“Some wish for it, We work for it!”

Thank you for your interest in being a part of the Kingman Rebels family!

The Kingman Rebels is a competitive, travel football and cheer organization. Our organization travels throughout the Las Vegas, NV area and lower area of Mohave County. Throughout the years our Rebels have won conference, regional and national titles. The Rebels organization strives to build our athletes to perform to the best of their abilities in a safe and encouraging sportsmanship environment.

In the following packet are pages that will require personal, medical, and emergency information for you and your athlete. All of the following pages are mandatory and must be completed to the best of your ability. If the forms and physical are not completed in their entirety your athlete will not be listed on the roster until the forms are completed and returned electronically. The Kingman Rebels organization will only accept the forms and physical being submitted electronically to kingmanrebels@gmail.com, any paper forms will be considered incomplete and could risk the position of your athlete on the roster. The Rebels organization is not required to supply these forms to any person in the event you are to lose or damage the physical copy.

If there are any questions regarding the required paperwork, please contact our Certifications Coordinator, Micaela Carlson through email at kingmanrebels@gmail.com.

We look forward to the upcoming season!

Best regards,

Kingman Rebels Board

All athletes are required to complete a player profile on National Sports ID.

Website:

https://www.nationalsportsid.com/

Please either log into an existing account or create a new account and follow all prompts to complete the player profile.  Your athlete will not be listed on the roster until their entire player profile is completed and accepted by National Sports ID. There is a fee associated with this website, all parents are responsible for this fee and ensuring that their payment information is up to date in case the profile is due to expire throughout the season.

# 2026 – AYF Code of Conduct Form

**Kingman Rebels will not tolerate verbal abuse of its volunteer coaches from any Fan, Parent or Spectator.**

This is American Youth Football, not the pros. Fans, as well as the players and coaches, are expected to abide by a code of conduct at all American Youth Football Events. While 99% of the adults in the program will abide by this code without being told, this code is being published to protect the children and volunteers (which includes all coaches and board members) from the 1%.

## FANS' CODE OF CONDUCT

Fans will abide by a Code of Conduct which includes the provisions which follow. If any of these rules are broken, **Kingman Rebels** shall have the authority to impose a penalty.

***Fans shall***:

1. Not criticize the players/cheerleaders or coaches in front of the other spectators in the stands, but reserve constructive criticism for later, in private.
2. Accept decisions of the game officials (including referees and coaches) on the field as being fair and called to the best ability of said officials.
3. Not criticize an opposing team, its players, coaches, or fans by work of mouth or by gesture.
4. Refrain from using physical or verbal abuse or profane language at any time at the game, practice field, or other AYF functions.
5. Abstain from being under the influence of or in possession of and/or drinking alcoholic beverages and the possession or use of any illegal substance on both the game and practice fields.
6. Not be allowed on the sidelines during a game.
7. Not interfere/interrupt the coaching staff before, during or after games or at practice.
8. Not express complaints about coaches in stands or to coaches in front of or around the children (i.e. right after a game or practice).

## VIOLATION

Any parent or fan who violates the code of conduct risks the further participation of the child in the program. The procedure is as follows:

1. Any fan who violates the code of conduct or becomes a nuisance will be asked to leave by the head coach and can be suspended from all team activities.
2. If the fan fails to leave upon request, the child may be suspended from further participation in team activities by the head coach.
3. The head coach along with the executive board will decide if the duration of the suspension is to be longer than one to four weeks or if the child will be dropped from the program. That decision will depend on the attitude of the parents.
4. Any parent or fan who violates the code of conduct risks the future participation of his/her children in the program. Depending on the severity of the incident the board of directors may decide to ban future participation in the program for up to three years.

## CONDUCT OF ALL PLAYERS - PARENTS

All players are guaranteed 6 plays in each Jamboree, Regular Season or Playoff game. Everything beyond that must be earned in the opinion of the coaching staff whose decisions are final.

***Athlete's Code***

***I will:*** emphasis the ideals of sportsmanship, ethical conduct and fair play. Show courtesy to my opponents and officials. Recognize athletic contests are serious educational endeavors. Give complete allegiance to my coaches who are the instructional authority for my team. Discourage fans, fellow players and parents from undercutting my coach's authority.

***I will not:*** Use profanity or talk "trash" before, during or after any game. Use drugs, alcohol, or tobacco. Criticize my teammates. Act in any way that may incite spectators.

***Parent's Code***

***I will:*** Support my child's team/squad and teach the value of commitment to the team/squad - emphasis the ideals of sportsmanship, ethical conduct and fair play. Help my child and American Youth Football make athletic contests a positive educational experiences. Show courtesy to opponents and officials. Direct constructive criticism of my child's athletic program to the athletic director or association officials and work toward a positive result for all concerned.

***I will not:*** Criticize officials, direct abuse or profane language toward them, or otherwise subvert their authority. Undermine, in work or deed, the authority of the coach or administration. Intrude onto the field, stand on the sideline, or yell from the bleachers at or to the coaches, referees or administration.

Please cut along this line, sign and return to the head coach

---

I have read the ***FAN'S CODE OF CONDUCT*** and understand what is expected.

Kingman Rebels

Child's Name (PRINT) Team Name Date

Parents Name (PRINT) Parents Signature

This part of the form must be returned to the head coach before the second game to the season.

# AMERICAN YOUTH FOOTBALL

## Waiver and Release of Liability - Minor

ASSOCIATION NAME - Kingman Rebels

**READ BEFORE SIGNING**

IN CONSIDERATION OF_____ , my child/ward, being allowed to participate in the American Youth Football American Youth Cheer Regional/National Championships, and or the football and or cheer programs of Kingman Rebels, the Local Organization, which is a legally distinct and organization not operated or controlled by American Youth Football, despite its membership with American Youth Football, Inc. the undersigned acknowledges and agrees that:

The risks of injury and illness (ex: communicable diseases such as MRSA, influenza, and COVID-19) to my child from the activities involved in these programs are significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist; and,

1. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES or others, and assume full responsibility for my child's participation; and,
2. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and,
3. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS American Youth Football, Inc.; its directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
4. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.
5. I, the parent/guardian, assert that I have explained to my child/ward: the risks of the activity, his/her responsibilities for adhering to the rules and regulations, and that my child/ward understands this agreement.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Print Name of Parent/Guardian: _____

Parent/Guardian Signature: _____ Date Signed: _____

UNDERSTANDING OF RISK

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

Print Name of Participant: _____

Participant's Signature: _____ Date Signed: _____

**NOTE:** This form as with any and all forms used by your Association should be reviewed by your local counsel for compliance with any state or local statutes. This form should be kept on file for a minimum of 7 years, longer in the event of an injury. Please confer with your local attorney for advice as to the appropriate maintenance and storage term for this and all such forms.

# Emergency Medical Treatment, Consent and Information

The following information will be used in the event that a parent / legal guardian is not available. The purpose of this information is to provide a quick reference for medical personnel should the need arise. Please fill out this form completely. If a particular question is not applicable write "none", n/a, or other appropriate comment otherwise none will be assumed. If additional space is needed, please use the back of this form or attach additional pages as needed. All information disclosed here will be treated as confidential. It will be the responsibility of the parent/legal guardian to notify the participant's coach and league/event officials if any information needs to be added, deleted, changed, or updated in any way.

| ATHLETE INFORMATION | | | |
|---|---|---|---|
| **Athlete's Name:** | Nick Name: | Phone: ( ) | |
| Address: | City: | State: | Zip: |

| PARENT OR GUARDIAN INFORMATION | | | |
|---|---|---|---|
| **Father's Name:** | | | |
| Address: | City: | State: | Zip: |
| Hm Phone: ( ) | Daytime Phone: ( ) | Email: | |
| Employer: | | | |
| **Mother's Name:** | | | |
| Address: | City: | State: | Zip: |
| Hm Phone: ( ) | Daytime Phone: ( ) | Email: | |
| Employer: | | | |
| **Guardian's Name:** | | | |
| Address: | City: | State: | Zip: |
| Hm Phone: ( ) | Daytime Phone: ( ) | Email: | |
| Employer: | | | |

| FAMILY MEDICAL INSURANCE | | | |
|---|---|---|---|
| Carrier: | Group: | | |
| Policy #: | Group #: | | |
| Policy Holder Name: | | | |
| Family Physician's Name: | | | |
| Dr's Address: | City: | State: | Zip: |
| Phone: ( ) | Fax: ( ) | Email: | |

| EMERGENCY MEDICAL INFORMATION |
|---|
| Preferred Hospital(s): |
| ***EMERGENCY CONTACT:*** ***Phone: ( )*** ***Relationship:*** |
| Please list any medical conditions (allergies, asthma, etc.) And medications being taken by the participant named above. Please list any other information you may deem relevant, and helpful to emergency medical personnel: (please note if no information is given and the words "none" or "n/a" is not filled in then, "none" will be assumed. |
| Allergies: |
| Medical Conditions: |
| Other: |

*I as evidenced below hereby grant permission for my child/ward to participate in any and all, Kingman Rebels (Association name) and, American Youth Football, Inc. program(s) event(s), including but not limited to, athletic, social and/or fundraising activities. I further consent to the administration of any and all medical treatment necessary to stabilize and or treat any medical condition or medical emergency to which my child/ward is afflicted. I understand that this authorization is given prior to the need for medical care, but given in advance to avoid any unnecessary delay in emergency treatment which the attendant and/or medical professional may deem advisable in the exercise of their best judgment.

****Print Parent/Legal Guardian Name*** ****Signature Parent/Legal Guardian*** ****Date***

**The original Emergency Medical Treatment, Consent and Information form should travel with the coach and a copy should be kept at the administrative office of the sports organization. Due to privacy concerns, completed forms should be stored in a secure location with access restricted to those on a need to know basis for the purpose of medical care.**

# AMERICAN YOUTH FOOTBALL

## Mild Traumatic Brain Injury (MTBI) / Concussion Statement and Acknowledgement Form

I, _____ (athlete), have chosen to participate in an a sport where injuries may occur and I do understand that it is my responsibility to report all of my injuries and illnesses or suspected injuries and illnesses to the organization's staff, including but not limited to: coaches, team physicians, and athletic training staff. I further understand and recognize that my health and safety is the most important thing and without disclosing all injuries and or illnesses, it can not be properly determined if you are in the physical condition necessary to participate. I understand that I must provide a full and accurate medical history including any symptoms, health complaints and any prior injuries and/or disabilities I have experienced before, during or after athletic activities.

**By signing below, I acknowledge:**

- My organization has provided me with specific educational materials including the CDC Concussion fact sheet (http://www.cdc.gov/concussion) on what a concussion is and has given me an opportunity to ask questions.
- I ACKNOWLEDGE THAT I HAVE READ THE FACT SHEET on the CDC website for Parents and Players.
- 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, athletic trainer, coach, parent volunteer, or official.
- 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 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 healthcare 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 football and cheer, among other sports, have been identified as high risk for concussion.

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 agree to be bound by this document.

| |
|---|
| **Student Athlete's Name:** |
| **Student Athlete's Signature:** **Date:** |
| **Parent/Legal Guardian Name:** |
| **Parent/Legal Guardian Signature:** **Date:** |

# AMERICAN YOUTH FOOTBALL

## Image Release - Minor

ASSOCIATION NAME - Kingman Rebels

**READ BEFORE SIGNING**

In consideration of (insert child's name) _____ , my minor child/ward being allowed to participate in any way, in the American Youth Football, Inc. ("AYF") (dba American Youth Football and American Youth Cheer,) national championships and any other official AYF events and activities, the undersigned agrees that American Youth Football Inc., is hereby granted the unrestricted right and permission, free from approval or review, to copyright and/or use my child's/ward's likeness in all media now or hereafter known, including but not limited to, pictures and videos of my child which he/she may be included intact or in part for promotion or other commercial use.

| **Print Name of Parent/Guardian:** |
|---|

| **Parent/Guardian Signature:** | **Date:** |
|---|---|

# AMERICAN YOUTH FOOTBALL

## Participation, Tracking and ID Card - All-American Division

ASSOCIATION NAME - Kingman Rebels

**ASSOCIATION**

Kingman Rebels

ASSOCIATION NAME

DIVISION OF PLAY - TEAM NAME

PARTICIPANT NAME

JERSEY # | Grade | AGE (7/31)

PARTICIPANT PARENT/GUARDIAN NAME

HOME PHONE | WORK PHONE | CELL PHONE

PLACE PHOTO / DMV / MILITARY ID CARD HERE

**I, Hereby, With My Signature, Do Certify That The Information Below Has Been Collected And Verified By The Means, As A Minimum, As Instructed In The AYF National Rulebook And/Or Operations Manuel, Current Version.**

Conference Verification Signature/STAMP

**OFFICIAL PLAYER CERTIFICATION**

**LEAGUE USE ONLY**

Association Verification Signature/STAMP

| DATE OF BIRTH: Month / Day / Year | Age As of 7/31 | GRADE / AGE CERTIFICATION | PARTICIPANT CONTRACT | MEDICAL CLEARANCE | WAIVER/ RELEASE | EMERGENCY MEDICAL / CONSENT | SCHOLASTICS |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

**REGULAR SEASON**

| | GAME DATE | PLAYER CHECK | CODE |
|---|---|---|---|
| JAMBOREE | | | |
| Week 1 | | | |
| Week 2 | | | |
| Week 3 | | | |
| Week 4 | | | |
| Week 5 | | | |
| Week 6 | | | |
| Week 7 | | | |
| Week 8 | | | |
| Week 9 | | | |
| Week 10 | | | |

**POST SEASON**

| | GAME DATE | PLAYER CHECK | CODE |
|---|---|---|---|
| Week 11 | | | |
| Week 12 | | | |
| Week 13 | | | |
| Week 14 | | | |
| Week 15 | | | |
| Week 16 | | | |
| Week 17 | | | |
| Week 18 | | | |
| Week 19 | | | |
| Week 20 | | | |
| Week 21 | | | |

INSTRUCTIONS: PLAYER CHECK Will Enter Date, Verify The Identity, Of Each Participant, Initial Each Participant Card,

CODE: OK = Everything Verified, I = Sick/Injured, A = Absent / Dropped

**ALL MUST BE CHECKED IN / VERIFIED PLAYING OR NOT / ENTER DETAIL UNDER "CODE"**

# Participation Contract, Tracking and ID Card - Page 2

| Last Name | First Name | Initial | Preferred (nick) Name |
|---|---|---|---|
| | | | |

| Street Address | City / Town | State | Zip Code | Home Phone |
|---|---|---|---|---|
| | | | | |

| Date Of Birth (M/D/YR) | Age as of 7/31 | Parent/Guardian First Name | Parent/Guardian Last Name |
|---|---|---|---|
| | | | |

| Grade in Fall | School in Fall | School Phone | **Home Email Address** |
|---|---|---|---|
| | | | |

| Medical Insurance (circle one) | Name Of Insurance Carrier | Policy # |
|---|---|---|
| YES / NO | | |

**Football:** ☐ **Cheer:** ☐ ***--CHECK ONE --*** **Registration Fee:** $ _____ **Check# Cash:** _____

***GRAY AREAS FOR OFFICIAL USE ONLY !!***

***Association:*** _____ ***Division:*** _____ ***Team:*** _____

***Jersey Number Assigned:*** _____ **Equipment / Uniform Issued** ☐ **Returned** ☐

***PERMISSION TO PARTICIPATE*** I acknowledge that I am fully aware of the potential dangers of participation in any sport and I fully understand that participation in football, cheerleading, dance and/or step may result in SERIOUS INJURIES, PARALYSIS, PERMANANET DISABILITY AND/OR DEATH. Furthermore, I fully acknowledge and understand that protective equipment does not prevent all participant injuries. I, the parent/guardian of the above-named participant, do hereby give my approval for my child/ward to participate, and further assert that I have verified with my child/wards ' physician, and in my opinion, my child/ward is physically fit and can participate without limitation in any and all Local, Regional, National, League/Conference, Association and team/squad activities, including transportation to and from the activities by a licensed driver.

***SCHOLASTIC FITNESS*** **Initial:** _____

I am of the opinion that my son/daughter/ward is scholastically fit and would benefit by participation in this program. I agree to submit a copy of my son/daughter/ ward's last completed grade, end of year/last complete report card or a written statement of scholastic fitness from the school administration.

***HELMET WAIVER (for football participants)*** **Initial:** _____

We acknowledge, AND WE understand the risks involved in my CHILD/WARD, my playing FOOTBALL, which is a collision sport; the NOCSAE committee has adopted the following warning to be read by, and signed by, both the parent/guardian and participant. "DO NOT USE THIS HELMET TO BUTT, RAM OR SPEAR AN OPPOSING PLAYER, THIS IS IN VIOLATION OF FOOTBALL RULES AND CAN RESULT IN SEVERE HEAD, BRAIN OR NECK INJURY, PARALYSIS OR DEATH AND POSSIBLE INJURY TO YOUR OPPONENT, THERE IS A RISK THAT THESE INJURIES MAY ALSO OCCUR AS A RESULT OF AN ACCIDENTAL CONTACT WITHOUT INTENT TO BUTT, RAM OR SPEAR, NO HELMET CAN PREVENT ALL SUCH INJURIES. "

***EQUIPMENT UNIFORM RESPONSIBILITY*** **Parent/Guardian Initial:** _____ **Player Initial:** _____

I assume full responsibility for any and all equipment/uniforms loaned to my child/ward and I agree to promptly return, upon request, the uniform and other equipment in as good condition as when received except for normal wear and tear. If I fail to adhere to this policy, I will be responsible for and promptly pay the replacement cost of such equipment.

***CODE OF CONDUCT*** **Initial:** _____

The Ideology Of Youth Sports Including This Program Is To Promote Good Understanding And Fundamental Knowledge Of The Sport. It Is Also Critical That Good Sportsmanship Including The Ability To Always Conduct Oneself In An Appropriate Manner Of Positive Accord Both On And Off The Field. It Is Understood That Any Incident Considered Detrimental To The Pursuit Of This Ideology Will Not Be Tolerated. It Will Be Addressed In Accordance With The Statutes Of The Association, Conference, Current National Affiliation, State and Local Laws, And May Result In Dismissal From The Program And The Inability To Participate In Any Future Related Activities Of The Association. This Code Of Conduct Applies To All Involved With The Program Including But Not Limited To, The Football Players, Cheerleaders, Spirit Participants, Parents And Guardians. **Initial:** _____

PRINT Parents/Guardian Name: _____ Parents/Guardian Signature: _____ Date Signed: _____

**NOTE:** This form as with any and all forms used by your Association should be reviewed by your local counsel for compliance with any state or local statutes. This form should be kept on file for a minimum of 7 years.

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

# 2026-27 ANNUAL PREPARTICIPATION PHYSICAL EVALUATION

Banner Urgent Care
EXCLUSIVE URGENT CARE PARTNER OF THE AIA

(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

## 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

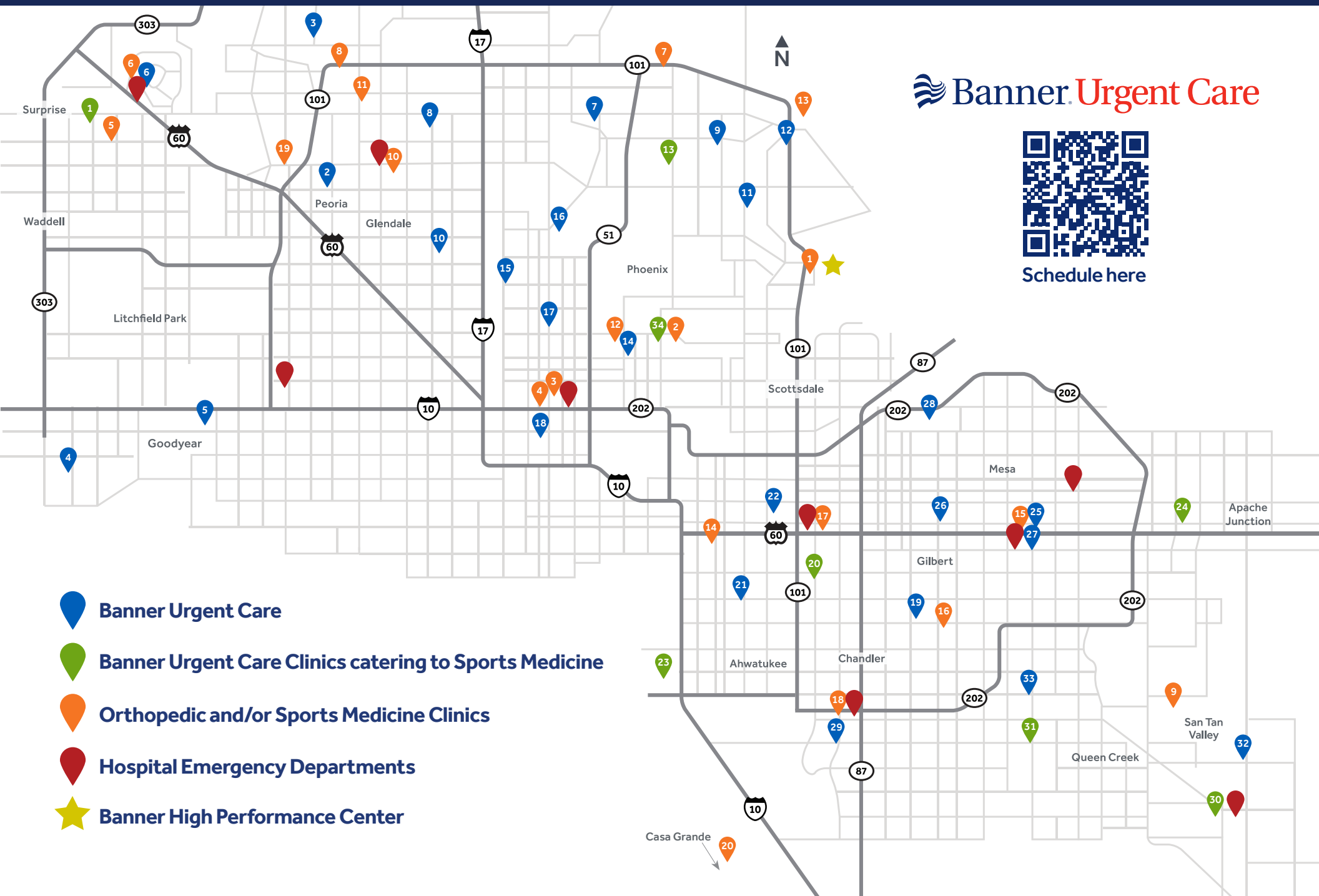
| | | Yes | No |
|---|---|---|---|
| 1) | Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff or dip? | ☐ | ☐ |
| 2) | Do you drink alcohol or use illicit drugs? | ☐ | ☐ |
| 3) | Have you ever taken anabolic steroids or used any other performance-enhancing supplements? | ☐ | ☐ |
| 4) | 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

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: _____

## 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: _____

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

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