

**SABINO HIGH SCHOOL
ELIGIBILITY CLEARANCE PROCESS
2016-2017 ATHLETIC PACKET**

**NO INCOMPLETE PACKETS WILL BE
ACCEPTED!**

Parent Checklist for Sabino Activity Participants

Emergency Information Card -Parent/Guardian Permission

Domicile Statement

Physical dated after March 1, 2016- AIA Physical Forms 15.7-A, 15.7-B and 15.7-C. The physical form must be completed and, signed by a doctor of medicine (M.D. ; osteopathic physician (D.O.); or a certified registered nurse practitioner (N.P.) licensed to practice, or a certified physician assistant (PA-C). No other physical forms will be accepted.

Birth Certificate (Original) for FRESHMAN and FIRST TIME Sabino Participants
Photocopy will be made and original returned to you.

CATS WIN form (completed in summer mailing)

Tucson Unified School District Athletic/Activities Code of Conduct

Refund/Medical Appointment Sheet

What You Need to Know About Water

Impact Test Sheet

AIA Brainbook Online Quiz (first time participants)

Participation fee of \$65.00 to be paid in the Bookstore, receipt brought to the Activities Office

SPECIAL NOTES:

All paperwork must be turned in on or before the first day of practice.

(NOTE: Students will not be allowed on the fields, including Band participants, until they have been cleared!)

There may be a 48 hour turn-around time once packets are dropped off before you are cleared.

Parent signature is required on 8 different places in the Activity Packet.

Student and Parent signatures are required on the CATS WIN form. .

Make sure you fill out and sign (parent & student) the questions on the physical.

If you have any questions, please call the Activities Office at 584-7707.

INTERSCHOLASTIC EMERGENCY INFORMATION CARD

(Please print)

School Year _____ Sport _____
Student's Name _____ High School _____
Matric # _____ Age _____ Birthdate _____
(Month) (Day) (Year)
Student's Home Address _____ Zip _____
Father _____ Home _____ Work _____ Cell _____
Mother _____ Home _____ Work _____ Cell _____
Guardian _____ Home _____ Work _____ Cell _____
Other individual to notify if necessary _____ Phone _____
Preferred Hospital _____ Family Physician _____ Phone _____
List any known allergies _____
List any medications the student is currently taking _____
List any current medical conditions the student is being treated for (i.e., asthma, diabetes, sickle cell trait) and the doctor's name and phone number _____

The team physician, Certified Athletic Trainer, and /or coach may apply emergency treatment until the parent/guardian can be contacted. We give our consent for school officials or coaches to use their own judgment in securing aid, transportation, and ambulance service in case the parent/guardian cannot be reached.

Parent/Guardian Signature _____ Date _____

ISC1002

Interscholastics | Tucson Unified School District

Revised: 11/07/12



PARENT/GUARDIAN PERMISSION FOR PARTICIPATION IN INTERSCHOLASTIC ACTIVITIES

Student's Name _____ Matric _____ Grade _____

Ethnicity:

White _____ African American _____ Hispanic _____ American Indian or Alaskan Native _____ Asian or Pacific Islander _____

We/I give our consent for _____ to engage in Interscholastic athletic competition and other activities during the school year _____. We/I realize that participation in organized Interscholastic athletics involves the potential for injury which is inherent in all sports. We acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observation of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis, quadriplegia, or even death.

WE ACKNOWLEDGE THAT WE HAVE READ AND UNDERSTAND THIS WARNING

(This school district does not carry an accident insurance policy to cover injuries sustained in the Interscholastic program. Accident insurance is the responsibility of the parents or guardians. As a convenience, an individual accident insurance policy form may be picked up in the high school Activities office. Payment and/or correspondence is through the insurance company.)

We/I certify that the address/phone number listed below is correct. We/I accept the responsibility of notifying the school if this address/phone number should change during the current school year.

We do have medical insurance for the student named above. Yes _____ No _____

(Signature of Parent/Guardian) _____ (Date) _____

(Home Address) _____ (Zip Code) _____

(Home Phone) _____ (Emergency/Parent's Work Phone) _____

OFFICE USE:

Physical Exam _____ Fees _____ Grades _____ Emergency Card _____ Birth Certificate _____ CATSWIN _____

Water _____ Media Consent _____ NCAA Regulations Form _____ MTBI/Concussion _____ AIA Brainbook Concussion Quiz _____

DOMICILE STATEMENT

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY!

SECTION ONE:

I currently live in the Sabino High School Attendance zone:

YES NO

SECTION TWO:

Name (please print) _____

Current address: _____

Phone numbers _____ (cell) _____ (home) _____ (alternate)

List all schools that you have attended in high school:

Name of high school: _____

Address while attending this school: _____

Name of high school: _____

Address while attending this school: _____

Did you participate in any sports while at these schools? If yes, please state what sports and grade:

All transfer students seeking eligibility must complete AIA Form 520. Please go to aiaonline.org, select the "About AIA" tab, and on the dropdown menu select "Forms".

SECTION THREE:

Who did you live with when you attended your previous school?

Parent/Guardian (Guardian must be court-appointed. If not court-appointed, please call and make an appointment to meet with the Athletic Director.)

Relative other than parent/guardian: _____

Other-Relationship to this person: _____

Who do you live with now?

Parent/Guardian (Guardian must be court-appointed. If not court-appointed, please call and make an appointment to meet with the Athletic Director.)

Relative other than parent/guardian: _____

Other-Relationship to this person: _____

Parent/Guardian Signature

Date

Student Signature

Date



2016-2017 ANNUAL PREPARTICIPATION PHYSICAL EXAMINATION

Name:	Date of Birth:
Age:	Sex:
Height:	Weight:
% Body fat (optional):	Pulse:
Vision: R20/ L20/	BP: / (/)
Pupils: Equal Unequal	Corrected: Y <input type="checkbox"/> N <input type="checkbox"/>

	Normal	Abnormal Findings	Initials*
Medical			
Appearance			
Eyes/Ears/ Throat/Nose			
Hearing			
Lymph Nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary †			
Skin			
Musculoskeletal			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/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/ND/NMD/NP/PA-C/CCSP



2016-2017 ANNUAL PREPARTICIPATION PHYSICAL EVALUATION

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

Exam Date: _____

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

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

Name: _____
 Relationship: _____
 Phone (Home): _____
 (Work): _____
 (Cell): _____

Explain "Yes" answers on 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 condition (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 stinging 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): 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"/>	<input type="checkbox"/>
7) Have you ever spent the night in the 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, circle affected area in the box below):

* 10) Have you had any broken/fractured bones or dislocated joints? (If yes, circle affected area in the box below):

* 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, circle affected area in the box below):

Head Neck Shoulder Upper Arm Elbow Forearm
 Hand/Fingers Chest Upper Back Low Back Hip Thigh
 Knee Calf/Shin Ankle Foot/Toes



	Y	N
12) Have you ever had a stress fracture?	<input type="checkbox"/>	<input type="checkbox"/>
13) Have you 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 medicine?	<input type="checkbox"/>	<input type="checkbox"/>
19) Were you born without, are you missing, or do you have a nonfunctioning kidney, eye, testicle or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>
20) Have you had infectious mononucleosis (mono) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>
21) Do you have any rashes, pressure sores, or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>
22) Have you had a herpes skin infection?	<input type="checkbox"/>	<input type="checkbox"/>
23) Have you ever had an injury to your face, head, skull or brain (including a concussion, confusion, memory loss or headache from a hit to your head, having your "bell rung" or getting "dinged")?	<input type="checkbox"/>	<input type="checkbox"/>
24) Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
25) Do you have headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
26) 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"/>
27) When exercising in the heat, do you have severe muscle cramps or become ill?	<input type="checkbox"/>	<input type="checkbox"/>
28) 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"/>
29) Have you ever been tested for sickle cell trait?	<input type="checkbox"/>	<input type="checkbox"/>
30) Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
31) Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
32) Do you wear protective eyewear, such as goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>
33) Are you happy with your weight?	<input type="checkbox"/>	<input type="checkbox"/>
34) Are you trying to gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
35) Has anyone recommended you change your weight or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>
36) Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>
37) Do you have any concerns that you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>

Females Only

Explain "Yes" Answers Here

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



2016-2017 ANNUAL PREPARTICIPATION PHYSICAL EVALUATION

(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"/>

Family History Questions: Please tell me about any of the following in your family...

	Y	N
8) 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"/>
9) Are there any family members who died suddenly of "heart problems" before age 50?	<input type="checkbox"/>	<input type="checkbox"/>
10) Are there any family members who have unexplained fainting or seizures?	<input type="checkbox"/>	<input type="checkbox"/>
11) Are there any relatives with certain conditions, such as:	<input type="checkbox"/>	<input type="checkbox"/>
Enlarged Heart	<input type="checkbox"/>	<input type="checkbox"/>
Hypertrophic Cardiomyopathy (HCM)	<input type="checkbox"/>	<input type="checkbox"/>
Dilated Cardiomyopathy (DCM)	<input type="checkbox"/>	<input type="checkbox"/>
Heart Rhythm problems:	<input type="checkbox"/>	<input type="checkbox"/>
Long QT Syndrome (LQTS)	<input type="checkbox"/>	<input type="checkbox"/>
Short QT Syndrome	<input type="checkbox"/>	<input type="checkbox"/>
Brugada Syndrome	<input type="checkbox"/>	<input type="checkbox"/>
Catecholaminergic Polymorphic Ventricular Tachycardia (CPVT)	<input type="checkbox"/>	<input type="checkbox"/>
Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC)	<input type="checkbox"/>	<input type="checkbox"/>
Marfan Syndrome (Aortic Rupture)	<input type="checkbox"/>	<input type="checkbox"/>
Heart Attack, age 50 or younger	<input type="checkbox"/>	<input type="checkbox"/>
Pacemaker or Implanted Defibrillator	<input type="checkbox"/>	<input type="checkbox"/>
Deaf at Birth (Congenital Deafness)	<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 athlete _____

Signature of parent/guardian _____

Date _____

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

Date: _____

Tucson Unified School District Athletic/Activities Code of Conduct

CODE OF CONDUCT FOR PARENTS OF INTERSCHOLASTIC STUDENT-ATHLETES/ACTIVITIES

If a parent has a concern with his/her student athlete, a set protocol should be followed in hopes of resolving the concern/issue. It should be noted that the selection of students to be a member of a school team is the prerogative of the coaching staff. The protocol which parents should follow in regards to resolving a concern/issue is as follows:

- Contact the coach;
- If not satisfied, contact the school athletic director
- If not satisfied, contact the assistant principal for activities
- If not satisfied, contact the principal
- If not satisfied, contact the TUSD Interscholastic

We believe that interscholastic athletic competition should demonstrate high standards of ethics and sportsmanship and promote the development of good character and other important life skills. We also believe that the highest potential of sports is achieved when participants are committed to pursuing victory with honor according to the six core principals: trustworthiness, respect, responsibility, fairness, caring and good citizenship, (the "Six Pillars of Character"). This Code applies to all parents of student-athletes involved in interscholastic sports.

TRUSTWORTHINESS

Trustworthiness – be worthy of trust in all you do.

Integrity – live up to high ideals of ethics and sportsmanship; do what is right even when it's unpopular.

Honesty – live and act honorably, do not allow your children to lie, cheat, steal or engage in any other dishonest or un-sportsmanlike conduct.

Reliability – fulfill commitments do what you say you will do; be on time; when you tell your children you will attend an event, be sure to do so, pick them up from events at the appropriate times

RESPECT

Respect – treat people with respect all the time and require the same of your children.

Class – be gracious in victory and accept defeat with dignity; compliment extraordinary performances and show respect for all competitors.

Personal Conduct – refrain from profanity, disrespectful conduct, and the use of alcohol or tobacco in front of the student-athletes or other situations where your conduct could undermine your positive impact as a role model.

Respect Officials – treat contest officials with respect; do not complain about or argue with official calls or decisions during or after an athletic event.

Respect Coaches – treat coaches with respect at all times; recognize that they have team goals beyond those of your child. Do not shout instructions to players from the stands; let coach's coach.

RESPONSIBILITY

Importance of Education – stress that student-athletes are students first. Be honest with your children about the likelihood of getting an athletic scholarship or playing on a professional level.

Role-Modeling – Consistently exhibit good character and conduct yourself as a role model for your child.

Self-Control - Exercise self-control; do not fight or show excessive displays of anger or frustration. Have the strength to overcome the temptation to demean others.

Privilege to compete - Assure that you and your child understand that participation in interscholastic sports is a privilege, not a right, and that they are expected to represent their team, school and family with honor, on and off the field.

Healthy Lifestyle - Safeguard your health; do not use any illegal or unhealthy substances including alcohol, tobacco and drugs, practice good hygiene by helping wash your child's practice & game clothing if necessary.

FAIRNESS

Be Fair – treat all competitors fairly, be open-minded; always be willing to listen and learn

CARING

Encouragement - encourage our children regardless of their play; offer positive reinforcement.

Empathy – consider the needs and desires of our child's team mates in addition to your own; help promote the team concept by encouraging all team members, understanding that the coach is responsible for determining playing time.

CITIZENSHIP

Know the Rules – maintain a thorough knowledge of all applicable game and competition rules.

Consideration - clean up after yourself; do not Litter

Tucson Unified School District Athletic/Activities Code of Conduct

STUDENT CONDUCT & RESPONSIBILITIES

Students participating in school sports and extracurricular programs are expected to be positive role models for their student body. The various sports and extracurricular programs in the district are intended to promote growth, development, citizenship and social skills beyond the activity itself. Therefore the following is expected of students in extracurricular activities before, during and after school hours:

1. Respect the rules of the school, its teachers, coaches and administrators.
2. Strive to perform to your best ability in the classroom.
3. Support all school activities to the best of your ability.
4. Promote sportsmanship and foster the "Six Pillars of Character".
5. Respect others and their property.
6. The participant is expected to dress neatly on all trips and remain together with the group at all times.
7. Attend all classes each day and be on time for the classes.
8. Be responsible for turning in all athletic equipment and uniforms immediately after the completion of any sport or dropping out of any sport.
9. Know that the student is not allowed to transport any other students in their vehicle to a contest.
10. Follow all TUSD transportation guidelines and conduct themselves with pride when traveling with the team.
Refrain from derogatory comments about your school, team, or coach on the internet.

A student's eligibility for participation in various extracurricular school activities may be affected by the student's conduct. Student/athletes who violate school behavior expectations are subject to various disciplinary measures by their coach, the site athletic director, the assistant principal and the principal. The site assistant principal or the principal in collaboration with the coach, sponsor, or athletic director make the final determination whether a student is dismissed from the team for inappropriate conduct.

Athletes and all extracurricular participants have the following conduct requirements to remain eligible:

- ❖ Conduct by the student during competitions is regulated by the rules and regulations of the Arizona Interscholastic Association and the Bylaws of the Section/Division and TUSD policies & regulations.
- ❖ A referral by itself may not be sufficient cause to suspend a student's participation in extracurricular activities/sports. However, depending on the nature of the infraction (severity, repetition, etc.), the coach/activity sponsor is expected to take appropriate action once they are advised of the incident(s).
- ❖ If a student has established a pattern of misconduct, regardless of whether or not suspensions were involved, the student is subject to being suspended by the assistant principal and/or principal, from all teams of which the student is a member.
- ❖ Any out-of-school suspension results in an automatic suspension from all teams/clubs/groups the student is a member of for the duration of the suspension. Not only is the student suspended from playing/participating, the student is also suspended from practices and organized activities (team workouts, meetings, matches, etc.)
- ❖ A student athlete who is suspended out of school and play during the season may be suspended from the team for that season.
- ❖ A student is expected to conduct themselves in any online social media as he/she is expected to behave in person. Misconduct may result in suspension or removal from the team or other disciplinary action.

Tucson Unified School District Athletic/Activities Code of Conduct

TUSD HIGH SCHOOL ATHLETICS-GUIDELINES FOR TEAM TRY-OUTS

1. Team members will be selected on the basis of the coach or coaches' evaluation of a candidate's skill level, team contribution, and attitude.
2. Candidacy for team membership will be based on a minimum number of practices/tryouts determined by the coach (coaches).
3. Evaluation for team membership is based on both objective and subjective criteria which are developed by each coach (coaches) for each sport.
4. Athletes shall be informed of what is expected of them in terms of skills, team contribution, and team attitude.
5. Athletes shall be notified by the coach (coaches), regarding their selection or non-selection to the team. Coaches are encouraged to do this in person.
6. Athletes' participation in non-season club competitions, preseason programs, or other such activities shall not be criteria for selection to a 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 will not be allowed to try out for a team after the final selection has been made. Exceptions to this will only be allowed for athletes who:
 - Transfer into the school; (transfer students must meet the same standards as entering students)
 - Were suspended or reassigned to an alternative educational setting
 - Have participated in a prior season sport
 - Have a family emergency
 - Have a personal illness
 - Exceptions based on other extenuating circumstances may be granted by the principal, assistant principal, designee or school athletic director

Before any exceptions are allowed, a meeting including the athlete, the athlete's parent(s), the athlete's coach-to-be, and an administrator of the school must be held prior to the athlete's practicing with the team.

9. Athlete(s) parents shall not participate in any aspect of preseason team tryouts unless they are an approved coach.
10. If an athlete decides to join a team, once competition has started, he/she must practice for two weeks (10 days) before being eligible for game competition.
11. If an athlete quits a team, she/he is ineligible to participate with any other team until his conclusion of the current season or the athlete completes an athletic release which is signed by both coaches and the athletic director. This includes open gym, field, etc.

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 who makes the team.

PARENT/GUARDIAN SIGNATURE/DATE

STUDENT SIGNATURE/DATE

PLEASE BE ADVISED THAT THERE ARE NO REFUNDS OF PARTICIPATION FEES FOR THE 2016-2017 SCHOOL YEAR

Some sports will have a try-out period during which the student can try-out for a team provided the athlete has all of his/her completed sports packet turned in(except for the participation fee). After the coach has made cuts, the remaining athletes will need to pay the fee before he/she can participate in practice or at a competition. Once the participation fee is paid it can not be refunded.

A.R.S. 15-342(24) and H.B. 2421, "extracurricular activities" means school sponsored activities that require enrolled student to pay a fee in order to participate. A tax credit receipt is given to the individual by the school finance office for this participation fee, so that he/she may claim this paid fee on his/her tax return as a credit to reduce tax liability, therefore, the school board approved participation fee paid by the taxpayer will benefit the taxpayer on the tax return and may not be refunded by the school.

Please sign that you have read and understand the above.

Parent signature: _____

Medical Appointments

In order to prevent an AIA violation as a result of a student being absent for a medical appointment, the student must provide documentation of the doctor's appointment. Participation in the game without turning in the documentation could cause an AIA violation resulting in the team forfeiting the game. This documentation must be faxed or hand delivered to the Activities Office prior to the game the student will participate in. If the documentation is not turned into the Activities Office the student-athlete will not be allowed to participate in the game.

We have read and understand that we must provide documentation of a doctor's appointment to the Activities Office.

Parent signature: _____

Date: _____

Student signature: _____

Date: _____



Division I Academic Requirements

College-bound student-athletes will need to meet the following academic requirements to practice, receive athletics scholarships, and/or compete during their first year.

Core-Course Requirement

Complete 16 core courses in the following areas:

- 4 years of English
- 3 years of math (Algebra I or higher)
- 2 years of natural/physical science (1 year of lab if offered)
- 1 year of additional English, math or natural/physical science
- 2 years of social science
- 4 years of additional courses (any area above, foreign language or comparative religion/philosophy)

Full Qualifier

- Complete 16 core courses:
 - Ten of the 16 core courses must be completed before the seventh semester (senior year) of high school
 - Seven of the 10 core courses must be in English, math, or science
- Earn a core-course GPA of at least 2.300
- Earn the ACT/SAT score matching your core-course GPA on the Division I sliding scale (see back page)
- Graduate high school

Academic Redshirt

- Complete 16 core courses
- Earn a core-course GPA of at least 2.000
- Earn the ACT/SAT score matching your core-course GPA on the Division I sliding scale (see back page)
- Graduate high school

Full Qualifier: College-bound student-athletes may practice, compete and receive athletics scholarship during their first year of enrollment at an NCAA Division I school.

Academic Redshirt: College-bound student-athletes may receive athletics scholarships during their first year of enrollment and may practice during their first regular academic term but may NOT compete during their first year of enrollment.

Nongualifier: College-bound student-athletes cannot practice, receive athletics scholarships or compete during their first year of enrollment at an NCAA Division I school.



NCAA Eligibility Center

Test Scores

When you register for the SAT or ACT, use the NCAA Eligibility Center code of 9999 so your scores are sent directly to the NCAA Eligibility Center from the testing agency. Test scores on transcripts will not be used in your academic certification.

A combined SAT score is calculated by adding reading and math subscores. An ACT sum score is calculated by adding English, math, reading and science subscores. You may take the SAT or ACT an unlimited number of times before you enroll full time in college. If you take either test more than once, the best sub score from different tests are used to meet initial eligibility requirements.

If you take the current SAT before March 2016 and then take the redesigned SAT at a later date, the NCAA Eligibility Center will not combine section scores from the current and redesigned SAT when determining your initial eligibility. The NCAA Eligibility Center will only combine section scores from the same version of the test. Because the redesigned SAT varies in design and measures different academic concepts than the current SAT, a numerical score on the current test may not be equivalent to the same numerical score on the redesigned test.

DIVISION I FULL QUALIFER SLIDING SCALE

Core GPA	SAT	ACT Sum
	Reading/Math	
3.550	400	37
3.525	410	38
3.500	420	39
3.475	430	40
3.450	440	41
3.425	450	41
3.400	460	42
3.375	470	42
3.350	480	43
3.325	490	44
3.300	500	44
3.275	510	45
3.250	520	46
3.225	530	46
3.200	540	47
3.175	550	47
3.150	560	48
3.125	570	49
3.100	580	49
3.075	590	50
3.050	600	50
3.025	610	51
3.000	620	52
2.975	630	52
2.950	640	53
2.925	650	53
2.900	660	54
2.875	670	55
2.850	680	56
2.825	690	56
2.800	700	57
2.775	710	58
2.750	720	59
2.725	730	60
2.700	740	61
2.675	750	61
2.650	760	62
2.625	770	63
2.600	780	64
2.575	790	65
2.550	800	66
2.525	810	67
2.500	820	68
2.475	830	69
2.450	840	70
2.425	850	70
2.400	860	71
2.375	870	72
2.350	880	73
2.325	890	74
2.300	900	75
2.299	910	76
2.275	910	76
2.250	920	77
2.225	930	78
2.200	940	79
2.175	950	80
2.150	960	81
2.125	970	82
2.100	980	83
2.075	990	84
2.050	1000	85
2.025	1010	86
2.000	1020	86

ACADEMIC REDSHIRT



2018 Division II New Academic Requirements

Initial-eligibility standards for NCAA Division II college-bound student-athletes are changing.

College-bound student-athletes first enrolling at an NCAA Division II school on or after August 1, 2018, need to meet new academic rules to practice, compete and receive athletics scholarships during their first year.

Core-Course Requirement

- 3 years of English
- 2 years of math (Algebra I or higher)
- 2 years of natural or physical science (including one year of lab science if offered)
- 2 years of social science
- 3 additional years of English, math or natural or physical science
- 4 additional years of English, math, natural or physical science, social science, foreign language, comparative religion or philosophy

Full Qualifier

- Complete 16 core courses.
- Earn a core-course GPA of at least 2.200.
- Earn the ACT/SAT score matching your core-course GPA on the Division II sliding scale (see back page).
- Graduate high school.

Partial Qualifier

- Complete 16 core courses.
- Earn a core-course GPA of at least 2.000.
- Earn the ACT/SAT score matching your core-course GPA on the Division II sliding scale (see back page).
- Graduate high school.

Full Qualifier: College-bound student-athletes may practice, compete and receive athletics scholarship during their first year of enrollment at an NCAA Division II school.

Partial Qualifier: College-bound student-athletes may receive athletics scholarships during their first year of enrollment and may practice during their first regular academic term but may NOT compete during their first year of enrollment.

Nonqualifier: College-bound student-athletes may not practice, compete or receive athletics scholarships during their first year of enrollment at an NCAA Division II school.

Test Scores

If you take the current SAT before March 2016 and then take the redesigned SAT at a later date, the NCAA Eligibility Center will not combine section scores from the current and redesigned SAT when determining your initial eligibility. The NCAA Eligibility Center will only combine section scores from the same version of the test. Because the redesigned SAT varies in design and measures different academic concepts than the current SAT, a numerical score on the current test may not be equivalent to the same numerical score on the redesigned test.



NCAA Eligibility Center

DIVISION II FULL QUALIFIER SLIDING SCALE		
Use for Division II beginning August 1, 2018		
Core GPA	SAT Reading/Math	ACT Sum
3.300 & above	400	37
3.275	410	38
3.250	420	39
3.225	430	40
3.200	440	41
3.175	450	41
3.150	460	42
3.125	470	42
3.100	480	43
3.075	490	44
3.050	500	44
3.025	510	45
3.000	520	46
2.975	530	46
2.950	540	47
2.925	550	47
2.900	560	48
2.875	570	49
2.850	580	49
2.825	590	50
2.800	600	50
2.775	610	51
2.750	620	52
2.725	630	52
2.700	640	53
2.675	650	53
2.650	660	54
2.625	670	55
2.600	680	56
2.575	690	56
2.550	700	57
2.525	710	58
2.500	720	59
2.475	730	60
2.450	740	61
2.425	750	61
2.400	760	62
2.375	770	63
2.350	780	64
2.325	790	65
2.300	800	66
2.275	810	67
2.250	820	68
2.225	830	69
2.200	840 & above	70 & above

DIVISION II PARTIAL QUALIFIER SLIDING SCALE		
Use for Division II beginning August 1, 2018		
Core GPA	SAT Reading/Math	ACT Sum
3.050 & above	400	37
3.025	410	38
3.000	420	39
2.975	430	40
2.950	440	41
2.925	450	41
2.900	460	42
2.875	470	42
2.850	480	43
2.825	490	44
2.800	500	44
2.775	510	45
2.750	520	46
2.725	530	46
2.700	540	47
2.675	550	47
2.650	560	48
2.625	570	49
2.600	580	49
2.575	590	50
2.550	600	50
2.525	610	51
2.500	620	52
2.475	630	52
2.450	640	53
2.425	650	53
2.400	660	54
2.375	670	55
2.350	680	56
2.325	690	56
2.300	700	57
2.275	710	58
2.250	720	59
2.225	730	60
2.200	740	61
2.175	750	61
2.150	760	62
2.125	770	63
2.100	780	64
2.075	790	65
2.050	800	66
2.025	810	67
2.000	820 & above	68 & above

WHAT YOU NEED TO KNOW ABOUT WATER

The overall health and wellness of the students in TUSD is of utmost importance.

With the close proximity of the student athlete's during sports participation, transmission of certain diseases is inevitable. The following recommendations are to decrease the possibility of water borne disease transmission and to ensure safe participation of TUSD's student athletes:

1. Each athlete is responsible for bringing a drinking container to his or her sport practice. This container needs to be:
 - ❖ Reusable, refillable and washable.
 - ❖ Clearly labeled for easy recognition by the student athlete.
2. Athletes are not allowed to share drinking containers.
3. Each athlete is responsible for cleaning his or her drinking container daily and this cleaning is to be done at home. The recommended cleaning procedure is to rinse the inside, outside and lid of this container in hot soapy water and allow to air dry. Once a week, the container should be cleaned in the dishwasher or with a disinfectant solution.
4. For athletic contests, each athlete is recommended to continue using his or her own personal water bottle. For some events, this is not feasible; therefore water bottles or cups will be provided by the school for use by the athletic team. Each athlete is responsible for proper use of the water bottles.
This includes not placing their mouth on any part of the water bottle.
The athlete trainer at each school will clean and disinfect the water bottles after each event use.

There will be access to water at each practice and/or athletic event for the purpose of refilling personal water bottles. If a student athlete forgets his or her water container or is not able to supply his or her own, one may be checked out on a daily basis from the athletic trainer. It is the responsibility of the student athlete to return this bottle to the athletic trainer at the end of each practice.

If you have any questions, please feel free to contact your school's certified athletic trainer.

I have read and understand the information provided above.

Student signature: _____ Date: _____

CONSENT FOR COGNITIVE TESTING and RELEASE OF INFORMATION

I give my permission for (name of child) _____

(child's date of birth) _____

to have a post-concussion ImPACT (Immediate Post-concussion Assessment and Cognitive Testing) administered at Sabino High School. I understand that my child may need to be tested more than once, depending upon the results of the test, as compared to my child's baseline test, which is on file at SHS. I understand there is no charge for the testing.

Sabino High School may release the ImPACT (Immediate Post-concussion Assessment and Cognitive Testing) results to my child's primary care physician, neurologist, or other treating physician, as indicated below.

I understand that general information about the test data may be provided to my child's guidance counselor and teachers, for the purposes of providing temporary academic modifications, if necessary.

Name of parent or guardian: _____

Signature of parent or guardian: _____

Date: _____

PLEASE PRINT THE FOLLOWING INFORMATION:

Name of doctor: _____

Name of practice or group: _____

Phone number: _____

Student's home address: _____

Parent or guardian phone numbers (please indicate preferred contact number & time if necessary):

_____ (H) _____ (W)

_____ (cell)

TUCSON UNIFIED SCHOOL DISTRICT

SABINO HIGH SCHOOL

5000 North Bowes Road
Tucson, Arizona 85749
(520) 584-7707 FAX (520) 584-7701

INSTRUCTIONS FOR BRAINBOOK CONCUSSION COURSE:

1. Go to www.aiaacademy.org
2. Click on Concussion Education: Brainbook
3. Click on "Register as a Student"
4. Complete the registration information, remember your username and password, and submit
5. Registration complete...click on login
6. Login using your username and password that you created earlier
7. Complete the 50 minute concussion course
8. Once you have completed the course and passed the quiz, **print the certificate of completion and turn it in with your athletic packet to the Sabercat (Activities) Office.**