



2017-2018 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):	<input type="checkbox"/>	<input type="checkbox"/>
* 10) Have you had any broken/fractured bones or dislocated joints? (If yes, circle affected area in the box below):	<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, circle affected area in the box below):	<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"/> Low 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 <input type="checkbox"/>		

	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"/>

Blank space for explaining "Yes" answers to questions 38-40.



2017-2018 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:		
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.

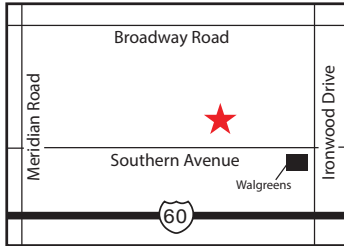
Signature of athlete _____

Signature of parent/guardian _____

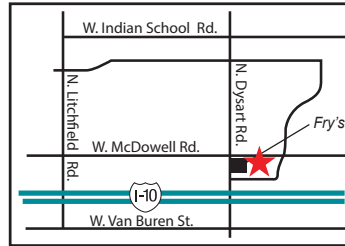
Date _____

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

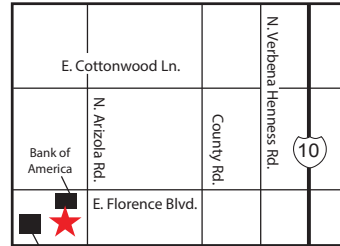
Date: _____



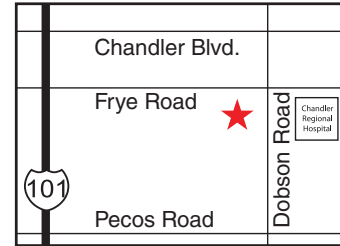
Apache Junction • 85120
 2080 West Southern Ave., Suite #A1



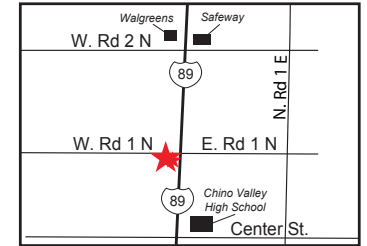
Avondale • 85392
 13075 W. McDowell Rd., Suite #D106



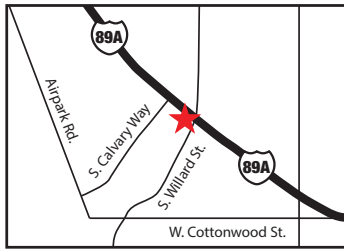
Casa Grande • 85122
 1683 E. Florence Blvd., Suite #7



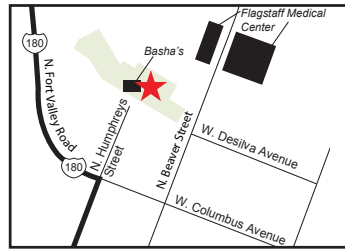
Chandler • 85224
 600 S. Dobson Road, Suite #C-26



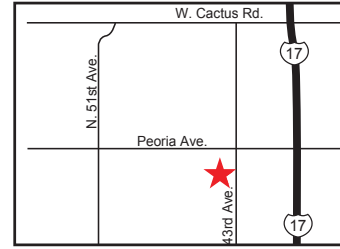
Chino Valley • 86323
 474 State Highway 89



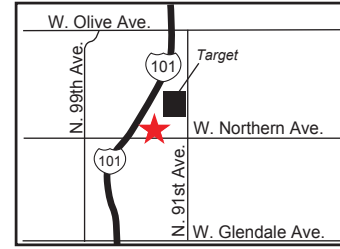
Cottonwood • 86326
 450 S. Willard Street, Suite #120



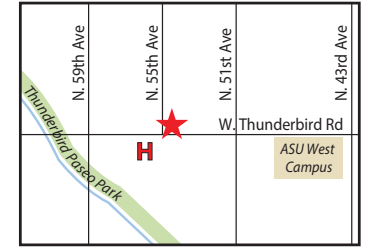
Flagstaff • 86001
 1000 N. Humphreys St., Suite #104



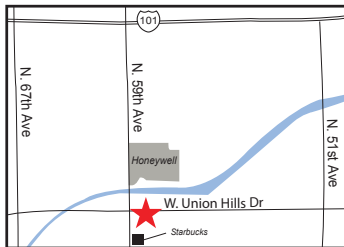
Glendale • 85302
 10240 N. 43rd Ave., Suite #3



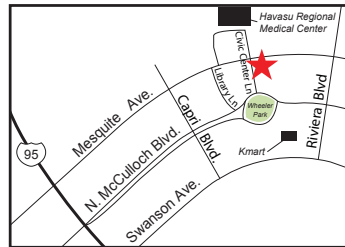
Glendale • 85305
 9494 W. Northern Ave., Suite #101



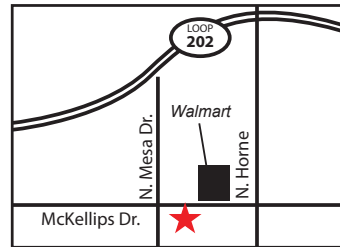
Glendale • 85306
 5410 W. Thunderbird Road, Suite #101



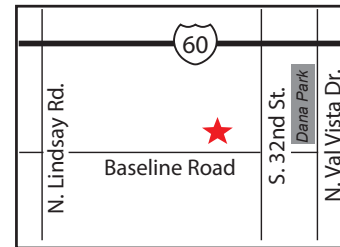
Glendale • 85308
 18589 N. 59th Ave., Suite #101



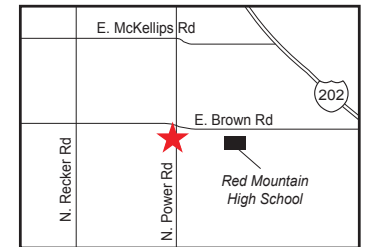
Lake Havasu City • 86403
 1810 Mesquite Ave., Suite B



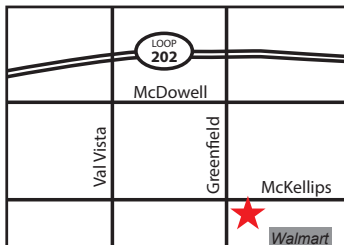
Mesa • 85203
 535 E. McKellips Road, Suite #101



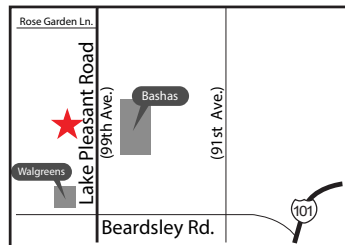
Mesa • 85204
 3130 E. Baseline Road, Suite #105



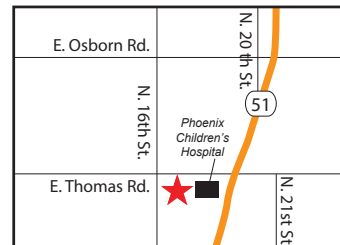
Mesa • 85205
 1066 N. Power Road, Suite #101



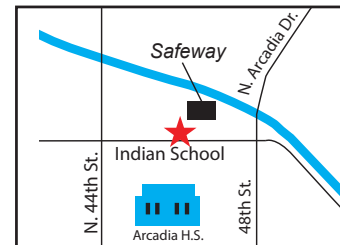
Mesa • 85215
 4401 E. McKellips Road, Suite #102



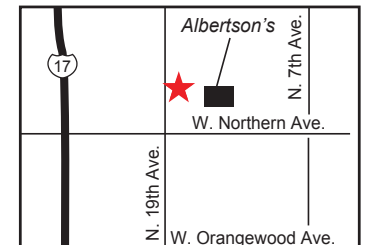
Peoria • 85382
 20470 N. Lake Pleasant Rd., Suite #102



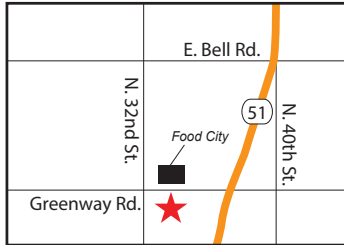
Phoenix • 85016
 1701 E. Thomas Road, Suite #A104



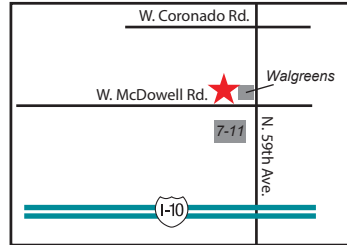
Phoenix • 85018
 4730 E. Indian School Rd., Suite #211



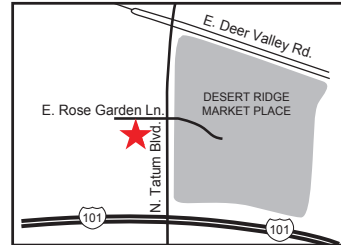
Phoenix • 85021
 8101 N. 19th Ave., Suite #A



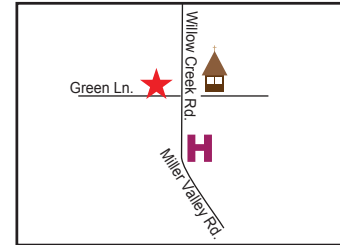
Phoenix • 85032
 3229 E. Greenway Rd., Suite #102



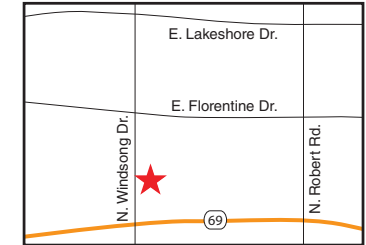
Phoenix • 85035
 5920 W. McDowell Road



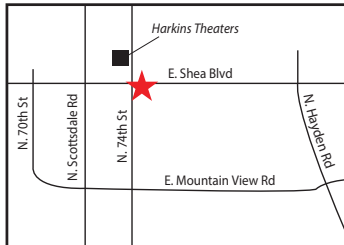
Phoenix • 85050
 20950 N. Tatum Blvd., Suite #190



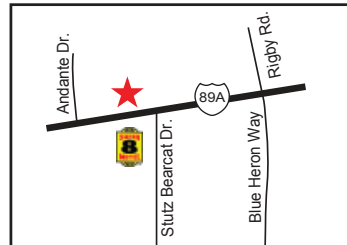
Prescott • 86301
 2062 Willow Creek Road



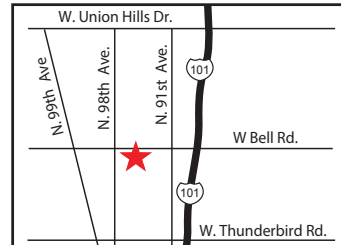
Prescott Valley • 86314
 3051 N. Windsong Drive



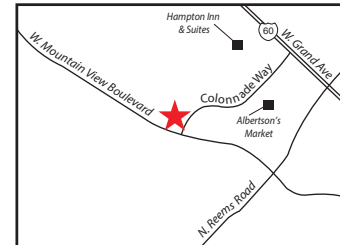
Scottsdale • 85260
 7425 E. Shea Blvd., Suite #108



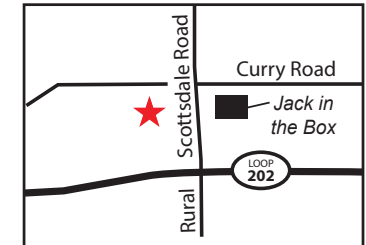
Sedona • 86336
 2530 W. SR 89A, Suite #A



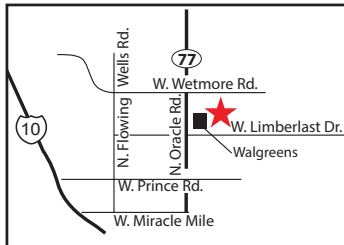
Sun City • 85351
 9745 W. Bell Road, Suite #105



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



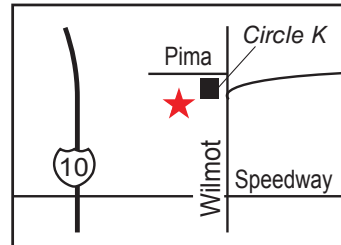
Tempe • 85281
 914 N. Scottsdale Rd., Suite #104



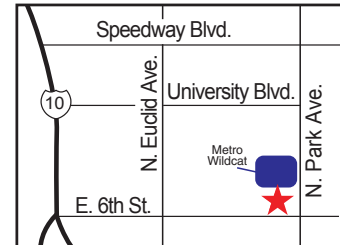
Tucson • 85705
 4280 North Oracle Rd., Suite #100



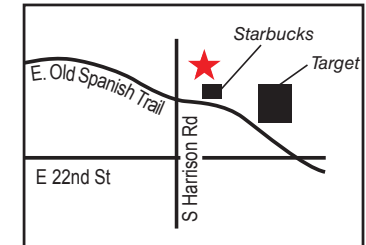
Tucson • 85706
 5369 S. Calle Santa Cruz, Suite #145



Tucson • 85712
 6238 E. Pima Street



Tucson • 85719
 501 North Park Ave., Suite #110



Tucson • 85748
 9525 E. Old Spanish Trail, Suite #101



2017-2018 ANNUAL PREPARTICIPATION PHYSICAL EXAMINATION

Name:	Date of Birth:
Age:	Sex:
Height:	Weight:
% Body fat (optional):	Pulse:
	BP: ___/___ (___/___, ___/___)
Vision: R20/___ L20/___	Corrected: Y___ N___
Pupils: Equal___ Unequal___	

	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

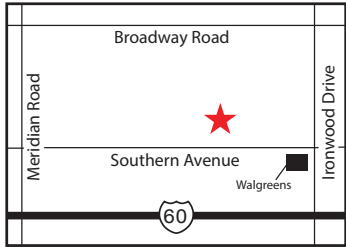
Not Cleared For: All Sports Certain Sports _____ Reason: _____

Recommendations: _____

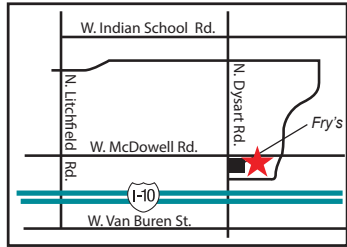
Name of Physician(Print/Type): _____ Exam Date: _____

Address: _____ Phone: _____

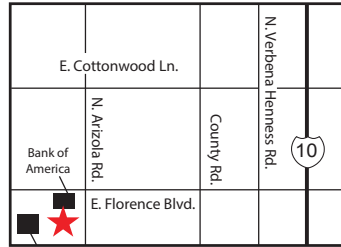
Signature of Physician: _____, MD/DO/ND/NMD/NP/PA-C/CCSP



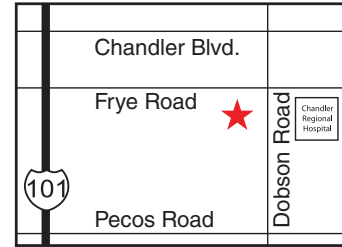
Apache Junction • 85120
 2080 West Southern Ave., Suite #A1



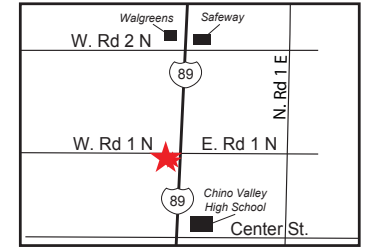
Avondale • 85392
 13075 W. McDowell Rd., Suite #D106



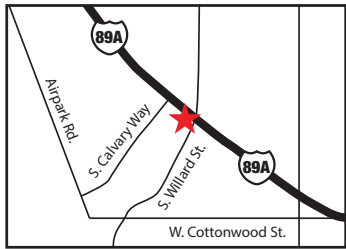
Casa Grande • 85122
 1683 E. Florence Blvd., Suite #7



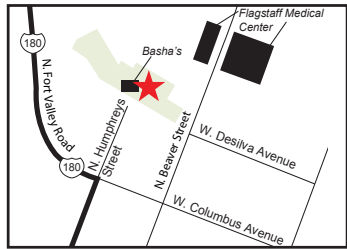
Chandler • 85224
 600 S. Dobson Road, Suite #C-26



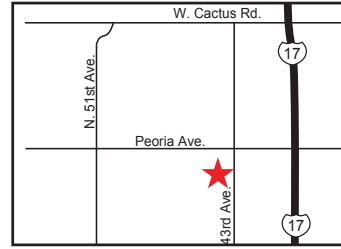
Chino Valley • 86323
 474 State Highway 89



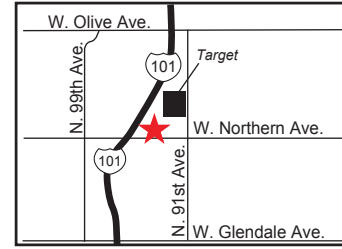
Cottonwood • 86326
 450 S. Willard Street, Suite #120



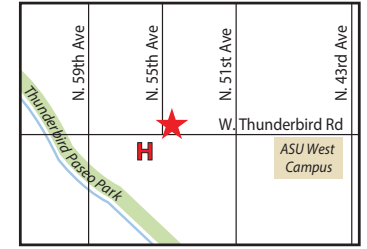
Flagstaff • 86001
 1000 N. Humphreys St., Suite #104



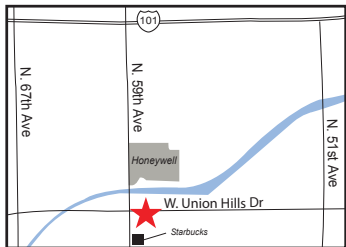
Glendale • 85302
 10240 N. 43rd Ave., Suite #3



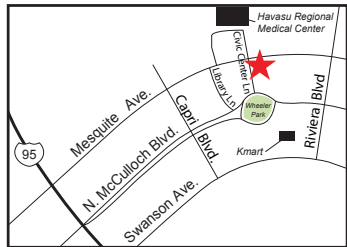
Glendale • 85305
 9494 W. Northern Ave., Suite #101



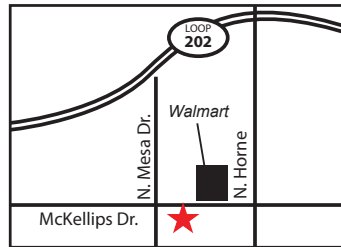
Glendale • 85306
 5410 W. Thunderbird Road, Suite #101



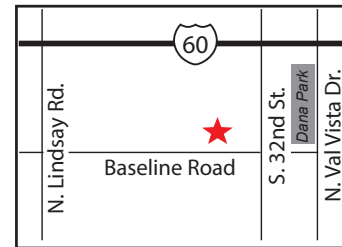
Glendale • 85308
 18589 N. 59th Ave., Suite #101



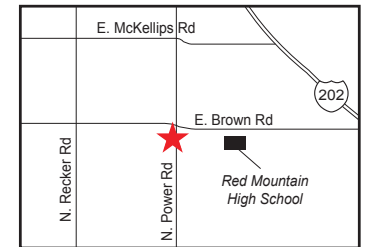
Lake Havasu City • 86403
 1810 Mesquite Ave., Suite B



Mesa • 85203
 535 E. McKellips Road, Suite #101



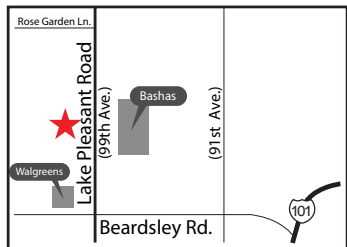
Mesa • 85204
 3130 E. Baseline Road, Suite #105



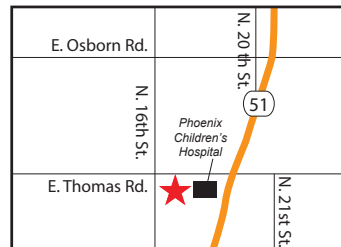
Mesa • 85205
 1066 N. Power Road, Suite #101



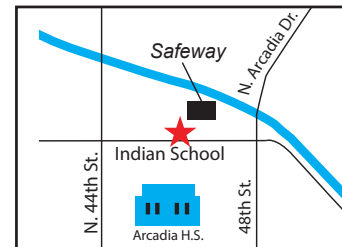
Mesa • 85215
 4401 E. McKellips Road, Suite #102



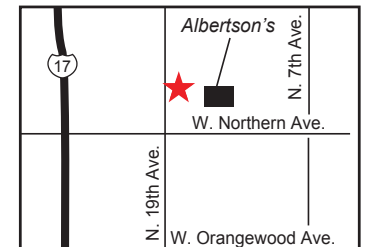
Peoria • 85382
 20470 N. Lake Pleasant Rd., Suite #102



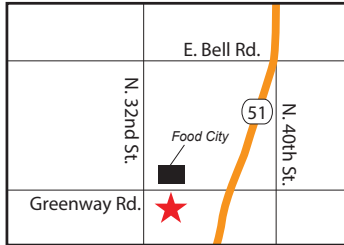
Phoenix • 85016
 1701 E. Thomas Road, Suite #A104



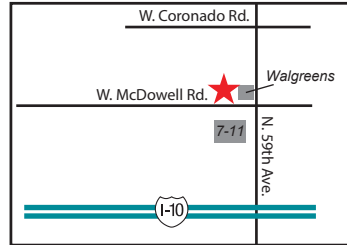
Phoenix • 85018
 4730 E. Indian School Rd., Suite #211



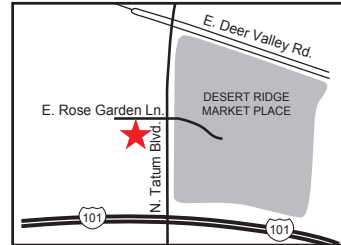
Phoenix • 85021
 8101 N. 19th Ave., Suite #A



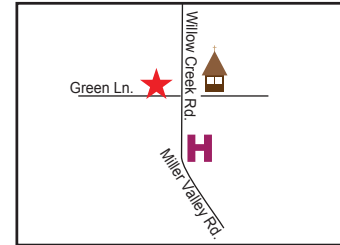
Phoenix • 85032
 3229 E. Greenway Rd., Suite #102



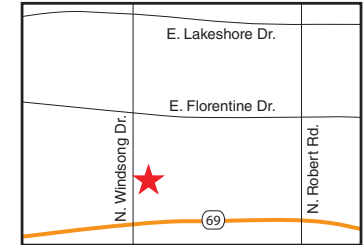
Phoenix • 85035
 5920 W. McDowell Road



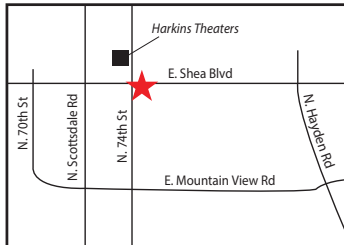
Phoenix • 85050
 20950 N. Tatum Blvd., Suite #190



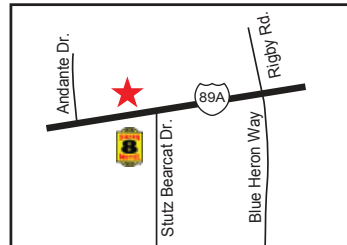
Prescott • 86301
 2062 Willow Creek Road



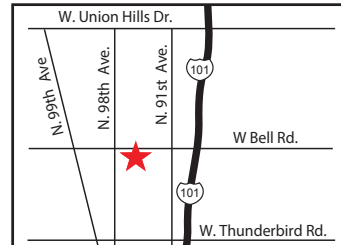
Prescott Valley • 86314
 3051 N. Windsong Drive



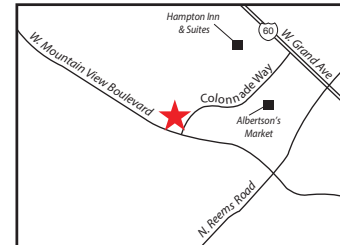
Scottsdale • 85260
 7425 E. Shea Blvd., Suite #108



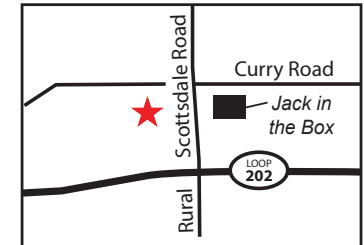
Sedona • 86336
 2530 W. SR 89A, Suite #A



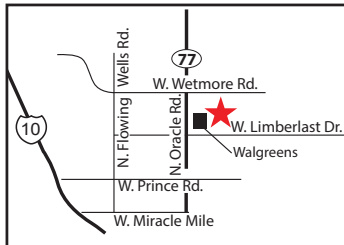
Sun City • 85351
 9745 W. Bell Road, Suite #105



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



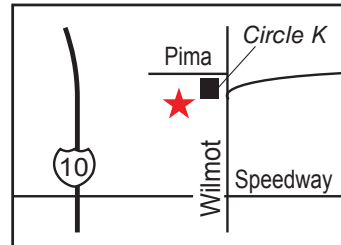
Tempe • 85281
 914 N. Scottsdale Rd., Suite #104



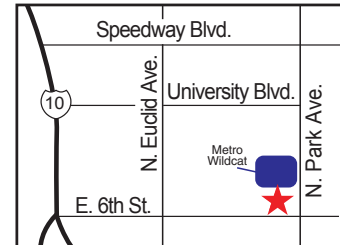
Tucson • 85705
 4280 North Oracle Rd., Suite #100



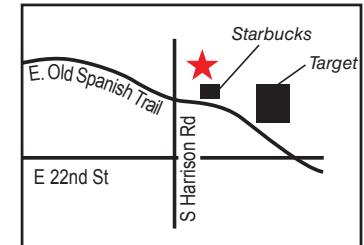
Tucson • 85706
 5369 S. Calle Santa Cruz, Suite #145



Tucson • 85712
 6238 E. Pima Street



Tucson • 85719
 501 North Park Ave., Suite #110



Tucson • 85748
 9525 E. Old Spanish Trail, Suite #101



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: _____



Telesis Center for Learning, Inc.
2598 Starlite Lane, Lake Havasu City, AZ 86403
Tel 928-855-8661 Fax 928-855-9302
info@telesis-academy.org
www.telesis-academy.org

Athlete's Commitment to Excellence

COMMITMENT to team success in sports starts with the individual first, requiring each athlete to give more of him/herself to add to the team instead of subtracting.

As one of the athletes of Telesis Preparatory Academy, A division of Telesis Center for Learning, INC., I commit:

1. To bring a Character First student/athlete
2. To represent my teammates and coaches, abiding by school and community expectations and reflecting my team's values, commitment, and hard work.
3. To maintain my health and fitness levels by following the training rules as prescribed by the athletic department.
4. To attend every practice unless excused by my coach.
5. To commit myself to being a student first, then athlete.
6. To commit myself to the hard work in practice as to obtain the victory.
7. To make the time available to satisfy my family relationships and obligations.
8. To accept the responsibilities of team membership: cooperation, support of my teammates, positive interaction, and mutual respect.
9. To exhibit good standards by expressing my feelings and ideas intelligently and appropriately.
10. To show respect to the fans and supporters of our school and teams.
11. To commit to your own personal growth and success in all your endeavors.
12. To read and adhere to the statements in the athletic and student handbook.

I have read and agree to follow the above statements.

Athlete's Signature _____ Parent's Signature _____

Athlete's Name (print) _____ Parent's Name (print) _____

Date: _____

Date: _____



Teleses Center for Learning, Inc.
 2598 Starlite Lane, Lake Havasu City, AZ 86403
 Tel 928-855-8661 Fax 928-855-9302
 info@teleses-academy.org
 www.teleses-academy.org

INDIVIDUAL INSURANCE WAIVER FORM

I affirm that I am the parent or legal guardian of the below named student. I understand that **(school name)** _____ requires all students who participate in interscholastic athletics or special events that the school sanctions as games, meets, matches, tournament or any other special events to be covered by an accident insurance policy. Fully understanding and accepting all responsibility and absolving Teleses Center for Learning, Inc. or its owners, or any of their member’s schools, the facilities they own or rent in their respective communities.

This includes all promotional sponsors, advertisers, partners, officers, directors, officials, agents, volunteers, spectators, and employees, school board, school district from any and all suits, claims, and demands of any kind for personal injuries of such responsibility (including death) and or property damage that I and/or my child may sustain while participating in any events associated with Teleses Center for Learning, Inc.

I hereby make known that I want my personal health and accident insurance to be considered to cover the named student. I represent that the named student is currently covered and will be covered during the present school year by an accident insurance policy. I further acknowledge that in the event my personal health and accident insurance is cancelled, withdrawn, or in any way ceases to exist, I will withdraw **(student’s name)** _____ from all sports activities until such time as I obtain equivalent health and accident insurance.

I further accept full responsibility for all obligations, financial or other which may result from injuries to my son/daughter while participating in any and all school sports activities or special events.

Insurance Company Name	Policy Number	Policy effective Date
-------------------------------	----------------------	------------------------------

I have read and understand all information on Teleses Center for Learning, Inc. forms that are required to participate. I am aware that catastrophic injuries and even death may result from athletic participation including (transportation) to and from each destination. I also understand that Teleses Center for Learning, Inc. does not provide accident insurance for my son or daughter.

Parent or Guardian Name (print name)	Parent or Guardian Signature	Date
---	-------------------------------------	-------------



Telesis Center for Learning, Inc.
 2598 Starlite Lane, Lake Havasu City, AZ 86403
 Tel 928-855-8661 Fax 928-855-9302
 info@telesis-academy.org
 www.telesis-academy.org

Student-Athlete Agreement Form

This form is to help you understand our sports program and to inform participants of what is expected of them as student-athletes.

Telesis Center for Learning, Inc. is part of the AIA (Arizona Interscholastic Association/www.aiaonline.org). It is a voluntary association of public and private high schools which was established by and is responsible to its members. AIA believes that interscholastic activities are beneficial to the total education program.

Please refer to your Student/Parent Handbook 2016-2017 for attendance policies, procedures, academics, behavioral rules, and code of conduct. Each student-athlete may be responsible in participating in team fundraising events to help cover the cost of transportation to and from games. A sports fee is required for participation in sports.

- *I understand that athletics is not a right, but a privilege, and with that comes responsibilities such as keeping and following all rules. I will work extra hard in all of my classes and maintaining the required grades to remain eligible to participate. I will practice self-control at all times especially during competition with other teams. I understand and agree to the no smoking, no drinking, and no drug policy during any practice or game.*
- *I must present a signed copies the following: Student/Athlete agreement form, Waiver of Liability, and Athlete’s Commitment to Excellent Form. I understand that the state of Arizona an annual current school year physical is required in order for me to participate in interscholastic athletics and in special sport events.*
- *I have taken my physical and am approved to play this school year 2016-2017*

Physician’s Name _____ Phone Number _____

If there are any medical problems that could be affected by participating in your sport, please list and explain:

By providing signatures below, my parent or legal guardian and I understand and agree to the above.

 Student-Athlete Name (print)

 Student-Athlete signature

 Date

 Parent/Legal Guardian Name (print)

 Parent/Legal Guardian Signature

 Date



Teleses Center for Learning, Inc.
2598 Starlite Lane, Lake Havasu City, AZ 86403
Tel 928-855-8661 Fax 928-855-9302
info@teleses-academy.org
www.teleses-academy.org

Waiver of Liability Form

I (We) the undersigned parent(s)/guardian(s) of the student below named, do hereby give and grant unto any medical doctor or hospital, my (our) consent and authorization to render such aid, treatment or care to said student, as in the judgment of the said doctor or hospital, may be required, on an emergency basis, in the event said student should be injured or stricken ill while participating in interscholastic activity sponsored or sanctioned by Teleses Center for Learning, Inc. I (We) understand and agree that Teleses Center for Learning, Inc. coaches and advisors are not financially responsible for accident or injury resulting from my child's participation in any school related activity and that I (we) give permission for above named student 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, quadriplegic or death.

Parent Name (please print)

Student Name (please print)

Parent Signature

Student Signature

Day Phone Number

Evening Phone Number

Emergency Contact Name

Emergency Contact Phone Number

Date