



WIDE RUINS COMMUNITY SCHOOL

P.O. Box 309

Chambers, Arizona 86502

Phone: (928) 652-3251

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Fax: (928) 652-3286

EXTRA-CURRICULAR PARTICIPATION ELGIBILITY GUIDELINES PARTICIPATION POLICY

Philosophy

1. Extra-curricular activities, sports, etc. are an integral part of the total school program and all students are encouraged to participate
2. Standards for acceptable behavior and academic progress were appropriate determining if a student is eligible to participate in extra-curricular activities.
3. Students must be taught to realize it is a privilege to complete/participate in extra-curricular activities and that they present Wide Ruins Community School and their communities as Wide Ruins “Ambassadors”. Students must demonstrate respect and positive sportsmanship towards their peers, coaches, and other participants.

Participation Guidelines

1. Student must fulfill the requirements explained by Coaches/Sponsors (Coaches/Sponsors should state requirements and send home for parent signature).
2. Student overall campus conduct may affect eligibility for participation in extra-curricular activities.
3. Students may satisfy classroom requirements of acceptable academic effort and behavior.

Eligibility Procedure

Note to Teachers: According to our philosophy (statement above) we must work together to encourage and enable students and participation in extra-curricular activities. In determining whether a student is eligible to participate, we must be REASONABLE, FAIR, and CONSISTANT. Ineligibility should be reserved for serious academic deficiencies and/or misbehaviors.

1. Eligibility forms are due to the school Coach’s box
2. Athletes will sit out the following week to make-up any deficiency or problem
3. Teachers must inform any student who is ineligible to participate
4. Normally, eligibility would extend one whole week (Monday-Saturday). However, a teacher may shorten the eligibility time if deficiency has been satisfactory corrected, then notify Coaches/Sponsors
5. Ineligibility means the student **MAY NOT** participate in the stated weeks activities
6. Teachers, if student has been declared “Ineligible” please explain specifically on the Eligibility Form

I, _____ have read the above Participation Policy and my child
_____ must abide by these and other guidelines set by the Coaches/Sponsors.



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ANNUAL HEALTH QUESTIONNAIRE FOR SPORTS PARTICIPATION GRADES 1– 6

Grade participation will depend on League regulations

Sports To Be Played: Cross-Country Volleyball Football Basketball Cheer Softball Soccer

Students Name: _____ **Birthdate:** _____ **Grade:** _____ **Sex:** _____

School: Wide Ruins Community School **Address:** P.O. Box 309 Chambers, AZ 86502

Parents Name: _____ **Phone Number:** _____

Family Physician: _____ **Phone Number:** _____

Allergies: _____

Please answer the following questions by circling an answer:

- | | | |
|--|-----|----|
| 1.) During the past 12 months was your child hospitalized? | YES | NO |
| 2.) During the past 12 months has your child had surgery? | YES | NO |
| 3.) During the past 12 months has your child had any injuries that required medical attention? | YES | NO |
| 4.) Does your child take medication on a daily basis? | YES | NO |
| 5.) Do you feel there should be limits on your child's sport participation due to symptoms of illness or injury? | YES | NO |
| 6.) Has your child ever passed out while exercising? | YES | NO |

If you answered "YES" to any of these questions, your child will need a pre-participation physical exam by a physician to be cleared to play. Please arrange this.

We, the undersigned have the above questions to the best of our ability, the information given is true. We understand that they school personnel will rely on the information provided.

I agree to the participation of my above-named child in the sports programs listed about. In addition, I consent to practice sessions and travel for the sports listed above. I agree to emergency treatment as deems necessary by medical personnel designated by the program authorities.

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____



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ATHLETIC INSURANCE WAIVER FORM

I fully understand that Wide Ruins Community School DOES NOT provide any accidental health insurance coverage for my Son / Daughter while participating in any sports activities. I fully understand that it is my responsibility to provide insurance coverage.

CONSENT FOR RELEASE OF INFORMATION

STUDENT/ATHLETES NAME: _____

Because of State Law (Bill 1275) requiring parent's consent to release information concerning their children, we are asking your permission to release information to other schools, newspaper, radio, television stations, and the rest of the new media concerning athletic information involving your child. This information includes the necessary information to be placed in athletic programs such as student's name, height, weight, age, year in school, position they play, etc. Other information to the news media will be outstanding achievements of the athlete.

It Is Hereby understood that the consent and authorization hereby given and granted are continuing and are intended by me to extend throughout the current ***School Year 2024-2025.***

I have read the information and understand all the information provided in this packet. I/We give permission for my child to participate in the following sports/activities.

CROSS COUNTRY_____ BASKETBALL_____ SOCCER_____ CHEER_____

VOLLEYBALL_____ SOFTBALL_____ FOOTBALL_____

NOTE: All Student Athletes who are participating in Athletics will need a COPY of 1.) Birth Certificate and 2.) Current Physical Exam or Questionnaire on file with Wide Ruins Community School before you are permitted to participate in any athletic activity, the required documents are also needed for new enrollment. Please contact Wide Ruins Community School for details. *P.O. Box 309 Chambers, Az 86502*

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Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____



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PARENTS OR LEGAL GUARDIAN CONSENT FORM FOR ATHLETES

The contract health service eligibility factors are set forth in Federal Regulations 42 C.F. of the Indian Health Manual, Part 2 Chapter 3, and the Navajo Area C.H.S. Medical Priority Copies are available from the Contract Health Service at any Indian Health Service Unit Hospital or Clinic.

The Following Information Must Be Completed (Please Print)

STUDENT/ATHLETE NAME: _____

DATE OF BIRTH: _____ **AGE:** _____ **SEX:** _____ **HIS#:** _____

TRIBE(S): _____

MAILING ADDRESS: _____

LOCATION OF HOME: _____

PARENT(S) / GUARDIAN(S): _____

EMERGENCY CONTACT

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name, Address, and Number of Child's Insurance for Medical Emergency

Name: _____

Address: _____

Phone: _____