

## **Mohave Athletics Information**

**Tier 1:** Tier 1 is an extended tryout session beginning on the first day of practice and culminating at the Saturday Festival. At the Festival, all players will play games against other middle school teams. Cross Country has their first practice meet at the 3rd Quarter Festival. There is no Festival for Track and Field. After the Festival, Coaches will determine a first round of cuts and may invite some athletes back for additional tryout practices. By the Wednesday after the Festival, the competitive teams for Tier 2 will have been made. In order to participate in Tier 1, you must register on [registermyathlete.com](https://registermyathlete.com), complete all paperwork (**Physical must have been completed AFTER March 1, 2023**), and pay the fees.

**Tier 2:** Tier 2 is the competitive season. Teams are broken down into Varsity and Junior Varsity levels. Typically a Varsity Team will be made up of 8th graders with some 7th graders, and a Junior Varsity Team will be made up of 7th graders and some 6th graders. In the event that a sport does not have a Junior Varsity Team, the Varsity Team could be made up of 6th, 7th, and 8th Graders. There is no Tier 2 for Cross Country or Track and Field as ALL participants make the team! In order to participate in Tier 2, an additional fee of **\$30** must be paid (except for Cross Country and Track and Field), and student athletes must maintain a **2.0 GPA** while having no F's.

### **Quarter 1: Saturday Festival on August 26th (Various Locations)**

Boys Baseball - Tier 1 (Separate 6th, 7th, and 8th Grade Teams)

Boys Baseball - Tier 2 - JV (6th and 7th Mixed), Varsity (7th and 8th Mixed)

Girls Volleyball - Tier 1 (Separate 6th, 7th, and 8th Grade Teams)

Girls Volleyball - Tier 2 - JV (6th and 7th Mixed), Varsity (7th and 8th Mixed)

### **Quarter 2: Saturday Festival on November 4th (Various Locations)**

Boys Basketball - Tier 1 (Separate 6th, 7th, and 8th Grade Teams)

Boys Basketball - Tier 2 - JV (6th and 7th Mixed), Varsity (7th and 8th Mixed)

Boys Soccer - Tier 1 (1 or 2 Mixed 6th, 7th, and 8th Grade Teams)

Boys Soccer - Tier 2 - Varsity (6th, 7th, and 8th Grade Mixed Team)

Girls Soccer - Tier 1 (1 or 2 Mixed 6th, 7th, and 8th Grade Teams)

Girls Soccer - Tier 2 - Varsity (6th, 7th, and 8th Grade Mixed Team)

Girls Softball - Tier 1 (1 Mixed 6th, 7th, and 8th Grade Team)

Girls Softball - Tier 2 Varsity (6th, 7th, and 8th Grade Mixed Team)

Spiritline - Tier 2 - JV (6th and 7th Mixed), Varsity (7th and 8th Mixed)

## **Mohave Athletics Information**

### **Quarter 3: Saturday Festival on November 4th (Various Locations)**

Girls Basketball - Tier 1 (Separate 6th/7th and 7th/8th Grade Teams)

Girls Basketball - Tier 2 - JV (6th and 7th Mixed), Varsity (7th and 8th Mixed)

Flag Football - Tier 1 (Separate 6th, 7th, and 8th Grade Teams)

Flag Football - Tier 2 - JV (6th and 7th Mixed), Varsity (7th and 8th Mixed)

Boys and Girls Cross Country - Tier 1 - All participants compete in the Practice Meets

Spiritline Continued from Quarter 2 - JV (6th and 7th Mixed), Varsity (7th and 8th Mixed)

### **Quarter 4: NO FESTIVAL**

Boys and Girls Track and Field - Tier 1 - All participants compete in the Practice Meets

## **Paying Your Fees**

Online payments can be made following the instructions in the "How to Make Online Payments" attachment. If you wish to pay with cash or check, please come to the front office and speak with Julie McCullough. If you are on free/reduced lunch, and wish to apply that to Athletic Fees, you must pay in the office with the qualifying free/reduced paperwork. Please note, paying in person can delay completing the registration process and may impact your student athlete's ability to participate in a practice or game until the process is complete. Once you have paid, please email me so I can finalize and approve your student athlete for participation.

## **Contact**

**Mark Fifer, Athletic Director - [mfifer@susd.org](mailto:mfifer@susd.org)**

Please **DO NOT** email the [mfifer@susdgapps.org](mailto:mfifer@susdgapps.org) account, this account is used for sharing student work within Google Classroom and Drive, NOT communication. Thank you!



## 2022-23 ANNUAL PREPARTICIPATION PHYSICAL EVALUATION

(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: \_\_\_\_\_  
Gender: \_\_\_\_\_  
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.

	Y	N
1) Has a doctor ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
2) Do you have an ongoing medical conditional (like diabetes or asthma)?	<input type="checkbox"/>	<input type="checkbox"/>
3) Are you currently taking any prescription or nonprescription (over-the-counter) medicines or supplements? (Please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>
4) Do you have allergies to medicines, pollens, foods or stringing insects? (Please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>
5) Does your heart race or skip beats during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
6) Has a doctor ever told you that you have (check all that apply): <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> A Heart Murmur <input type="checkbox"/> High Cholesterol <input type="checkbox"/> A Heart Infection	<input type="checkbox"/>	<input type="checkbox"/>
7) Have you ever spent the night in a hospital?	<input type="checkbox"/>	<input type="checkbox"/>
8) Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>
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)	<input type="checkbox"/>	<input type="checkbox"/>
10) Have you had any broken/fractured bones or dislocated joints? (If yes, check affected area in the box below in question 11):	<input type="checkbox"/>	<input type="checkbox"/>
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):	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Shoulder <input type="checkbox"/> Upper Arm <input type="checkbox"/> Elbow <input type="checkbox"/> Forearm		
<input type="checkbox"/> Hand/Fingers <input type="checkbox"/> Chest <input type="checkbox"/> Upper Back <input type="checkbox"/> Lower Back <input type="checkbox"/> Hip <input type="checkbox"/> Thigh		
<input type="checkbox"/> Knee <input type="checkbox"/> Calf/Shin <input type="checkbox"/> Ankle <input type="checkbox"/> Foot/Toes		



	Y	N
12) Have you ever had a stress fracture?	<input type="checkbox"/>	<input type="checkbox"/>
13) Have you ever been told that you have, or have you had an X-ray for atlantoaxial (neck) instability?	<input type="checkbox"/>	<input type="checkbox"/>
14) Do you regularly use a brace or assistive device?	<input type="checkbox"/>	<input type="checkbox"/>
15) Has a doctor told you that you have asthma or allergies?	<input type="checkbox"/>	<input type="checkbox"/>
16) Do you cough, wheeze or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
17) Is there anyone in your family who has asthma?	<input type="checkbox"/>	<input type="checkbox"/>
18) Have you ever used an inhaler or taken asthma medication?	<input type="checkbox"/>	<input type="checkbox"/>
19) Were you born without, are you missing, or do you have a non-functioning kidney, eye, testicle or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>
20) Have you had infectious mononucleosis (mono) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>
21) Do you have any rashes, pressure sores or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>
22) Have you had a herpes skin infection?	<input type="checkbox"/>	<input type="checkbox"/>
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")?	<input type="checkbox"/>	<input type="checkbox"/>
24) Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
25) Have you ever had numbness, tingling or weakness in your arms or legs after being hit, falling, stingers or burners?	<input type="checkbox"/>	<input type="checkbox"/>
26) While exercising in the heat, do you have severe muscle cramps or become ill?	<input type="checkbox"/>	<input type="checkbox"/>
27) Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
28) Have you ever been tested for sickle cell trait?	<input type="checkbox"/>	<input type="checkbox"/>
29) Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
30) Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
31) Do you wear protective eyewear, such as goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>
32) Are you happy with your weight?	<input type="checkbox"/>	<input type="checkbox"/>
33) Are you trying to gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
34) Has anyone recommended you change your weight or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>
35) Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>
36) Do you have any concerns that you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>

### Females Only

### Explain "Yes" Answers Here

	Y	N
37) Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
38) How old were you when you had your first menstrual period?	_____	
39) How many periods have you had in the last year?	_____	



## 2022-23 ANNUAL PREPARTICIPATION PHYSICAL EXAMINATION

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

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### Patient History Questions: Please Tell Me About Your Child...

	Y	N
1) Has your child fainted or passed out DURING or AFTER exercise, emotion or startle?	<input type="checkbox"/>	<input type="checkbox"/>
2) Has your child ever had extreme shortness of breath during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
3) Has your child had extreme fatigue associated with exercise (different from other children)?	<input type="checkbox"/>	<input type="checkbox"/>
4) Has your child ever had discomfort, pain or pressure in his/her chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
5) Has a doctor ever ordered a test for your child's heart?	<input type="checkbox"/>	<input type="checkbox"/>
6) Has your child ever been diagnosed with an unexplained seizure disorder?	<input type="checkbox"/>	<input type="checkbox"/>
7) Has your child ever been diagnosed with exercise-induced asthma not well controlled with medication?	<input type="checkbox"/>	<input type="checkbox"/>

### Explain "Yes" Answers Here

### COVID-19...

	Y	N
1) Has your child been diagnosed with COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
1a) If yes, is your child still having symptoms from their COVID-19 infection?	<input type="checkbox"/>	<input type="checkbox"/>
2) Was your child hospitalized as a result for complications of COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
3) Has your child been diagnosed with Multi-Inflammatory Syndrome in Children (MIS-C)?	<input type="checkbox"/>	<input type="checkbox"/>
4) Did your child have any special tests ordered for their heart or lungs or were referred to a heart specialist (cardiologist) to be cleared to return to sports?	<input type="checkbox"/>	<input type="checkbox"/>
5) Has your child returned back to full participation in sports?	<input type="checkbox"/>	<input type="checkbox"/>
6) Has your child had direct or known exposure to someone diagnosed with COVID-19 in the past 3 months?	<input type="checkbox"/>	<input type="checkbox"/>
6a) Was your child tested for COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
7) Did your child receive the COVID-19 vaccine?		
7a) What was the manufacturer of the vaccine? _____		
7b) Date of vaccination(s) _____		

### 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 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

(A sum of  $\geq 3$  is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

If you score a sum of 3 or greater on either questions 1 and 2, or 3 and 4, you may have anxiety or depression that is affecting you more than normal. In this case, it is recommended that you talk to a trusted health care provider such as your primary care physician, your athletic trainer at school, or a counselor at school. If there is not someone you feel comfortable talking to or you are interested in learning more to help yourself or a friend, please use the resources provided below.

For more information regarding student-athlete mental health:  
[Quiet Suffering - A Resource for Student-Athlete Mental Health](https://spark.adobe.com/page/ILtwyoLpTAp0V/)  
[spark.adobe.com/page/ILtwyoLpTAp0V/](https://spark.adobe.com/page/ILtwyoLpTAp0V/)

Teen Lifeline Call and Text Crisis Line  
(602) 248-8336 (TEEN)

Outside Maricopa county call: 1-800-248-8336 (TEEN)

Hours are: Call 24/7/365 | Text weekdays 12-9 p.m. & weekends 3-9 p.m. | Peer counseling 3-9 p.m. daily

Crisis text line: Text HOME to 741741 to connect with a crisis counselor

National Suicide Prevention Lifeline  
1-800-273-8255 or [suicidepreventionlifeline.org](https://suicidepreventionlifeline.org)

The Trevor Lifeline  
866-488-7386 (for gender diverse youth)



## Family History Questions: Please Tell Me About Any Of The Following In Your Family...

	Y	N
1) Are there any family members who had sudden/unexpected/unexplained death before age 50? (including SIDS, car accidents drowning or near drowning)	<input type="checkbox"/>	<input type="checkbox"/>
2) Are there any family members who died suddenly of "heart problems" before age 50?	<input type="checkbox"/>	<input type="checkbox"/>
3) Are there any family members who have unexplained fainting or seizures?	<input type="checkbox"/>	<input type="checkbox"/>
4) Are there any relatives with certain conditions, such as:	<input type="checkbox"/>	<input type="checkbox"/>
	Y	N
Enlarged Heart	<input type="checkbox"/>	<input type="checkbox"/>
Hypertrophic Cardiomyopathy (HCM)	<input type="checkbox"/>	<input type="checkbox"/>
Dilated Cardiomyopathy (DCM)	<input type="checkbox"/>	<input type="checkbox"/>
Heart Rhythm Problems	<input type="checkbox"/>	<input type="checkbox"/>
Long QT Syndrome (LQTS)	<input type="checkbox"/>	<input type="checkbox"/>
Short QT Syndrome	<input type="checkbox"/>	<input type="checkbox"/>
Brugada Syndrome	<input type="checkbox"/>	<input type="checkbox"/>
	Y	N
Catecholaminergic Polymorphic Ventricular Tachycardia (CPVT)	<input type="checkbox"/>	<input type="checkbox"/>
Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC)	<input type="checkbox"/>	<input type="checkbox"/>
Marfan Syndrome (Aortic Rupture)	<input type="checkbox"/>	<input type="checkbox"/>
Heart Attack, Age 50 or Younger	<input type="checkbox"/>	<input type="checkbox"/>
Pacemaker or Implanted Defibrillator	<input type="checkbox"/>	<input type="checkbox"/>
Deaf at Birth	<input type="checkbox"/>	<input type="checkbox"/>

### Explain "Yes" Answers Here

**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

Signature of MD/DO/ND/NMD/NP/PA-C/CCSP

Date



ARIZONA INTERSCHOLASTIC ASSOCIATION  
7007 N. 18TH ST., PHOENIX, ARIZONA 85020-5552  
PHONE: (602) 385-3810

**NextCare**  
URGENT CARE

The Preferred Urgent Care  
of the Arizona Interscholastic Association

## 2022-23 ANNUAL PREPARTICIPATION PHYSICAL EXAMINATION

Name: _____	Date of Birth: _____
Age: _____	Sex: _____
Height: _____	Weight: _____
% Body Fat (optional): _____	Pulse: _____
	BP: ____ / ____ ( ____ / ____ / ____ )
Vision: R20/____ L20/____	Corrected: Y <input type="checkbox"/> N <input type="checkbox"/>
Pupils: Equal <input type="checkbox"/> Unequal <input type="checkbox"/>	

	Normal	Abnormal Findings	Initials *
<b>Medical</b>			
Appearance			
Eyes/Ears/Throat/Nose			
Hearing			
Lymph Nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary &			
Skin			
<b>Musculoskeletal</b>			
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: \_\_\_\_\_

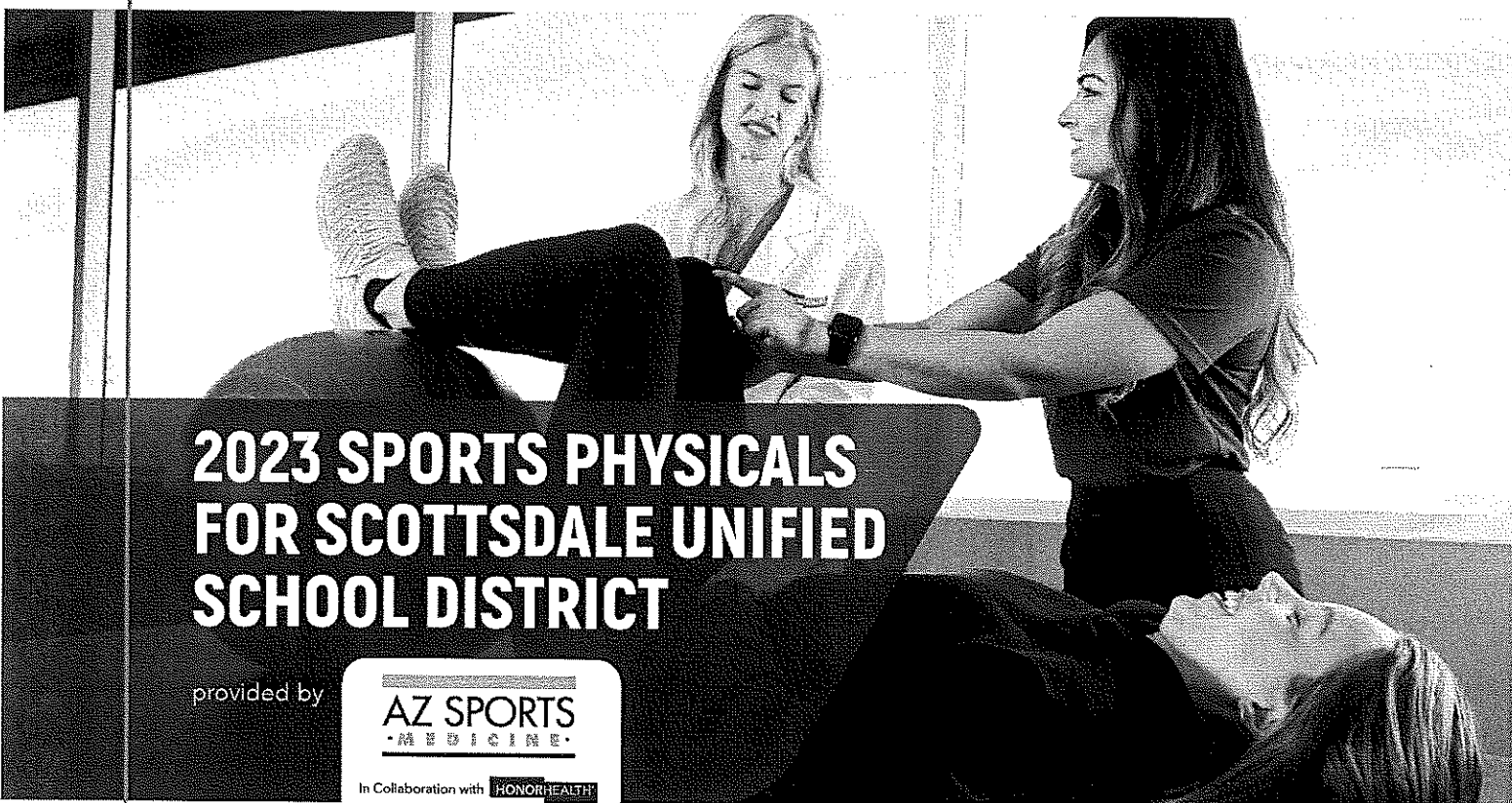
Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Name of Physician (Print/Type): \_\_\_\_\_ Exam Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Physician: \_\_\_\_\_, MD/DO/ND/NMD/NP/PA-C/CCSP



# 2023 SPORTS PHYSICALS FOR SCOTTSDALE UNIFIED SCHOOL DISTRICT

provided by

**AZ SPORTS**  
• MEDICINE •

In Collaboration with HONORHEALTH

Scottsdale Unified School District (SUSD) athletes planning on participating in Arizona Interscholastic Association (AIA) athletics for the 2023-2024 school year are required to have a pre-participation physical examination after Wednesday, March 1, 2023.

### Get your sports physical for a reduced rate

The SUSD sports medicine team is offering physical exams for SUSD athletes at a reduced cost. The exam is performed by certified athletic trainers, physical therapists and licensed physicians. It will involve a comprehensive orthopedic and general medical evaluation.

The SUSD sports medicine team provides care throughout the school year for athletes who are part of the district.

### Date and location:

7 a.m. – noon, Saturday, Aug. 5

8630 E. Via De Ventura Blvd., Suite 101, Scottsdale, AZ 85258

### Appointments are required.

For questions or assistance with scheduling an appointment, please reach out to Lead Athletic Trainer, Nickie Edwards, ATC, LAT at [nedwards@susd.org](mailto:nedwards@susd.org) or your school's designated Head Athletic Trainer.

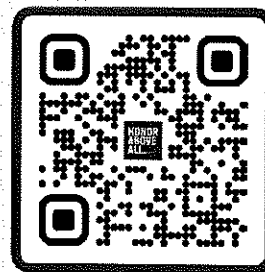
**Cost:** \$25. We accept cash or checks made out to SUSD.

100% of the proceeds go directly to your athletic training room.

### Preparing for your appointment:

- ✓ Please come dressed in a t-shirt and athletic shorts.
- ✓ Have the medical history portion of the AIA Pre-participation Physical Examination form completed. See your Athletic Trainer or athletic office for a copy of the form.

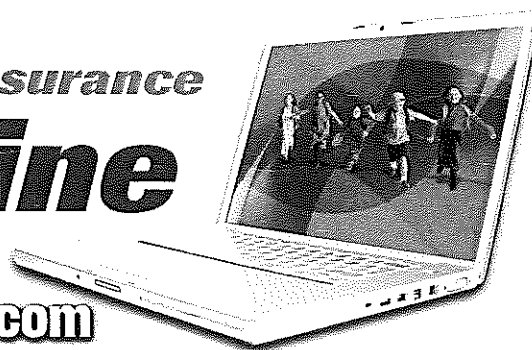
➔ Scan the QR code below to  
schedule your appointment.



**SCAN ME**

# *K-12 Student Accident Insurance* **Enroll Online**

**www.studentinsurance-kk.com**



Worried about paying for your child's medical care if an accident should happen? K&K's student accident insurance can help.

## **K-12 Accident Plans available through your school:**

- *At-School Accident Only*
- *24-Hour Accident Only*
- *Extended Dental*
- *Football*

## **How to Enroll Online**

Enrolling online is easy and should take only a few minutes. Go to **www.studentinsurance-kk.com** and click the "Enroll Now" button.

1. Start by telling us the name of the school district and state where your child attends school.
2. We'll request each student's name and grade level.
3. You'll see the available plans and their rates. Select your coverage and continue to the next step.
4. We'll request information about you, like your name and email address.
5. Next, you'll enter information about the child or children to be covered.
6. Enter your credit card or eCheck payment information.
7. Finally, print out a copy of the confirmation for your records.

For further details of the coverage including costs, benefits, exclusions, any reductions or limitations and the terms under which the policy may be continued in force, please refer to [www.studentinsurance-kk.com](http://www.studentinsurance-kk.com). Student is able to purchase the coverage only if his/her school district is a policyholder with the insurance company.

¿Le preocupa tener que pagar la atención médica de su hijo si ocurre un accidente? El seguro contra accidentes para estudiantes de K&K puede ayudarlo.

## **Planes de cobertura en caso de accidente para K-12 disponibles a través de su escuela:**

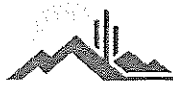
- *Sólo accidentes en la escuela*
- *Sólo accidentes, 24 horas*
- *Dental extendido*
- *Fútbol*

## **Cómo inscribirse en línea**

Inscribirse en línea es fácil y sólo le tomará unos pocos minutos. Visite **www.studentinsurance-kk.com** y haga clic en el botón "Enroll Now" ("Inscribirse ahora").

1. Comience por decirnos el nombre del distrito escolar y el estado en el que su hijo(a) va a la escuela.
2. Solicitaremos el nombre y el grado de cada uno de los estudiantes.
3. Verá los planes disponibles y sus tarifas. Seleccione su cobertura y continúe con el siguiente paso.
4. Le solicitaremos información sobre usted, como su nombre y dirección de correo electrónico.
5. Después, ingresará la información acerca del niño o niños que recibirá(n) cobertura.
6. Ingrese la información de pago de su tarjeta de crédito o eCheck.
7. Finalmente, imprima una copia de la confirmación para sus registros.

Para obtener más detalles sobre la cobertura, incluidos costos, beneficios, exclusiones y reducciones o limitaciones y los términos en virtud de los cuales esta póliza podría continuar en vigencia, consulte [www.studentinsurance-kk.com](http://www.studentinsurance-kk.com). Los estudiantes pueden comprar la cobertura únicamente si su distrito escolar es titular de una póliza con la compañía de seguros.



## **SUSD Middle School “Register My Athlete” Instructions for Parents/Athletes**

SUSD is now utilizing an online registration tool for athletics called **Register My Athlete!** The platform is best if used in Chrome as web browser. Here are the basic steps to follow when registering your athlete for the first time:

1. **Go to [registermyathlete.com](http://registermyathlete.com)** and click “Login” in the top right-hand corner or find the **Register My Athlete** link on your school’s website.
2. **Create an account:** Click on the “Create Account” button. After filling in the required information the system will automatically log you in and you will be required to accept the terms of use.
3. **Register for a sport:** Click on “Register for a Sport.” This will lead to the Registration Checklist.
- \*\*\*You will now be on a Registration Checklist and the must click on and complete the following:
4. **Select School:** Search for your school and select it when identified.
5. **Select Athlete:** You will be prompted to add a new athlete and fill out the requested information. This step only needs to be completed *once* during your athlete’s entire career in SUSD. The information entered will carry over from year to year but must be updated when changes occur by the user.
6. **Select Year/Sport:** You will be asked to choose which year and which sport your athlete is registering to try out for or participate.
7. **Guardianship Info** – Please fill out Guardianship information.
8. **Insurance** – Is required to participate in athletics in SUSD. If one needs to obtain insurance, your site administration office has insurance options available for athletic participation purposes.
9. **Medical Info** – Please fill out appropriate medical information.
10. **Electronic Documents** - This is where you electronically sign important SUSD documents such as the Athletic Code of Conduct, Communication Protocol, COVID-19 Acknowledgement, and Spectator Code of Conduct. Check the “I agree” box when finished reading each document.
11. **E-Signature** – Type in your and your athlete’s names and check the consent boxes. Select “E-Sign.”
12. **Physical** - A doctor must complete a physical annually after March 1<sup>st</sup> of the year that the school year starts and is good for the entire school year. AIA physical exam forms are available within Register My Athlete, or on the SUSD Website, and **MUST** be uploaded to Register My Athlete once per year.
13. **Confirmation:** Your Physical documents will be reviewed by the school Athletic Office and once approved you will receive an email stating “**ready for tryouts.**”
14. You can log back into Register My Athlete and pay the athletic fee at [touchbase.susd.org](http://touchbase.susd.org). After paying online you **MUST** take, or email, the receipt to the school’s Administration Office for processing or you may bring a check directly into your school’s Administration Building. Once the school has confirmed payment, the registration status will be marked “**Complete**” and your athlete will be cleared for competition.
  - a. For Tier 1 sports all athletes make the team and the fee is \$60
  - b. For Tier 2 sports please wait until after the Festival, and if your athlete makes the team the fee is \$30
  - c. For Cross Country and Track all athletes make the team and the fee is \$75
  - d. Free or reduced lunch fees must be paid in the Administration Building accompanied with Nutritional Services verification.

**Additional Athletes:** If you have additional athletes to register you can add them under your same account.

**Returning Users:** During the following seasons and years, you may utilize the same login. Please remember that if any information changes throughout their athletic career please make sure you update as needed.

**Questions:** If at any time you have questions regarding this process, please contact your site athletic office.



## **Instrucciones para "Register My Athlete" (Registrar a mi deportista) para los padres/deportistas de la escuela intermedia del SUSD**

¡EL SUSD ahora está utilizando una herramienta de registro en línea para los deportes llamada "Register My Athlete"! Para esta plataforma, es mejor utilizar Chrome como su navegador de internet. Aquí están los pasos básicos a seguir al registrar a su deportista por primera vez:

1. **Vaya a [registermyathlete.com](http://registermyathlete.com)** y haga clic en "Login" en la esquina superior derecha o encuentre el enlace de **Register My Athlete** en el sitio web de su escuela.
  2. **Cree una cuenta:** Haga clic en el botón "Create Account". Después de llenar la información requerida, el sistema le registrará automáticamente y se le pedirá que acepte las condiciones de uso.
  3. **Inscríbase en un deporte:** Haga clic en "Register for a Sport". Esto le llevará a la lista de comprobación de la inscripción.
- \*\*\*Ahora estará en una Lista de Comprobación de Inscripción y deberá hacer clic y completar lo siguiente:
4. **Seleccione la escuela:** Busque su escuela y selecciónela cuando la identifique.
  5. **Seleccione el deportista:** Se le pedirá que añada un nuevo deportista y que llene la información solicitada. Este paso sólo tiene que ser completado *una vez* durante toda la carrera de su deportista en el SUSD. La información ingresada se mantendrá de año en año, pero debe ser actualizada cuando se produzcan cambios por parte del usuario.
  6. **Seleccione el año/deporte:** Se le pedirá que elija en qué año y en qué deporte se inscribe su deportista para las pruebas o participar.
  7. **Información sobre la tutela legal:** por favor, llene la información sobre la tutela legal.
  8. **Seguro** - Es requerido para participar en deportes en el SUSD. Si uno necesita obtener un seguro, la oficina de administrativa de su escuela tiene opciones de seguro disponibles para propósitos de participación deportistas.
  9. **Información Médica** - Por favor llene la información médica apropiada.
  10. **Documentos Electrónicos** - Aquí es donde usted y su deportista firman electrónicamente los documentos importantes del SUSD como el Código de Conducta Deportista, el Protocolo de Comunicación, el Reconocimiento de COVID-19 y el Código de Conducta de espectadores. Marque la casilla "I agree" cuando termine de leer cada documento.
  11. **Firma electrónica** - Escriba su nombre y el de su deportista y marque las casillas de consentimiento. Seleccione "E-Sign".
  12. **Examen físico** - Un médico debe completar un examen físico anualmente después del 1º de marzo del año que comienza el año escolar y es bueno para todo el año escolar. Los formularios de exámenes físicos de la AIA están disponibles dentro de Register My Athlete y **DEBEN** ser subidos en Register My Athlete una vez al año.
  13. **Confirmación:** Los documentos del examen físico serán revisados por la Oficina de Deportes de su escuela y una vez aprobados recibirá un correo electrónico indicando **"ready for tryouts"**.
  14. Puede volver a ingresar en Register My Athlete y pagar la cuota deportiva en [touchbase.susd.org](http://touchbase.susd.org). Después de pagar en línea, DEBE llevar, o enviar por correo electrónico, el recibo a la Oficina de Administración de la escuela para ser procesado o puede llevar un cheque directamente al Edificio de Administración de su escuela. Una vez que la escuela haya confirmado el pago, el estado de la inscripción será marcado como **"Complete"** y su deportista será autorizado para competir.
    - a. Para los deportes de Nivel 1 todos los deportistas forman parte del equipo y la cuota es de \$60
    - b. Para los deportes de Nivel 2, por favor espere hasta después del Festival, y si su deportista entra al equipo la cuota es de \$30
    - c. Para los deportes de campo travesía y pista todos los deportistas entran al equipo y la cuota es de \$75
    - d. Las cuotas de almuerzo gratis o a precio reducido deben ser pagadas en el Edificio de Administración acompañadas de la verificación por parte de Servicios Nutricionales.

**Deportistas adicionales:** Si tiene deportistas adicionales para inscribir puede agregarlos bajo su misma cuenta.

## **Scottsdale Unified School District Middle School Athletic Fees**

**Please Note:** Fees at Middle School are broken into 3 categories:

- Tier 1 – Time prior to the Saturday Festival and is \$60
- Tier 2 – Time after the Saturday Festival and for Competitive Season is \$30
- Cross Country and Track have no Saturday Festival and is a flat \$75

\*Regular payments can be made directly to the Site Administration Building, to the site Athletic Director, or online at <https://az-scottsdale.intouchrecepting.com/>.

\*Free or Reduced Lunch qualifiers have reduced Athletic Fees and must be made directly to the Site Administration Building or to the site Athletic Director. Nutritional Services documentation required at the time of payment.

### **Fee Schedule**

<b>Tier 1</b>		<b>Tier 2</b>		<b>CC and Track</b>	
Regular	\$60	Regular	\$30	Regular	\$75
Reduced	\$20	Reduced	\$10	Reduced	\$25
Free	\$10	Free	\$5	Free	\$15

For questions please contact your site Athletic Director or Administrative Assistant who oversees Athletics.



# **HOW TO MAKE ONLINE PAYMENTS:**

## **GO TO SUSD.ORG**

1. Click on the "Families" tab at the top of the page.
2. Click on "Online Payments".
3. Click on "Fees & Athletics".
4. Sign in. The username is the student's ID number. Password is their last name with the first letter capitalized.
5. Click on your child's name.
6. Click on "Items at Student's School - Registration Payments".
7. Click on "Tax Credits or Fees & Club Activities".
8. Scroll down to find the sport(s) you wish to pay for.
9. Enter the amount of payment.
10. Click "Buy".
11. Go to "Checkout".
12. Enter information.
13. Email receipts to Mark Fifer at [mfifer@susd.org](mailto:mfifer@susd.org).
14. Any questions, please call Julie McCullough at 480-484-5203.

**SCOTTSDALE UNIFIED SCHOOL DISTRICT**  
**2022-2023 MIDDLE SCHOOL ATHLETIC CODE OF CONDUCT**

All student/athletes are responsible to follow the guidelines in the SUSD Uniform Code of Student Conduct as well as the SUSD Athletic Code of Conduct.

**PARTICIPATION REQUIREMENTS**

1. **Athletic Code of Conduct:** This document shall be electronically signed and agreed to by all participants.
2. **Birth Certificate:** Must be recorded and on file with the school administrative office.
3. **Enrollment:** A student must be enrolled full time at a Scottsdale Unified School District Middle School grades 6-8 inclusive to be eligible. A home-schooled student may be eligible if said student follows A.R.S. 15-802.01(A).
4. **Insurance:** All athletes must be insured by his/her parent or guardian and evidence of insurance provided including insurance company and policy number.
5. **Physical Examination and Parent Consent:** Current yearly physical examination and parent consent must be on file prior to participation in the first practice. The physical examination for the following school year shall be given on or after March 1.
6. **Participation:** SUSD offers Junior Varsity teams for grades 6 and 7 and Varsity teams for grades 6, 7 and 8. 8<sup>th</sup> Graders are not permitted to play Junior Varsity and no player may participate in more than one competitive game a day.
7. **Academic and Scholarship:** SUSD has established a 2.0 GPA (current GPA) as the targeted GPA for all middle and high school students as the minimal standard.  
**Eligibility Requirements:** SUSD has established a 2.0 current GPA as the minimal standard for participation.
  - State No Pass/No Play requirements are determined by no F's at the most recent marking period
  - All students below a 2.0 GPA or with an F in the current marking period will be ineligible for interscholastic competition.
    - ✓ Require frequent grade checks -minimum every 4.5 weeks to determine current GPA and interventions needed
  - If a student has below a 2.0 GPA the following applies:
    - ✓ Students are eligible to practice before the next grade check
    - ✓ Students who become academically ineligible are ineligible for one week and can compete when the student presents evidence to administration that he/she has a current GPA of above a 2.0 and no Fs after that week
    - ✓ Transfer students will be evaluated based on their current transfer grades
  - The general standards shall apply to special education students, including students eligible under Section 504, except that such eligibility shall be determined by a case-by-case basis in relationship to the respective students' Individual Education Program. The general standards shall apply to English language learners determined by a case-by-case basis in relationship to their Individual Language Learning Plan.
8. **Uniforms/Equipment:** Athletes are responsible for returning or paying for all equipment and uniforms issued to them. Debts created by not returning school equipment must be paid before going out for another sport.
9. **Attendance:** To be eligible for the Competitive Tier 2 of each season, students must be an active participant during the Tier 1 season and Saturday Festival unless excused prior to by coach and Athletic Director. The athlete must attend at school a minimum of 50% of the school day to participate or practice that day unless excused by the administration. In and out of school, suspended students are not eligible to participate in practice or games. School related events/field trips are not considered an absence.
10. **Athletic Fee:** Tier 1 athletic fees are \$60 and must be paid prior to first practice or Saturday Festival. Tier 2 fees are \$30 and must be paid prior to the first competitive contest and before any game equipment is issued. The fee for Track/Field, and Cross Country is \$75 for the entire season. State tax credit laws do not allow for refunds and all SUSD athletic fees are not refundable. Payments can be made online at [susd.org](http://susd.org) or at the site administration building. If payment is made online proof must be submitted to site administration.
11. **General Appearance:** An athlete must dress and look the part of an athlete while participating and during school. He/she should keep his/her hair well groomed, his/her skin clean, and his/her clothes neat and clean.

## **TRAINING RULES**

In addition to the requirements and consequences set forth in the SUSU Student Code of Conduct, all student athletes are responsible for adhering to the training rules listed below. These rules apply on or off campus during the season of sport. Any violations of the rules stated below will carry consequences as stipulated by the SUSU Uniform Code of Student Conduct AND to be determined by the coach of that sport and subject to review by the Athletic Director. Alcohol and Other Drugs carries specific penalties as listed below:

1. **Student Conduct:** an athlete must be a positive representative of the school at all times and must be courteous to teachers, students, fellow athletes and adults.
2. **Conduct Detrimental to the Team:** An athlete may be cut from the team at any time the coach believes his/her behavior is conduct detrimental to the team, or the coach may take other reasonable action to see that another infraction does not reoccur.
3. **Tobacco:** Possession or consuming any tobacco product, including vape and e-cigarettes is strictly prohibited.
4. **Travel:** Students must go to and return from athletic contests by school-supplied or designated travel. If a student must travel to the contest with his/her parent, he/she must have his/her parents make the request in writing to the coach prior to the contest. If a student must travel from the contest with his/her parent, then the parent must give the request in writing to the coach in charge. Once at the site of the contest, the athlete is not to leave the site without permission of the coach.
5. **Bullying, Harassment, Fighting, Threat and Intimidation:** Includes a broad range of negative acts that are intended to inflict physical, sexual, or psychological harm on another person is strictly prohibited.
6. **Hazing:** Includes any intentional or reckless act committed by an individual or group of students against other students where both of the following apply: (1) The act was in connection with an initiation into an affiliation with, or membership of, a school sponsored athletic team or group, and (2) The act causes, contributes to, or poses a substantial risk of physical or mental injury or degradation is strictly prohibited. Consequences for hazing include but are not limited to automatic suspension from athletic participation up to 9 days pending investigation and subject to removal from the team.
7. **Social Media usage:** The use of social media must be done in a manner that is respectful in nature and inappropriate use of social media could result in removal from the team as conduct detrimental to the team.

### **8. Alcohol and Other Drugs:** Violation per the SUSU Uniform Code of Conduct.

**Level 1 Violation:** This includes first offense as defined in the SUSU Uniform Code of Conduct.

- a. The loss of eligibility from all participation will be for ninety (90) school days.
- b. The athlete will have an opportunity to regain eligibility after thirty (30) school days by completing the District-drug and alcohol counseling program.
- c. Athlete may practice, not compete, upon the school receiving confirmation that athlete has signed up for drug and alcohol counseling and producing a drug negative test from a state certified drug testing facility. Failure to complete the District-approved counseling program will result in re-imposing the ninety (90) day suspension from all athletic participation.
- d. Athletes in drug and alcohol counseling should participate in twenty (20) hours of community service.

**Level 2 Violation:** This includes second offense within 365 days and/or distribution as defined in the Uniform Code of Student Conduct. As stipulated in the SUSU Uniform Code of Conduct, other first violations may be considered level 2 if other aggravating factors are present. Such determination is made by site administration.

- a. Removal from the team.
- b. During the last two weeks of a sport: Removed for the remainder of the season and suspension from the next sport the athlete participates in for the period of time to total three (3) competitive weeks.

### **1. DUE PROCESS**

1. All athletes will be presented with a written statement of the Athletic Code of Conduct and accompanying regulations and penalties at the beginning of the season and electronically agreed to.
2. Upon receipt of information regarding a violation of the code, the coach will discuss the matter immediately with the Athletic Director and athlete (s).
3. If the coach is sure a violation has occurred, he/she will:
  - A. Notify the athlete of the exact nature of the violation. The coach shall also notify the parents of the athlete, giving the same information before the penalty takes effect, or;
  - B. If two or more coaches are involved and the incident is sufficiently broad, the coaches will work collaboratively to determine disposition.
4. If the athlete and/or his/her parents are unclear as to the reason for the disciplinary action or are dissatisfied with it, they may request a meeting with the coach and Athletic Director.

## **Scottsdale Unified School District Parent/Spectator Code of Conduct**

The Scottsdale Unified School District is committed to fostering an athletic culture that focuses on Character, Sportsmanship, and Respect. The participants, parents, legal guardians, and spectators shall be required to assist SUSD in those efforts by follow this Spectator Code of Conduct. I hereby pledge to be responsible for my words and actions while attending athletic events in the Scottsdale School District.

1. I will not engage in unsportsmanlike conduct with any coach, parent, participant, official or any other attendee.
2. I will not encourage my child, or any other person, to engage in unsportsmanlike conduct with any coach, parent, player, participants, official or any other attendee.
3. I will not engage in any behavior which would endanger the health, safety or well-being of any coach, parent, player, participant, official or any other attendee.
4. I will not encourage my child, or any other person, to engage in any behavior which would endanger the health, safety or well-being of any coach, parent, player, participant, official or any other attendee.
5. I will not engage in the use of profanity.
6. I will not encourage my child, or any other person to engage in the use of profanity. I will treat all attendees with respect at all times regardless of sex, creed, color, national origin, sex or athletic ability.
7. I will not engage in verbal or physical threats or abuse aimed at any coach, parent, player, participant, official or any other attendee.
8. I will not initiate nor encourage my child to initiate a fight or scuffle with any coach, parent, player, participant, official or any other attendee.
9. I will be responsible for the behavior of all those attending a sports event on my child's behalf.
10. I will not shout instructions to coaches or direct players on the field or on the court from the stands nor the sidelines.
11. I will not address the officials in any manner for any reason. I will address concerns with officials with the head coach for them to address with the site Athletic Director.

I understand that any violation of this code of conduct could result in being banned from attending any Scottsdale Unified School District Athletic events.



# MOHAVE MIDDLE SCHOOL SPORTS | 2023-2024 CALENDAR

## 1<sup>st</sup> Quarter Sports (Aug. 7-Oct. 2)

Girls Volleyball & Boys Baseball

## 2<sup>nd</sup> Quarter Sports (Oct. 16-Dec. 22)

Girls Softball, Boys Basketball, Girls Soccer, Boys Soccer & Spiritline

## 3<sup>rd</sup> Quarter Sports (Jan.8 – Mar 8)

Flag Football, Girls Basketball, Cross Country & Spiritline cont.

## 4<sup>th</sup> Quarter Sports (Mar.18 – May 2)

Girls and Boys Track & Field

JANUARY '24						
S	M	T	W	Th	F	S
						6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

- 8 Tier 1 Practice Begins
- 27 Tier 1 Festival/XC Meet
- 29-30 Tier 2 Tryouts
- 31 Tier 2 Practice Begins

FEBRUARY '24						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29		

- 5 XC Meet @ Chaparral Park
- 8 Home vs. Cheyenne
- 12 XC Meet @ Chaparral Park
- 13 Home vs. Mountainside
- 15 Away vs. Copper Ridge
- 21 XC Meet @ Chaparral Park
- 22 Home vs. Desert Canyon
- 26 Away vs. Ingleside
- 29 Away vs. Tonalea

MARCH '24						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

- 4 Home vs. Cocopah
- 11-15 Spring Break
- 18 Track & Field Begins
- 27-28 Conferences
- 29 No School-No Practice

APRIL '24						
S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

- 11 Meet at Coronado HS
- 18 Meet at Coronado HS
- 25 Meet at Coronado HS

MAY '24						
S	M	T	W	Th	F	S
				2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

- 1 Early Release-No Practice
- 2 Meet at Coronado HS

AUGUST '23						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

- 7 First Day of School/ Info Meeting
- 8 Tier 1 Practice Begins
- 26 Tier 1 Festival
- 28-29 Tier 2 Tryouts
- 30 Early Release-No Practice
- 31 Tier 2 Team Practice

SEPTEMBER '23						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

- 4 No School-No Practice
- 7 Away vs. Cheyenne
- 11 Away vs. Mountainside
- 13 Early Release-No Practice
- 14 Home vs. Copper Ridge
- 18 Away vs. Desert Canyon
- 21 Home vs. Ingleside
- 25 No School-No Practice
- 27 Early Release-No Practice
- 28 Home vs. Tonalea

OCTOBER '23						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

- 2 Away vs. Cocopah
- 9-13 Fall Break-No School
- 16 Tier 1 Practice Begins
- 26 Early Release-No Practice

NOVEMBER '23						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

- 4 Tier 1 Festival
- 6-7 Tier 2 Tryouts
- 8 Early Release-No Practice
- 10 No School-No Practice
- 15 Game vs. Cheyenne
- 16 Game vs. Mountainside
- 20 Game vs. Copper Ridge
- 22-24 Thanksgiving Recess
- 28 Game vs. Desert Canyon
- 30 Game vs. Ingleside

DECEMBER '23						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

- 5 Game vs. Tonalea
- 7 Game vs. Cocopah