Jeffrey Miller
JH Athletic Director
Jeffrey.mill@heritageacademyaz.com

# 2026-2027 HERITAGE ACADEMY MARICOPA
# JUNIOR HIGH 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
- ☐ CAA Concussion Video / Proof of Insurance
- ☐ CAA Physical Evaluation Form - Medical History
- ☐ CAA Physical Examination Form – Completed by a Doctor
- ☐ CAA Consent to Treat Form

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.

Please deliver completed documents into the front office or you may email them to Mr. Miller (jeffrey.miller@heritageacademyaz.com).

**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: _____

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# 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 once in JH and once in HS. **https://learn.barrowneuro.org/courses/brainbook-30-english**

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 student's file.

Name of Student (please print) _____

Parent's Signature _____Date _____

Canyon Athletic Association
8102 N. 23rd Ave Suite E Phoenix, AZ 85021
Phone: 602-898-1845 info@azcaa.com

# 2026 - 2027 SCHOOL YEAR,

## ANNUAL PRE-PARTICIPATION PHYSICAL EVALUATION

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

Name: _____

Home Address: _____

Phone/s: _____

Date of Birth: _____ Age: _____ Gender: _____ Grade: _____

School: _____ Sport(s): _____

Personal Physician: _____

Hospital Preference: _____

| EMERGENCY CONTACTS | | |
|---|---|---|
| 1) Name | | Relationship |
| Phone (Home): | Phone (Work): | Phone (Cell): |
| 2) 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) Do you have an ongoing medical condition (like diabetes or asthma)? | | |
| 3) Are you currently taking any prescription or non-prescription (over the counter) medicines or supplements? (Please specify): | | |
| 4) Do you have allergies to medicines, pollen, foods or stringing 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):<br>☐ High Blood Pressure ☐ A Heart Murmur ☐ High Cholesterol ☐ A Heart Infection | | |
| 7.) Have you ever spent the night in a hospital? | | |
| 8) Have you ever had surgery? | | |

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| Explain "Yes" answers on the following page. Circle questions you don't know the answers to. | YES | NO |
|---|---|---|
| 9) 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 11) | | |
| 10) Have you had any broken/fractured bones or dislocated joints? (If yes, check affected area in the box below in question 11): | | |
| 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, check affected area in the box below):<br>☐ Head ☐ Neck ☐ Shoulder ☐ Upper Arm ☐ Elbow ☐ Forearm<br>☐ Hand/Fingers ☐ Chest ☐ Upper Back ☐ Lower Back ☐ Hip ☐ Thigh<br>☐ Knee ☐ Calf/Shin ☐ Ankle ☐ Foot/Toes | | |
| 12) Have you ever had a stress fracture? | | |
| 13) Have you ever been told that you have, or have you had an X-ray for atlantoaxial (neck) instability? | | |
| 14) Do you regularly use a brace or assistive device? | | |
| 15) Has a doctor told you that you have asthma or allergies? | | |
| 16) Do you cough, wheeze or have difficulty breathing during or after exercise? | | |
| 17) Is there anyone in your family who has asthma? | | |
| 18) Have you ever used an inhaler or taken asthma medication? | | |
| 19) Were you born without, are you missing, or do you have a nonfunctioning kidney, eye, testicle or any other organ? | | |
| 20) Have you had infectious mononucleosis (mono) within the last month? | | |
| 21) Do you have any rashes, pressure sores or other skin problems? | | |
| 22) Have you had a herpes skin infection? | | |
| 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")? | | |
| 24) Have you ever had a seizure? | | |
| 25) Have you ever had numbness, tingling or weakness in your arms or legs after being hit, falling, stingers or burners? | | |

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| Explain "Yes" answers on the following page. Circle questions you don't know the answers to. | YES | NO |
|---|---|---|
| 26) While exercising in the heat, do you have severe muscle cramps or become ill? | | |
| 27) Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease? | | |
| 28) Have you ever been tested for sickle cell trait? | | |
| 29) Have you had any problems with your eyes or vision? | | |
| 30) Do you wear glasses or contact lenses? | | |
| 31) Do you wear protective eyewear, such as goggles or a face shield? | | |
| 32) Are you happy with your weight? | | |
| 33) Are you trying to gain or lose weight? | | |
| 34) Has anyone recommended you change your weight or eating habits? | | |
| 35) Do you limit or carefully control what you eat? | | |
| 36) Do you have any concerns that you would like to discuss with a doctor? | | |
| **FEMALES ONLY** | YES | NO |
| 37) Have you ever had a menstrual period? | | |
| 38) How old were you when you had your first menstrual period? | | |
| 39) How many periods have you had in the last year? | | |
| **EXPLAIN "YES" ANSWERS HERE** | | |
| | | |
| **COVID** | YES | NO |
| 1) Have you been hospitalized for COVID-19 or any major illness in the past year? | | |
| 2) Have you experienced lingering symptoms affecting exercise tolerance? | | |

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The physician should fill out this form with assistance from the parent or guardian.)

Student Name: _____ Date of Birth: _____

| Mental Health Screening (PHQ-4) | 0-3 | NA |
|---|---|---|
| Over the last 2 weeks, how often have you been bothered by the following problems? (0= Not at all, 1= Several days, 2 = More than half the days, 3 = Nearly every day) | | |
| 1) Feeling Nervous, anxious, or on edge | | |
| 2) Not being able to stop or control worrying | | |
| 3) Little interest or pleasure in doing things | | |
| 4) Feeling down, depressed, or hopeless | | |

| Neurological History / Lifestyle & Risk Factors | YES | NO |
|---|---|---|
| 1) Have you ever had a concussion or head injury? | | |
| 2. Do you use tobacco or vaping products? | | |
| 3) Do you use alcohol or illegal drugs? | | |
| 4) Do you take supplements or performance-enhancing substances? | | |

**EXPLAIN "YES" ANSWERS HERE**

| Concussion & Athletic Acknowledgement | YES | NO |
|---|---|---|
| 1) I acknowledge the statement below. | | |

**Statement:**

Participation in athletics involves risk of injury, including concussion. I have received information regarding concussion symptoms and reporting. I understand that I must report symptoms immediately. I agree to follow CAA rules, including sportsmanship expectations under CAA governance.

I hereby state that, to the best of my knowledge, my answers to all of the above questions are complete and correct. Furtherm ore, 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

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# 2026-2027 SCHOOL YEAR,
# ANNUAL PRE-PARTICIPATION PHYSICAL EXAMINATION

Name: _____

Date of Birth: _____Age: _____Gender _____Height _____Weight _____

% Body Fat (optional): _____

Pulse: _____BP: _____/_____(_____/_____, _____/_____)

Vision: R20/_____L20/_____ Pupils: ☐ Equal ☐ Unequal Corrected: ☐ Yes ☐ No

| | 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/Hands/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 ☐ Cleared With Following 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

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# 2026-2027 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 il lnesses, along with decisions on return to play after injury or illness. Occasionally, those minor athletes require sports medicine services before, during and after participating 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 are 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 Canyon Athletic Association (CAA), _____ (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/CAA, to the extent the QMP deems necessary to prevent harm to the stu dent-athlete. It is understood that a QMP may be an athletic trainer, 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 designated by state regulation and standing protocols, and not for the purpose of making decisions about return to play.

**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/CAA 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 safe ty of the minor. I understand that 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/CAA.

Date:_____Signature: _____

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