on time to practices and games.
 - Loyalty – Be loyal to my school and team; put the team above personal glory.

RESPECT

- Respect** – Treat all people with respect all the time and require the same of other student-athletes.
- Class** – Live and play with class, be a good sport, be gracious in victory and accept defeat with dignity, give fallen opponents help, compliment extraordinary performance, show sincere respect in pre- and post-game rituals.
- Disrespectful Conduct** – Don't engage in disrespectful conduct of any sort including profanity, obscene gestures, offensive remarks of a sexual or racial nature, trash-talking, taunting, boastful celebrations, or other actions that demean individuals or the sport.
- Respect Officials** – Treat contest officials with respect; don't complain about or argue with official calls or decisions during or after an athletic event.

RESPONSIBILITY

- Importance of Education** – Be a student first and commit to getting the best education I can. Be honest with myself about the likelihood of getting an athletic scholarship or playing on a professional level and remember that many universities will not recruit student-athletes that do not have a serious commitment to their education, the ability to succeed academically or the character to represent their institution honorably.
- Role Modeling** – Remember, participation in sports is a privilege, not a right and that I am expected to represent my school, coaches and teammates with honor, on and off the field. Consistently exhibit good character and conduct myself as a positive role model. Suspension or termination of the participation privilege is within the sole discretion of the school administration.

- Self-Control** – Exercise self-control; don't fight or show excessive displays of anger or frustration; have the strength to overcome the temptation to retaliate.
- Healthy Lifestyle** – Safeguard my health; don't use any illegal or unhealthy substances including alcohol, tobacco and drugs or engage in any unhealthy techniques to gain, lose or maintain weight.
- Integrity of the Game** – Protect the integrity of the game; don't gamble. Play the game according to the rules.

FAIRNESS

- Be Fair** – Live up to high standards of fair play; be open-minded, always be willing to listen and learn.

CARING

- Concern for Others** – Demonstrate concern for others; never intentionally injure any player or engage in reckless behavior that might cause injury to others or myself.
- Teammates** – Help promote the well being of teammates by positive counseling and encouragement or by reporting any unhealthy or dangerous conduct to coaches.

CITIZENSHIP

- Play by the Rules** – Maintain a thorough knowledge of and abide by all applicable game and competition rules.
- Spirit of Rules** – Honor the spirit and the letter of rules; avoid temptations to gain competitive advantage through improper gamesmanship techniques that violate the highest traditions of sportsmanship.

I have read and understand the requirements of the Code of Conduct. I understand that in order to participate I am expected to perform according to this code and I understand that there may be sanctions or penalties if I do not.

Student-Athlete Name (Print)

SPORT

Student-Athlete Signature

Date

I have read and understand the requirements of the Code of Conduct. I understand that I am expected to perform according to this code and I understand that there may be sanctions or penalties if I do not.

Parent/Guardian Signature

Date



**CHANDLER UNIFIED SCHOOL DISTRICT
ATHLETIC DEPARTMENT**

IMPLIED/LEGAL CONSENT & HAZING/HARASSMENT POLICY

ATHLETICS/ACTIVITIES HAZING POLICIES

The Chandler Unified School District takes a no tolerance position on hazing in any form in our schools. Hazing is defined as any act that injures, degrades or disgraces – or tends to injure, degrade or disgrace – any student.

Students found in violation of the Hazing Policy will be subject to disciplinary action as per Chandler Unified School District Policy.

ATHLETICS/ACTIVITIES HARASSMENT POLICY

The Chandler Unified School District is committed to a policy of nondiscrimination in relation to race, color religion, sex, age, national origin and disability. The policy will prevail in all matters concerning staff members, students, the public educational programs and services and individuals with which the district does business.

Students found in violation of harassing another student in any of the above-mentioned areas will be subject to disciplinary action as per the Chandler Unified School District policy JICFB.

INFORMED CONSENT

Athletes and their parent/guardian will have the opportunity to view a video outlining the risks of participating in athletics prior to the first practice. It is important to understand that there is some risk of a life-threatening injury, permanent disability and a multitude of other injuries when participating in athletic programs. Parents are invited to watch this video with their student athlete when scheduled at the beginning of each season. The Risk Management video is available for viewing at parent meetings, online, and DVD's are available in the school's athletic office.

LEGAL GUARDIAN CONSENT

I/we give our permission 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 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.

My signature also verifies that I am the legal guardian of the student identified below.

I HAVE READ AND UNDERSTAND THE ABOVE POLICIES AND CONSENTS.

I HAVE ALSO READ AND UNDERSTAND THE SUMMARY OF A.I.A. BYLAWS CONCERNING MY SON'S/DAUGHTER'S ATHLETIC ELIGIBILITY.

Print Student Name

Student Signature

Date

Parent/Guardian Signature

Date



**CHANDLER UNIFIED SCHOOL DISTRICT
ATHLETIC DEPARTMENT**

***GUIDELINES FOR JUNIOR HIGH SCHOOL
TEAM TRY-OUTS AND SPORTSMANSHIP***

1. Team members will be selected based on the coach's evaluation of a candidate's skill level, team contribution and attitude.
2. Candidacy for team membership will be based on a five day practice/try-out period for evaluation by the coach(es) unless there are extenuating circumstances as determined by the Site Athletic Director.
3. Evaluation for team membership is based on both objective and subjective criteria, which is developed by each coach(es) for their sport.
4. Athletes shall be informed of what is expected of them in terms of skills, team contribution and team attitude.
5. Athletes will be notified by the coach(es) at the end of the fifth practice/try-out regarding their selection or non-selection to the team. The Athletic Director may make an exception to this time period based upon extenuating circumstances (i.e. weather, high number of candidates). Athletes have the opportunity to meet personally with the coach to go over criteria for non-selection.
6. Athletes' participation in non-season club competition, preseason programs, or other such activities shall not be criteria for selection to team, nor for placement on a particular team.
7. Candidates for team membership must understand that the expenses incurred for shoes, physical examinations or other such necessities does not guarantee team membership.
8. Athletes coming from another sport will be allowed to try-out for the team. The athlete will not be eligible to participate in anyway for a game until all obligations regarding returning or missing equipment are cleared through the bookstore or site equipment technician.
9. Athletes' parents/guardians shall not participate in any aspect of preseason team try-outs unless the parent/guardian is an approved CUSD Coach.
10. During the season and at all tournaments/competitions, the parents/guardians may observe the activities from the stands or sidelines but shall not be on the field or courts. In addition, sportsmanship at athletic events is a major importance in the Chandler Unified School District. Parents/guardians need to understand that behavior by fans at athletic events is a direct reflection on the athletic programs in Chandler.
11. Each school may have additional guidelines. See Athletic Director for more information.

I have read and fully understand the information above regarding candidacy for team membership. I understand that the head coach will render the final decision on team selections.

Student/Athlete Name

Student/Athlete Signature

Date

Parent/Guardian Name

Parent/Guardian Signature

Date

Santan JHS Tryout Information

Parents and Athletes,

1. Students need to be picked up after tryouts as we do not have late buses. Parents should be here by 5:30pm, tryouts should not last much past this each day.
2. Per school guidelines, all tryouts are **closed** to parents and/or spectators. In the past, we have had many people attend tryouts, placing undo pressure on athletes and in some cases, trying to provide instruction to those participating during the tryout. The idea of the tryout is to assess the skill and attitudes of the student athletes at their current level. For outside sports, such as flag football, baseball, softball, and soccer, we require that parents refrain from approaching the tryout area until after the tryout has completed.
3. During tryouts students need to wear a plain t-shirt. Jerseys, shirts or hats showing affiliation with any organization or club team are **not** allowed.
4. We expect all athletes to be role models both in and out of the classroom. Our athletes represent Santan as they travel to various schools around the district. Grades, classroom behavior, and talent are all taken into consideration before the final team is chosen.

Athlete Signature

Date

Parent Signature

Date