

Valley Academy Player's Agreement

I, _____, would like to participate in Valley Academy's _____ team for the 20__ - 20__ season. I have been advised that I am required to have an **Athletic Emergency Information Form** along with either a **Physical Exam Form** or a **Waiver and Acknowledgement Form** on file with Valley Academy. I must also have a **Permission to Ride Share Form** on file should I choose to ride to or from a game or practice with someone other than my legal guardian. I understand that Valley Academy's philosophy states that the purpose of our extra-curricular sports program is to provide our students with the opportunity to participate in competitive physical activities. The goal of Valley Academy's sports program is to develop good sportsmanship, build a sense of teamwork and responsibility, and improve basic athletic skills. I understand that it is my responsibility as a player to keep my grades at an acceptable level and to demonstrate a high level of sportsmanlike conduct as a representative of Valley Academy.

I hereby agree to abide by the philosophy and goals set by Valley Academy.

Player Signature Date

Parent Signature Date

Valley Academy

Extracurricular Fee Form

The extracurricular fee is \$20.00 per year for each participating child.

The _____ fee due date is _____.

Payments may be made in the form of cash or check (charge cards are not accepted). Checks returned due to “non-sufficient funds” will require an additional \$15.00 service charge by Valley Academy.

The fee can be paid through _____ or the attendant in the front office. Please make checks payable to **VALLEY ACADEMY**.

Valley Academy is not a childcare provider. The extracurricular fee is not deductible from state or federal income tax returns as childcare services. Payments up to \$250.00 per calendar year may qualify for an immediate tax credit donation on Arizona State Returns. Please indicate below if you wish for your tuition payments to apply towards the tax credit donation.

_____ Yes, please apply my extracurricular fee as a tax credit donation.

_____ No, do not apply my extracurricular fee as a tax credit donation.

Student's Name: _____

Teacher: _____

Parent's Signature: _____

Date: _____

Note: *If you have already paid your extracurricular fee for this school year, please fill out the information above and check this box.*

Valley Academy

Athletic Emergency Information Form

Student Last Name: _____	Student First Name: _____	Grade: _____	Age: _____	Sex: _____
Student Lives With: Mother: _____ Father: _____ Legal Guardian: _____ Other: _____ Relationship: _____				
Student Address: _____ _____		Home Phone: _____ Cell Phone: _____		
Mother/Legal Guardian Name: _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____		Father/Legal Guardian Name: _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____		
Emergency Contact (If unable to reach parents) Name: _____ Relationship: _____ Phone Number: _____ Cell Number: _____		Emergency Contact (If unable to reach parents) Name: _____ Relationship: _____ Phone Number: _____ Cell Number: _____		
SPORT: Basketball: _____ Softball: _____ Football: _____ Soccer: _____ Volleyball: _____ Other: _____				
Physician's Name: _____ Phone Number: _____		Hospital of Choice: _____		
Medical Allergies: _____				
Medications Currently Taken: _____				
Other Health History (i.e. Fractures; Operations; Heart problems; Asthma): _____				
Insurance Company: _____	Policy #: _____ Holder's Name: _____	Group #: _____		

Parent/Guardian Emergency Release Statement

The above named student has my permission to participate in athletic activities as a team member. To the best of my knowledge, he/she does not have any health problems that would be harmful to him/her while participating. I hereby give consent for the said student to receive initial treatment by medical or emergency personnel should he/she be injured or stricken ill. If emergency service involving medical action or treatment is required and parent/guardian can not be contacted, I hereby consent for the student named above to be given medical care by the doctor selected by the school. It is hereby understood that the consent and authorization given and granted are continuous and are intended by me to extend through the current school year.

Parent/Guardian Signature: _____ Date: _____

Valley Academy

Physical Exam or Waiver and Acknowledgement Form

This section must be filled out by Authorized Medical Provider (M.D.; D.O.; N.P.; P.A.-C.)
Or parent/guardian must sign the waiver statement.

Student Name:		Date of Birth:	
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Sex:	Pulse:	BP:	Height::	Weight::
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Vision: R _____ L _____	Correction: Glasses: _____	Contacts: _____
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Medications:

Allergies:

Urinalysis:	Deformities:
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Seizure Disorder:	Concussion:
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Other:

GENERAL EXAM

HEENT:

Heart:	Lungs:
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Abdomen:	Genital:
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Neurological:	Other:
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ORTHOPEDIC EXAM

Spine/Gait:	Hands/Wrist:
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Shoulders:	Feet/Ankles:
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Knees:	Hips:
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Other:

PHYSICIAN'S RECOMMENDATION: _____ Student may participate in athletics with no restrictions. _____ Student may NOT participate in athletics. _____ Student may participate in athletics with restrictions: _____

Physician's Signature: _____	Date: _____
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Physician's Name Printed: _____

Phone Number: _____

Optional Parent/Guardian Waiver of Physical Exam

I/We realize that participation in athletics involves the potential for injury. We agree that in requesting a physical exam of all its student participants in school athletic activities, Valley Academy seeks to protect its students. However, I/We choose not to have our child:

_____ undergo a physical exam.
Child's Name

I/We agree to accept full and total responsibility for our child's well being during participation in school athletic activities.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

Acknowledgment of Risk & Waiver of Subrogation

We realize that participation in athletic activities involves the potential for injury, which is inherent in all Sports. We acknowledge that even with proper coaching, use of approved protective equipment, strict observance of rules, injuries are still a possibility. On rare occasions, these injuries can be so severe as to result in total disability, paralysis, quadriplegia or even death. With full awareness and understanding of the risks, and agreeing to hold Valley Academy harmless, we consent to participation.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

SCHOOL PERSONELL ONLY

On File:

_____ Physical exam results or signed waiver

_____ Birth Certificate or Passport

_____ Informed Consent

_____ Proof of Insurance

Athletic Director Signature: _____ Date: _____

Athletic Director Name Printed: _____

Valley Academy
Ride Sharing Guidelines For
Parents/Guardians Choosing Ride Sharing For Students

Valley Academy does not encourage car-pooling or ride sharing. However, we recognize that many parents will Choose to participate in such. Therefore we offer the following guidelines to help parents/guardians of our Students increase the safety of their children.

For the driver: Please check off each of the following as verification that you have them in your car while Transporting students.

- | | |
|--|---|
| <input type="checkbox"/> Seat belt for each passenger | <input type="checkbox"/> Blanket |
| <input type="checkbox"/> First aid Kit | <input type="checkbox"/> Water |
| <input type="checkbox"/> First aid & emergency information for each passenger | <input type="checkbox"/> Cell phone if possible |
| <input type="checkbox"/> Written permission to travel in your vehicle from each juvenile passenger | |
| <input type="checkbox"/> Statement of you auto insurance turned in to event sponsor/coach | |

Please fill in the following and attach a copy of the declaration page of your insurance policy to this page. Turn these two pages in to the event sponsor or coach prior to departing. As a service to our students' families, Valley Academy will hold these papers for viewing should a parent/guardian of a student you are transporting request to see them.

Vehicle Model/Year:	Insurance Company:	
Policy Number:	Policy Period:	
Policy Limits:	Arizona Drivers License # :	Expiration Date:

I hereby confirm the above information is correct and that automobile liability coverage is currently in force for the Vehicle listed above.

Driver Signature: _____ Date: _____
 Driver's Name Printed: _____

Valley Academy
Parent Permission Slip
For Ride Sharing To Practices And Games

I hereby give permission for my student, _____, to be transported to or from practices and or games.
(Print Student Name)

Check one of the following:

- On Date: _____ To Location: _____
- All School Events.

This permission is granted to: _____
(Driver's Name)

The driver of the vehicle is required to have a copy of a valid driver's license and current insurance information on file at Valley Academy business office.

I hereby release Valley Academy, Inc. from any liability in the event that any accident occurs while my child is in the company of the above mentioned driver.

Parent/Guardian Signature: _____ Date: _____
 Parent/Guardian Printed Name: _____