



# Heritage Academy

Athletics/Activities Department

Benjamin Johnson  
Athletic Director

## HERITAGE ACADEMY ATHLETIC PACKET 2019-2020

Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Grade \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_

Sport(s) \_\_\_\_\_

A student will **not** be eligible to participate (games, practice, tryouts) in any sport without clearance from the Athletic Department. **ALL MATERIALS MUST BE COMPLETED AND RETURNED TO THE ATHLETIC OFFICE.** Scholars must complete all paperwork and meet all eligibility requirements to participate in sports at Heritage Academy.

- Parent Consent and Emergency Information
- Code of Conduct
- Participation Physical Evaluation - Medical History
- Participation Physical Evaluation – Physical Examination by a Doctor
- Athletic Participation / Fee Form
- Transportation Permission
- CAA Concussion Video / Proof of Insurance
- Payment - Extracurricular Activity Donation (ECA Tax Credit Form)

Fill out all documents and scan and send to Coach Johnson at [bwjohnson@heritageacademyaz.com](mailto:bwjohnson@heritageacademyaz.com)

### TRANSFER STUDENTS:

Reminder....if you are a new student to the school district and want to participate in Activities/Athletics you **MUST** come to the Athletic Director, and fill out transfer papers to become eligible.

\*\*\*New students to Heritage Academy, wishing to try out for an athletic team after the season has started will have an opportunity to do so if they meet all requirements listed above and the season is not nearing completion. New students wishing to do so should visit the athletic department, and speak with the Athletic Director and the head coach of the sport they are interested in.\*\*\*

New to Heritage Academy: Y \_\_\_ N \_\_\_ Enrollment date ( \_\_\_ / \_\_\_ / \_\_\_ )

Last school attended: \_\_\_\_\_

## **HERITAGE ACADEMY PARENT CONSENT AND EMERGENCY INFORMATION**

My signature below indicates my permission for my scholar, \_\_\_\_\_, to participate in after school sports/activities at Heritage Academy. My signature also indicates that I have read and approve the medical treatment authorization.

### **EMERGENCY INFORMATION**

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Day Phone of Parents: Father \_\_\_\_\_ Mother: \_\_\_\_\_

Address: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Allergies: \_\_\_\_\_

In an emergency, if the parents cannot be reached, please notify:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### **MEDICAL TREATMENT AUTHORIZATION**

In the event of illness or injury occurring to my child while participating in this activity, I hereby give my consent for medical or dental care deemed necessary by the attending health care provider or dentist. My child may be examined and any necessary procedures (medical, dental, or surgical), anesthesia or diagnostic procedures (lab or x-ray) may be performed under the supervision of a member of the hospital or medical office staff furnishing such services.

I understand that, in the event of other than minor illness or injury, reasonable effort will be made to contact me.

I understand that there is inherent risk in many activities, and I hold Heritage Academy harmless and not liable for injury or accident, which may occur in the course of such activities. I willingly and ultimately assume the risk of such injury or accident.

Parent/Guardian Name: \_\_\_\_\_

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

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

# Heritage Academy Charter School

## Code of Conduct for Scholars and Parents

Participating in an athletic program at Heritage Academy is a privilege. With this privilege, scholar athletes are expected to adhere to a high standard of behavior. All scholar athletes shall abide by a code of ethics that will earn them the honor and respect that participation and competition affords. It is important for our athletes to realize they represent their families, the school and the community at all times. Scholar athletes act as role models for the younger scholars. Scholar athletes have a commitment to their teammates and coaches to be at their best physically, mentally and academically at all times.

Scholar athletes should promote a healthy lifestyle by not using any illegal or unhealthy substances including alcohol, tobacco and drugs or engage in any unhealthy techniques to gain, lose or maintain weight. It is expected that scholar athletes adhere to the Code of Conduct at all times, not just during the sport season.

It is important that a scholar athlete realize the great sacrifice by coaches, teammates, teachers, family and others in your behalf. Your gratitude is expressed by your respect!

Heritage academy issues a Scholar hand book that can be obtained from the front office or found online at [www.hamaricopa.com](http://www.hamaricopa.com)

It is expected that all scholar athletes will respect and comply with the rules of Heritage Academy.

### Scholar Athlete

#### ATHLETES MUST AGREE TO:

- Be to practice and games on time.
- Be responsible for any equipment and uniform issued to them and returning it as requested at the designated time and place. Scholar will replace misused, abused or lost equipment or be charged replacement value.
- Be respectful and encouraging towards your teammates. Do not belittle them for their mistakes or abilities. Be encouraging they are working hard too.
- Take responsibility to your academic eligibility and the tools to help you stay on track which will be offered by the coach.
- Help other teammates who may struggle in classes you excel in.
- Listen to your coaches while they are talking to you or another player. We do not want to talk over you.
- Not use or possess illegal substances including tobacco, alcohol, marijuana or drug paraphernalia.
- Not participate in any other act that results in the scholar athlete being charged with a crime or referred for juvenile delinquency.
- Notify one of the coaches of any teammate that might be struggling with issues contrary to our team standards.

### Parents

#### PARENTS MUST AGREE TO:

- Have their athlete on time to practices and games.
- Help your athlete keep track of and in good condition any equipment and uniform issued to them. Replacement costs are not part of the participation fees.
- Not encourage belittling conversation towards players and/or coaches. Your comments are welcomed at the appropriate time.
- Cheer from the designated areas. A parent on the field makes coaching more difficult and is a distraction to all the players. It also makes it difficult for those behind to see. This includes half time.
- Share with the coach any concerns you might have about your athlete regarding sports, academics, or anything you feel would better help us understand him/her. We are a team-family. We want them to succeed
- Please respect the following times Pre-game (30 minutes before the game), the game (1<sup>st</sup> and 2<sup>nd</sup> halves), and post game (30 minutes after the game). This is NOT a good time for coaches to talk. We have lots to do regarding our team.

**Parent signature:** \_\_\_\_\_ **Athlete signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY**

REVISED 1-6-09

This **MEDICAL HISTORY FORM** must be completed **annually** by parent (or guardian) and student in order for the student to participate in athletic activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an athletic event.

Student's Name: (print) \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Grade \_\_\_\_\_ School \_\_\_\_\_  
 Personal Physician \_\_\_\_\_ Phone \_\_\_\_\_

*In case of emergency, contact:*

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

**Explain "Yes" answers in the box below\*\*. Circle questions you don't know the answers to. Any Yes answer to questions 1, 2, 3, 4, 5, or 6 requires further medical evaluation which may include a physical examination. Written clearance from a physician, physician assistant, chiropractor, or nurse practitioner is required before any participation in UIL practices, games or matches**

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or sports physical?	<input type="checkbox"/>	<input type="checkbox"/>	13. Have you ever gotten unexpectedly short of breath with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been hospitalized overnight in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	14. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	15. Have you ever had a sprain, strain, or swelling after injury?	<input type="checkbox"/>	<input type="checkbox"/>
Do you get tired more quickly than your friends do during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you broken or fractured any bones or dislocated any joints?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>	Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, check appropriate box and explain below.		
Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip
Has any family member or relative died of heart problems or of sudden unexpected death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Thigh
Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelopathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Shin/Calf
Has a physician ever denied or restricted your participation in sports for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle
4. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Foot	
Have you ever been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>	16. Do you want to weigh more or less than you do now?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how many _____ When was the last _____			Do you lose weight regularly to meet weight requirements for your sport?	<input type="checkbox"/>	<input type="checkbox"/>
times? _____ concussion?			17. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
How severe was each one? (Explain below)			18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	<b>Females Only</b>		
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	19. When was your first menstrual period? _____		
Have you ever had numbness or tingling in your arms, hands, legs, or feet?	<input type="checkbox"/>	<input type="checkbox"/>	When was your most recent menstrual period? _____		
Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	How much time do you usually have from the start of one period to the start of another? _____		
5. Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>	How many periods have you had in the last year? _____		
6. Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>	What was the longest time between periods in the last year? _____		
7. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>	<b>An individual answering in the affirmative to any question relating to a possible cardiovascular health issue (question three above), as identified on the form, should be restricted from further participation until the individual is examined and cleared by a physician, physician assistant, chiropractor, or nurse practitioner.</b>		
8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>	<b>**EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):</b>		
9. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
11. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
12. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>			

It is understood that even though protective equipment is worn by the athlete, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the school assumes any responsibility in case an accident occurs.

If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student.

If, between this date and the beginning of athletic competition, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

**I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful responses could subject the student in question to penalties determined by the UIL**

Student Signature: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.**

**For School Use Only:**

This Medical History Form was reviewed by: Printed Name \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

**PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION**

Student's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ % Body fat (optional) \_\_\_\_\_ Pulse \_\_\_\_\_ BP \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (\_\_\_\_\_/\_\_\_\_\_, \_\_\_\_/\_\_\_\_\_)  
brachial blood pressure while sitting

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

As a minimum requirement, this **Physical Examination Form** must be completed prior to junior high athletic participation and again prior to first and third years of high school athletic participation. It **must** be completed if there are yes answers to specific questions on the student's MEDICAL HISTORY FORM on the reverse side. **\* Local district policy may require an annual physical exam.**

**NORMAL**

**ABNORMAL FINDINGS**

**INITIALS\***

	<b>NORMAL</b>	<b>ABNORMAL FINDINGS</b>	<b>INITIALS*</b>
<b>MEDICAL</b>			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine position.			
Heart-Auscultation of the heart in the standing position.			
Heart-Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			

**MUSCULOSKELETAL**

Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

\*station-based examination only

**CLEARANCE**

- Cleared
- Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_

Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_

*The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner, will not be accepted.*

Name (print/type) \_\_\_\_\_ Date of Examination: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Must be completed before a student participates in any practice, before, during or after school, (both in-season and out-of-season) or games/matches.

## Athletic Participation/Fee Form

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

I understand that Heritage Academy is not insuring my student under any health or accident insurance program, and that my student's participation is covered only under whatever insurance program I have in place. I further understand that Heritage Academy disclaims any financial responsibility for the costs of medical treatment, hospitals, ambulances, paramedics, etc. arising out of or by virtue of any injury to my student while participating in interscholastic sports.

"With regard to sports, the payment of fees is not contingent upon the scholar's playing time on a particular team, because whether or not a scholar gets to play, money has been expended for the class. Every effort is made to ensure that every scholar will play on a team, whether it is playing another school (interscholastic) or playing another team at the school (intramural)" (Scholar/Parent Handbook, pg 8). Fees used towards the ECA tax credit cannot be refunded. Fees for all sports for the entire school year are due by **August 1, 2019**. All Athletic Packet paperwork, current sports physical, concussion certificate and fees are due for the entire school year by **August 1, 2019**.

Participation on an athletic team or in a sports class here at Heritage Academy-Maricopa is a privilege. The Athletic Department reserves the right to drop any athlete out of the program if they see necessary without a refund. The Heritage PE uniform which can be purchased through the school's vendor, is required for all athletes to wear during 4<sup>th</sup> hour. Game uniforms/jerseys are only to be worn on game/meet days and are not to be worn to school during a "Dollar for Duds" day. Please visit: [www.hamaricopa.com/athletics](http://www.hamaricopa.com/athletics) frequently for updates and more details and information.

This sports fee is to cover the duration of the league's sports season(s) only. Before a sport season begins or once a sport season has ended, your scholar athlete will have the option to participate in a different sport during 1 of the other 2 sports seasons or be transferred into a PE class entitled "Strength, Conditioning and Sports" to fulfill their PE credit requirement for the semester. As long as there are enough scholar athletes registered and cleared to participate in a particular sport, the Heritage Academy-Gateway Athletic Department will make every effort to provide quality coaching during the season of play and for the skill level of the athletes on a particular team and an opportunity to compete in some fashion either in an interscholastic or intramural experience.

**Fee for non-returned uniforms/jersey/equipment.** A minimum fee of \$50 will be assessed for any uniforms and jerseys which are not returned at the conclusion of the sports season and the fee may be higher for player equipment which is checked out to the athlete at the beginning of the season and not returned at the conclusion of the season. The equipment fee will depend on cost to replace the piece(s) of equipment.

In addition to my approval for participation in interscholastic or intramural sports, I understand that the payment of a participation fee is necessary for Heritage Academy to continue offering a worthy sports program. The payment fee does not guarantee that my athlete will participate in every or any scheduled competition. I understand that the participation fee allows my student to take part as a member of the team either at the interscholastic level or the intramural level. I further understand that if my student withdraws prior to the first game, one half of the participation fee will be refunded. However, athletes who quit or are injured after the first game, are not academically eligible to participate or are dismissed for disciplinary reasons at any time will have no portion of the participation fee refunded. There will also be no refunds after the first 3 weeks of classes for each semester respectively.

Turn Over



THE ATHLETIC FEES FOR MY SCHOLAR TOTAL: \$\_\_\_\_\_.

ALL PAYMENTS ARE PAID ONLINE AND DUE BY AUGUST 1, 2019

<https://hamaricopa.com/payments/>

\*Please enter scholar's name under "Notes to Seller"

- Indicate online if you would like your payments designated as state tax credit (ECA) or regular payments. Unless indicated, all payments will be recorded as NON-ECA payments. Receipts will be emailed to the Payer.
- Class and sports fees must be paid IN FULL to attend the class or perform in the extracurricular activity.
- Fees for all classes/sports, Fall, Winter, and Spring, must be paid by August 1, 2019, or student may be dropped from the class. NO refunds after the first 3 weeks of class.

I commit to pay the participation fee and understand that any non-paid fees will necessitate my student's non-participation in athletic competition and being dropped from the class.

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

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

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

Parent Signature: \_\_\_\_\_

My student has my approval to participate in the following interscholastic sports. (Please initial all that apply.)

Parent Initials	FALL (1 <sup>st</sup> Semester)	FEE	Parent Initials	WINTER (1 <sup>st</sup> & 2 <sup>nd</sup> Semesters)	FEE	Parent Initials	SPRING (2 <sup>nd</sup> Semester)	FEE
	Jr. High & High School <b>BOWLING</b>	\$75		Jr. High <b>BOYS' BASKETBALL</b>	\$100		Jr. High <b>BOYS' BASEBALL</b>	\$100
	Jr. High & High School <b>CROSS COUNTRY</b>	\$75		High School <b>BOYS' BASKETBALL</b>	\$125		High School <b>BOYS' BASEBALL</b>	\$125
	High School <b>BOYS SOCCER</b>	\$125		High School <b>GIRLS' BASKETBALL</b>	\$125		Jr. High <b>GIRLS' BASKETBALL</b>	\$100
	Jr. High <b>FLAG FOOTBALL</b>	\$100		Jr. High <b>GIRLS' SOFTBALL</b>	\$100		Jr. High & High School <b>BOWLING</b>	\$75
	High School <b>TACKLE FOOTBALL</b>	\$250		High School <b>GIRLS' SOFTBALL</b>	\$125		Jr. High & High School <b>GOLF</b>	\$75
	Jr. High & High School <b>GOLF</b>	\$75		Jr. High <b>WRESTLING</b>	\$100		Jr. High & High School <b>MARTIAL ARTS</b>	NO FEE
	Jr. High & High School <b>MARTIAL ARTS</b>	NO FEE		High School <b>WRESTLING</b>	\$125		Jr. High <b>COED SOCCER</b>	\$100
	Jr. High & High School <b>SWIMMING</b>	\$75					High School <b>GIRLS' SOCCER</b>	\$125
	High School <b>GIRLS VOLLEYBALL</b>	\$125					Jr. High & High School <b>SWIMMING</b>	\$75
	Jr. High <b>GIRLS VOLLEYBALL</b>	\$100					Jr. High <b>TRACK &amp; FIELD</b>	\$75
	High School <b>WEIGHT TRAINING</b>	\$125					High School <b>TRACK &amp; FIELD</b>	\$125
							Jr. High <b>BOYS' VOLLEYBALL</b>	\$100
							High School <b>BOYS' VOLLEYBALL</b>	\$125
							High School <b>WEIGHT TRAINING</b>	\$125

(WINTER SPORTS  
ARE PLAYED IN 2  
SEMESTERS)

## TRANSPORTATION PERMISSION SLIP

This permission slip is intended to cover Heritage Academy scholars that ride on Heritage Academy provided transportation. This transportation allows scholars to participate in elective courses being held on campus and as a relief to parents from the burden of transporting their students to games and events.

My scholar, \_\_\_\_\_, has my permission to be transported to and from Heritage classes, games, and events on Heritage Academy provided transportation. I understand that such transportation may be in rented cars, vans, private vehicles, and/or chartered buses. It is understood that every necessary precaution will be taken to ensure students' safety. Beyond this, I agree to hold Heritage Academy harmless in the event of any injury to my scholar while s/he is participating in off campus activities.

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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



## STUDENT DRIVING/RIDING IN PRIVATE VEHICLE

Transportation to and from activities may be provided by private vehicle or walking. I understand that in some cases students may be driving their own vehicles to and from games, practices, or other Heritage Academy events. In the event that alternative private transportation is used in lieu of transportation provided by Heritage Academy, Heritage Academy has no responsibility for the conduct of the driver/vehicle and has no responsibility for ensuring that the driver of the vehicle has accurate insurance and/or license.

In the event that a scholar uses alternative or private transportation, I agree to one of the following:

I give my permission for my son/daughter to drive a private vehicle to and from activity.

I give my permission for \_\_\_\_\_ to ride in a private vehicle driven by \_\_\_\_\_  
Riding Student's Name(s) Driving Student's or  
Parent's Name  
to and from activity.

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Note: Before any scholar is permitted to participate in Heritage Academy activities requiring school transportation, this permission form must be signed and returned. NO EXCEPTIONS.**



## CAA Concussion

This is to confirm that I have watched and completed the **Concussion in Sports** training video required by Heritage Academy and the CAA (Canyon Athletic Association). This is necessary in order for the athlete named below to participate in any competitive sporting events offered through the CAA. This must be completed annually.

<https://www.nfhslearn.com/courses/61059/concussion-for-students>

Athlete's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Completion Date: \_\_\_\_\_ Completion Code: \_\_\_\_\_  
(found on the certificate) (found on the certificate)

## Proof of Medical Insurance Form

### Proof of Health/Accident/Hospitalization Insurance

Name of Insurance Company \_\_\_\_\_

Address of Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Group Number \_\_\_\_\_

Other Policy Identifying Number(s) \_\_\_\_\_

Name of Insured \_\_\_\_\_

Relationship to student \_\_\_\_\_

Expiration Date or terms regarding when coverage will cease \_\_\_\_\_

I hereby certify that the above information is complete and accurate to the best of knowledge. I understand that if any of this information is to change I must notify Heritage Academy to update my students file.

Name of Student (please print) \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_



# HERITAGE ACADEMY MARICOPA

*"Building America's Heroes"*

41004 W Lucerian Ln, Maricopa, AZ 85138

## Extracurricular Activity Donation

Phone No. \_\_\_\_\_

Contributor/Taxpayer \_\_\_\_\_

Email address: \_\_\_\_\_

Address \_\_\_\_\_

STREET

CITY

STATE

ZIP CODE

**May give activity and/or student (Optional)**

**Amount**

May give activity and/or student (Optional)	Amount

Tax year \_\_\_\_\_ Total Amount Contributed  \_\_\_\_\_

The above payment is eligible for the Arizona state income tax credit as allowed by Arizona Revised Statute §43-1089.01. The tax credit is limited to \$400 for married couples and \$200 for individuals. A receipt will be emailed or mailed to you for tax purposes. **Tax credit donations are nonrefundable by the school.**

**Due date:** Beginning in 2016, tax payers can make tax donations from January 1 up until April 15 of the following year. Donations made between January 1 and April 15 must be designated as to which tax year the donation applies. For example, a donation made in April 2016 can be applied to either 2015 or 2016.

**Paying online by credit or debit card:** Go to our website: [www.hamaricopa.com](http://www.hamaricopa.com) and click on "Parents" on the QuickLinks Red banner. Then click on payments. Enter the information on the scholar or activity and the donor information and then you will be able to pay with a paypal account or a credit or debit card.

Heritage Academy will make every effort to ensure that donations are used for the activity indicated as priority. However, in the unlikely event that an activity is canceled or receives more funding than is needed, the school will use your donation for another worthwhile activity that directly benefits students. If no activity is listed, the school will determine the extracurricular activity of greatest benefit. Be assured your donations will not fund recreational, amusement or tourist side trips.

For answers to any questions, please contact the school at 520-367-3800.