Derek J. Zappa
HS Athletic Director
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2026-2027 HERITAGE ACADEMY MARICOPA
HIGH SCHOOL ATHLETIC PACKET

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 FRONT OFFICE OR ATHLETIC OFFICE BY THE FIRST PRACTICE TO PARTICIPATE.

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
- ☐ Athletic Participation / Fee Form
- ☐ Transportation Permission
- ☐ Proof of Insurance
- ☐ AIA Physical Evaluation Form - Medical History
- ☐ AIA Physical Examination Form – Completed by a Doctor
- ☐ AIA Acknowledgement Form
- ☐ AIA Consent to Treat Form
- ☐ AIA Player Videos
  - Opioid
  - Hazing
  - Concussion

AIA Player Videos (Must Be Completed By, 1st Practice)
https://academy.azpreps365.com/ (3 Videos- Opioid, Hazing, Concussion)
Players- Do not register as guest. Admin will track your video completion. Please remember your password and **do not register as guest**!

Scholars will not be eligible to compete until a completed athletic packet, athletics physical have been turned in to the athletics office and the class fee has been paid.

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 realizes 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 handbook that can be obtained from the front office or found online at 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 0TO:

- Follow the guidelines for dress and grooming in the scholar handbook.
- 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 be charged replacement value for misused, abused or lost equipment.
- 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.
- Notify one of the coaches of any teammate that might be struggling with issues contrary to our team standards.

Parents

PARENTS MUST AGREE TO:

- Support your scholar by ensuring their adherence to the dress and grooming standards at Heritage Academy.
- 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, coaches, and officials. Your comments are welcomed at the appropriate time.
- Cheer from the designated areas. Please let the coach do the coaching. At no time are parents or fans to engage with the opposing players, parents, or referees in any negative manner. Parents attending any games represent Heritage as well.
- 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 (1st and 2nd halves), and post-game (30 minutes after the game). This is NOT a good time for coaches to talk. Please allow 24 hours before approaching a coach with game time concerns.

Parent Signature:_____ Athlete Signature: _____Date_____

Athletic Participation/Fee Form

Student Name: _____ Grade: _____

I understand that Heritage Academy is not ensuring 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 Fall sports are due by **August 6, 2026**. All Athletic Packet paperwork, current sports physical, concussion certificate and fees are due for fall sports scholar-athletes by **August 6, 2026**.

Participation on an athletic team or in a sports class 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 4th hour. Game uniforms/jerseys are only to be worn on game/meet days. Please visit: 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 or be transferred into a PE class specific to sports conditioning 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 Maricopa 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 $100 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.

Class Fees: 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 class. 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.

Parent Signature: _____ Date: _____

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.

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 student's file.

Name of Student (please print) _____

Parent's Signature _____Date _____

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2026-27 ANNUAL PREPARTICIPATION PHYSICAL EVALUATION

Banner Urgent Care
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(The parent or guardian should fill out this form with assistance from the student-athlete) Exam Date: _____

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

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

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

Explain "Yes" answers on the following page.
Circle questions you don't know the answers to.

	Yes	No
1) Has a doctor ever denied or restricted your participation in sports for any reason?	☐	☐
2) List past and current medical conditions: _____	☐	☐
3) Are you currently taking any prescription or nonprescription (over-the-counter) medicines or supplements? (Please specify): _____	☐	☐
4) Do you have allergies to medicines, pollens, foods or stinging insects? (Please specify): _____	☐	☐
5) Does your heart race or skip beats during exercise?	☐	☐
6) Has a doctor ever told you that you have (check all that apply): ☐ High Blood Pressure ☐ A Heart Murmur ☐ High Cholesterol ☐ A Heart Infection		
7) Have you ever had surgery? (Please list): _____	☐	☐
8) Have you ever had an injury (sprain, muscle/ligament tear, tendinitis, etc.) that caused you to miss a practice or game? (If yes, check affected area in the box below in question 10)	☐	☐
9) Have you had any broken/fractured bones or dislocated joints? (If yes, check affected area in the box below in question 10):	☐	☐
10) 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, check affected area in the box below):	☐	☐

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

	Yes	No
11) Have you ever had a stress fracture?	☐	☐
12) Have you ever been told that you have, or have you had an X-ray for atlantoaxial (neck) instability?	☐	☐
13) Do you regularly use a brace or assistive device?	☐	☐
14) Has a doctor told you that you have asthma or allergies?	☐	☐
15) Do you cough, wheeze or have difficulty breathing during or after exercise?	☐	☐
16) Have you ever used an inhaler or taken asthma medication?	☐	☐
17) Do you have groin or testicular pain, or a painful bulge or hernia in the groin area?	☐	☐
18) Were you born without, are you missing, or do you have a non-functioning kidney, eye, testicle or any other organ?	☐	☐
19) Have you had infectious mononucleosis (mono) within the last month?	☐	☐
20) Do you have any rashes, pressure sores or other skin problems?	☐	☐
21) Have you had a herpes skin infection?	☐	☐
22) 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")?	☐	☐
23) Have you ever had a seizure?	☐	☐
24) Have you ever had numbness, tingling or weakness in your arms or legs after being hit, falling, stingers or burners?	☐	☐
25) While exercising in the heat, do you have severe muscle cramps or become ill?	☐	☐
26) Have you or someone in your family tested positive for sickle cell trait or sickle cell disease?	☐	☐
27) Have you been hospitalized or had long-term complication care due to COVID-19?	☐	☐
28) Are you happy with your weight?	☐	☐
29) Are you trying to gain or lose weight?	☐	☐
30) Has anyone recommended you change your weight or eating habits?	☐	☐
31) Do you limit or carefully control what you eat?	☐	☐
32) Do you have any concerns that you would like to discuss with a doctor?	☐	☐

Females Only

	Yes	No
33) Have you ever had a menstrual period?	☐	☐
34) How old were you when you had your first menstrual period?	_____	
35) How many periods have you had in the last year?	_____	

Explain "Yes" Answers Here

Student Name: _____ Date of Birth: _____

Patient History Questions: Please Share About Your Child

	Yes	No
1) Has your child fainted or passed out DURING or AFTER exercise, emotion or startle?	☐	☐
2) Has your child ever had extreme shortness of breath during exercise?	☐	☐
3) Has your child had extreme fatigue associated with exercise (different from other children)?	☐	☐
4) Has your child ever had discomfort, pain or pressure in his/her chest during exercise?	☐	☐
5) Has a doctor ever ordered a test for your child's heart?	☐	☐
6) Has your child ever been diagnosed with an unexplained seizure disorder?	☐	☐
7) Has your child ever been diagnosed with exercise-induced asthma not well controlled with medication?	☐	☐

Explain "Yes" Answers Here

Patient Health Questionnaire Version 4 (PHQ-4)

Over the last two weeks, how often have you been bothered by any of the following problems? (circle responses)

	Not At All	Several Days	Over Half The Days	Nearly Every Day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

Share Any Notes Related To The Above Section

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2026-27 ANNUAL PREPARTICIPATION PHYSICAL EVALUATION

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Family History Questions: Please Share About Any Of The Following In Your Family

	Yes	No
1) Are there any family members who had sudden/unexpected/unexplained death before age 50? (including SIDS, car accidents drowning or near drowning)	☐	☐
2) Are there any family members who died suddenly of "heart problems" before age 50?	☐	☐
3) Are there any family members who have unexplained fainting or seizures?	☐	☐

4) Are there any relatives with certain conditions, such as:

	Yes	No		Yes	No
Enlarged Heart	☐	☐	Catecholaminergic Polymorphic Ventricular Tachycardia (CPVT)	☐	☐
Hypertrophic Cardiomyopathy (HCM)	☐	☐	Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC)	☐	☐
Dilated Cardiomyopathy (DCM)	☐	☐	Marfan Syndrome (Aortic Rupture)	☐	☐
Heart Rhythm Problems	☐	☐	Heart Attack, Age 50 or Younger	☐	☐
Long QT Syndrome (LQTS)	☐	☐	Pacemaker or Implanted Defibrillator	☐	☐
Short QT Syndrome	☐	☐	Deaf at Birth	☐	☐
Brugada Syndrome	☐	☐			

Explain "Yes" Answers Here

Additional History

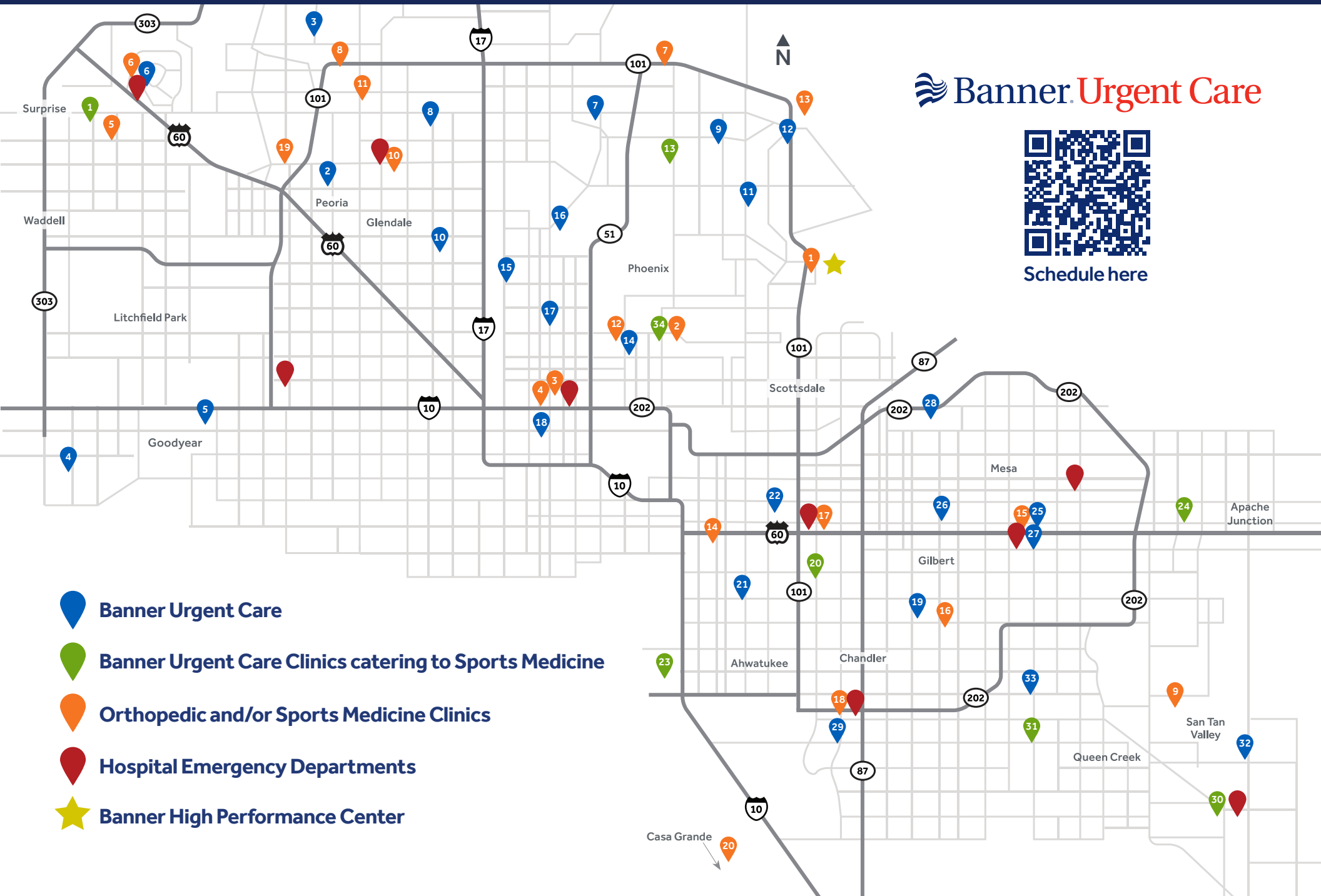
	Yes	No
1) Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff or dip?	☐	☐
2) Do you drink alcohol or use illicit drugs?	☐	☐
3) Have you ever taken anabolic steroids or used any other performance-enhancing supplements?	☐	☐
4) Have you ever taken any supplements to help you gain or lose weight, or improve your performance?	☐	☐
5) Do you always wear a seatbelt while in a vehicle?	☐	☐

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 Student-Athlete _____ Signature of Parent/Guardian _____ Date _____

Banner Sports Medicine

AIA



Banner Urgent Care

Schedule here

- Banner Urgent Care
- Banner Urgent Care Clinics catering to Sports Medicine
- Orthopedic and/or Sports Medicine Clinics
- Hospital Emergency Departments
- Banner High Performance Center

Banner Urgent Care

1. **Bell & Reems**
   15521 W. Bell Rd.
   Surprise, AZ 85374
2. **Cactus & 75th Ave.**
   7611 W. Cactus Rd.
   Peoria, AZ 85381
3. **Deer Valley & 83rd Ave.**
   21980 N. 83rd Ave.
   Peoria, AZ 85383
4. **Yuma & Sarival**
   16430 W. Yuma Rd.
   Goodyear, AZ 85338
5. **Van Buren & Avondale**
   11685 W. Van Buren St.
   Avondale, AZ 85323
6. **Johnson & Meeker**
   13901 W. Meeker Blvd.
   Sun City West, AZ 85375
7. **Bell & 32nd St.**
   3247 E. Bell Rd., PB1
   Phoenix, AZ 85032
8. **Bell & 43rd Ave.**
   4232 W. Bell Rd.
   Glendale, AZ 85308
9. **Greenway & 64th St.**
   6501 E. Greenway Pkwy.
   Scottsdale, AZ 85254
10. **43rd Ave. & Northern**
    7952 N. 43rd Ave.
    Glendale, AZ 85301
11. **Scottsdale & Shea**
    10330 N. Scottsdale Rd., Ste. 25
    Scottsdale, AZ 85253
12. **Pima & 87th St.**
    15223 N. 87th St., Ste. 110
    Scottsdale, AZ 85260
13. **Tatum & Thunderbird**
    4760 E. Thunderbird Rd., Ste. 1
    Phoenix, AZ 85032
14. **32nd St. & Indian School**
    3141 E. Indian School Rd., Ste. 104
    Phoenix, AZ 85016
15. **19th Ave. & Glendale**
    1940 W. Glendale Ave.
    Phoenix, AZ 85021
16. **7th St. & Cave Creek**
    9111 N. 7th St.
    Phoenix, AZ 85020
17. **7th St & Camelback**
    5018 N. 7th St.
    Phoenix, AZ 85014
18. **Central & Washington**
    1 N. Central Ave. Ste. 105
    Phoenix, AZ 85004
19. **Warner & Cooper**
    641 W. Warner Rd.
    Gilbert, AZ 85233
20. **Dobson & Guadalupe**
    1955 W. Guadalupe Rd., Ste. 1
    Mesa, AZ 85202
21. **Rural & Elliot**
    931 E. Elliot Rd., Ste. 115
    Tempe, AZ 85284
22. **McClintock & Southern**
    3141 S. McClintock Dr., Ste. 1
    Tempe, AZ 85282
23. **Chandler & 41st St.**
    4206 E. Chandler Blvd., Ste. 1
    Phoenix, AZ 85048
24. **Crismon & Southern**
    1157 S. Crismon Rd., Ste. 101
    Mesa, AZ 85208
25. **Higley & Southern**
    1215 S. Higley Rd.
    Mesa, AZ 85206
26. **Southern & Gilbert**
    1121 S. Gilbert Rd., Ste. 101
    Mesa, AZ 85204
27. **Higley & Baseline**
    1660 N. Higley Rd., Ste. 104
    Gilbert, AZ 85234
28. **Gilbert & McKellips**
    1908 E. McKellips Rd.
    Mesa, AZ 85203
29. **Alma School & Queen Creek**
    2950 S. Alma School Rd., Ste. 1
    Chandler, AZ 85286
30. **Gary & Empire**
    35945 N. Gary Rd.
    San Tan Valley, AZ 85143
31. **Higley & Queen Creek**
    3160 E. Queen Creek Rd.
    Gilbert, AZ 85297
32. **Ironwood & Ocotillo**
    40773 N. Ironwood Rd.
    San Tan Valley, AZ 85140
33. **Pecos & Higley**
    3126 S. Higley Rd., Ste. 109
    Gilbert, AZ 85295
34. **Arcadia**
    4200 E Camelback Rd., Ste. 106
    Phoenix, AZ 85018

Banner Urgent Care Clinics catering to Sports Medicine

Banner Sports Medicine

Orthopedic and/or Sports Medicine Clinics:

1. **Banner Sports Medicine Scottsdale**
   7400 N. Dobson Rd., 2nd floor
   Scottsdale, AZ 85256
   480-733-7400
2. **Banner High Performance Center**
   7400 N. Dobson Rd., 1st floor
   Scottsdale AZ 85256
   480-733-7450
3. **Banner Health Plus Arcadia**
   4200 E. Camelback Rd., 1st floor
   Phoenix, AZ 85018
   602-229-2200
4. **Banner University Orthopedic & Sports Medicine**
   755 E. McDowell Rd., 2nd floor, Side A
   Phoenix, AZ 85006
   602-521-3250
5. **Banner Concussion Center**
   1320 N. 10th St., Ste. B
   Phoenix, AZ 85006
   602-839-7285
6. **Banner Health Center**
   13995 W. Statler Blvd., Ste. 200
   Surprise, AZ 85379
   623-876-3870
7. **Banner Health Center**
   14416 W. Meeker Blvd.
   Sun City West, AZ 85375
   623-876-3800
8. **Banner Health Center**
   4375 E. Irma Ln.
   Phoenix, AZ 85050
   602-298-8888
9. **Banner Health Center**
   7701 W. Aspera Blvd.
   Glendale, AZ 85308
   602-298-8888
10. **Banner Health Center**
    37100 N. Gantzel Rd., Ste. 107
    Queen Creek, AZ 85140
    480-394-4480
11. **Banner Health Clinic**
    5601 W. Eugie Ave., Ste. 100
    Glendale, AZ 85304
    602-298-8888
12. **TOCA at Banner Health Arrowhead**
    18700 N. 64th Dr., Ste. 220
    Glendale, AZ 85308
    602-277-6211
13. **TOCA at Banner Health Biltmore**
    2222 E. Highland Ave., Ste. 300
    Phoenix, AZ 85016
    602-277-6211
14. **TOCA at Banner Health Scottsdale**
    9377 E. Bell Rd., Ste. 231
    Scottsdale, AZ 85260
    602-277-6211
15. **TOCA at Banner Health Tempe**
    5002 S. Mill Ave., Tempe, AZ 85282
    602-277-6211
16. **Banner Health Clinic Gilbert**
    1920 N. Higley Rd., Ste. 206
    Gilbert, AZ 85234
    480-543-6700
17. **Banner Health Clinic Warner**
    155 E. Warner Rd., Gilbert, AZ 85296
    480-543-6700
18. **Banner Health Clinic**
    1432 S. Dobson Rd., Ste. 304
    Mesa, AZ 85202
    480-412-7400
19. **BMG Health Clinic**
    1125 S. Alma School Rd., Se. 210
    Chandler, AZ 85286
    480-543-6700
20. **BMG Health Clinic**
    9165 W. Thunderbird Rd., Ste. 101
    Peoria, AZ 85381
    623-876-3870
21. **BMG Health Clinic**
    1811 E. McMurray Blvd.
    Casa Grande, AZ 85122
    520-374-6520

Banner University Medicine
Orthopedics & Sports Medicine

AIA

Banner Urgent Care

1. **Banner Urgent Care** | Prince & Campbell
   3611 N. Campbell Ave.
   Tucson, AZ 85719
2. **Banner Urgent Care** | Golf Links & Kolb
   7066 E. Golf Links Rd.
   Tucson, AZ 85730
3. **Banner Urgent Care** *Catering to Sports Medicine*
   Thornydale & Ina
   7089 N. Thornydale Rd., Ste. 101
   Tucson, AZ 85741

Orthopedic and/or Sports Medicine Clinics

4. **Banner – University Medicine Alvernon Clinic**
   707 N. Alvernon Way, Ste. 205
   Tucson, AZ 85705
5. **Banner – University Medicine North Hills**
   265 W. Ina Rd.
   Tucson, AZ 85704
6. **Banner – University Medicine Center South Campus**
   2800 E. Ajo Way, Ste. 200
   Tucson, AZ 85713

Hospital Emergency Departments

7. **Banner – University Medical Center Tucson**
   1625 N. Campbell Ave.
   Tucson, AZ 85719
8. **Banner – University Medical Center South**
   2800 E. Ajo Way
   Tucson, AZ 85713

Banner Urgent Care

Schedule here

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2026-27
ANNUAL PREPARTICIPATION
PHYSICAL EVALUATION

Banner Urgent Care
EXCLUSIVE URGENT CARE
PARTNER OF THE AIA

For More Information Regarding Student-Athlete Mental Health

988 SUICIDE & CRISIS LIFELINE

Athlete Helpline

888•279•1026

athletehelpline.org

Text | Call | Chat

- Athletes
- Coaches
- Parents
- Sports Communities

2026-27 CONSENT TO TREAT FORM

Parental consent for minor athletes is generally required for sports medicine services, defined as services including, but not limited to, evaluation, diagnosis, first aid and emergency care, stabilization, treatment, rehabilitation and referral of injuries and illnesses, along with decisions on return to play after injury or illness. Occasionally, those minor athletes require sports medicine services before, during and after their participation in sport-related activities, and under circumstances in which a parent or legal guardian is not immediately available to provide consent pertaining to the specific condition affecting the athlete. In such instances it may be imperative to the health and safety of those athletes that sports medicine services necessary to prevent harm be provided immediately, and not be withheld or delayed because of problems obtaining consent of a parent/guardian.

Accordingly, as a member of the Arizona Interscholastic Association (AIA), _____ (name of school or district) requires as a pre-condition of participation in interscholastic activities, that a parent/guardian provide written consent to the rendering of necessary sports medicine services to their minor athlete by a qualified medical provider (QMP) employed or otherwise designated by the school/district/AIA, to the extent the QMP deems necessary to prevent harm to the student-athlete. It is understood that a QMP may be an athletic trainer, physician, physician assistant or nurse practitioner licensed by the state of Arizona (or the state in which the student-athlete is located at the time the injury/illness occurs), and who is acting in accordance with the scope of practice under their designated state license and any other requirement imposed by Arizona law. In emergency situations, the QMP may also be a certified paramedic or emergency medical technician, but only for the purpose of providing emergency care and transport as designate

PLEASE PRINT LEGIBLY OR TYPE

"I, _____, the undersigned, am the parent/legal guardian of, _____,

a minor and student-athlete at _____
(name of school or district) who intends to participate in interscholastic sports and/or activities.

I understand that the school/district/AIA employs or designates QMP's (as defined above) to provide sports medicine services (as also defined above) to the school's interscholastic athletes before, during or after sport-related activities, and that on certain occasions there are sport-related activities conducted away from the school/district facilities during which other QMP's are responsible for providing such sports medicine services. I hereby give consent to any such QMP to provide any such sports medicine services to the above-named minor. The QMP may make decisions on return to play in accordance with the defined scope of practice under the designated state license, except as otherwise limited by Arizona law. I also understand that documentation pertaining to any sports medicine services provided to the above-named minor, may be maintained by the QMP. I hereby authorize the QMP who provides such services to the above-named minor to disclose such information about the athlete's injury/illness, assessment, condition, treatment, rehabilitation and return to play status to those who, in the professional judgment of the QMP, are required to have such information in order to assure optimum treatment for and recovery from the injury/illness, and to protect the health and safety of the minor. I understand such disclosures may be made to above-named minor's coaches, athletic director, school nurse, any classroom teacher required to provide academic accommodation to assure the student-athlete's recovery and safe return to activity, and any treating QMP.

If the parent believes that the minor is in need of further treatment or rehabilitation services for the injury/illness, the minor may be treated by the physician or provider of his/her choice. I understand, however, that all decisions regarding same day return to activity following injury/illness shall be made by the QMP employed/designated by the school/district/AIA.

Date: _____ Signature: _____

AIA
ARIZONA INTERSCHOLASTIC ASSOC.
OUR STUDENTS, OUR TEAMS ... OUR FUTURE

2026-27 ANNUAL PREPARTICIPATION PHYSICAL EXAMINATION

Banner Urgent Care
EXCLUSIVE URGENT CARE PARTNER OF THE AIA

Name:_____ Date of Birth: _____

Age: _____ Sex: _____

Height: _____ Weight: _____ % Body Fat (optional): _____

Pulse:_____ Blood Pressure (1st measure): ____ / ____ (2nd measure) ____ / ____ (3rd measure) ____ / ____

Vision: R20/____ L20/____ Corrected: ☐ Y ☐ N Pupils: ☐ Equal ☐ Unequal

Medical	Normal	Abnormal
Appearance		
Eyes/Ears/Throat/Nose		
Hearing		
Lymph Nodes		
Heart		
Murmurs		
Pulses		
Lungs		
Abdomen		
Genitourinary&		
Skin		

Musculoskeletal	Normal	Abnormal
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hands/Fingers		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot/Toes		

A complete PPE requires the information below completed as text or with the official stamp pf the provider's office.

* - Multi-examiner set-up only | & - Having a third party present is recommended for the genitourinary examination

NOTES AND RECOMMENDATIONS:

☐ Cleared without restriction for all sports

☐ Cleared with the following restrictions and/or recommendations: _____

_____

☐ Not cleared for any sports [Reason(s)]: _____

_____

Medical Professional has reviewed family history _____ (Initials) Exam Date: _____

Name of Medical Professional (Print/Type): _____

Address: _____

_____

Phone: _____

Signature of Medical Professional: _____

Medical Credential (Circle): MD / DO / ND / NP / PA-C / CCSP

AIA ARIZONA INTERSCHOLASTIC ASSOCIATION™

OUR STUDENTS, OUR TEAMS . . . OUR FUTURE.

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: _____

HERITAGE ACADEMY
Building America's Heroes, Together

How to Pay an Invoice with an ECA Tax Credit Donation

The Arizona ECA (Extra-Curricular Activity) tax credit allows taxpayers to make donations to public schools for extracurricular activities, like sports, music, and clubs, and then receive a dollar-for-dollar tax credit. This means you can reduce your state tax liability by the same amount as your donation, up to certain limits. For example, a single filer can donate up to $200, and a married couple can donate up to $400. It helps families offset the costs of these activities and encourages support for public school programs.

If you wish for the payment on an invoice to be an ECA donation,
DO NOT PAY THE INVOICE!

1. Login to **MySchoolBucks.com**
2. Click "**School Store**," then click on "**Donations**"
3. Select "**ECA Tax Credit Donations – Maricopa**"
   - **A.** Enter the amount you want to pay
   - **B.** List the donor's name
   - **C.** List the donor's address
   - **D.** List the donor's email address
   - **E.** Enter scholar's name for them to receive the ECA donation
   - **F.** Select the activity/organization for this donation
   - **G.** Enter the specific trip, sport or fee the donation is for
   - **H.** If this is just a general donation to be added to the scholar's credit on their account, type in "general donation."
   - **I.** Acknowledge that **ECA DONATIONS ARE NON-REFUNDABLE**
   - **J.** Select **Maricopa** for the campus your scholar attends
   - **K.** Click "**Add to Cart**" and complete the payment information and purchase.

IF YOUR SCHOLAR HAS ECA ACCOUNT CREDIT we will apply all available account credit to the invoice.