



ANN ARBOR PUBLIC SCHOOLS

John Young

Ann Arbor Skyline High School  
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Athletic Supervisor  
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June 3, 2011

Dear Prospective Skyline Student Athlete:

I hope this letter finds you excited about your summer break! Fall practices will be here before you know it. Football practice begins on August 8 and all other Fall sports begin on August 10. We are excited about the upcoming 2011-2012 school year and are looking forward to seeing our first senior class graduate. We look forward to continuing the Skyline tradition of excellence on the field of competition as well as in the classroom.

Attached are the documents necessary for you to compete as a student athlete at Skyline this Fall. Please read them carefully and fill them out completely. **The Skyline Athletic Department will begin accepting registration forms on Monday, June 27, 2011. One of the most important requirements is you must have a physical performed after April 15, 2011.**

The pay to participate fees established by Ann Arbor Public Schools last year will be continued as will the athletic benefit fee. **All student athletes will be required to pay \$150 for their first sport, \$75 for their second sport, and a one time \$30 insurance fee.**

**Payment Options:**

- Checks, made out to AAPS will be accepted at the Skyline Athletic Department.
- Checks will also be accepted at Community Rec & Ed located at Pioneer High School
- Payments may be made online at [http://reced.aaps.k12.mi.us/reced.home/rec\\_\\_\\_ed\\_home](http://reced.aaps.k12.mi.us/reced.home/rec___ed_home).
- Those who pay online or at Rec & Ed must obtain a receipt of payment and provide it when forms are turned in at the Skyline Athletic Department.
- All payments are due before the first official day of practice. The pay to participate fee will be refunded only if the student is cut from the sport.

**Scholarship Waivers:**

- Students who qualify for free or reduced lunch are eligible to be exempt from part or all of the pay to participate fees. Free and reduced status will be verified after the waiver of confidentiality is signed.
- Students who do not qualify for free or reduced lunch but can provide documentation of financial hardship may apply for a waiver as well. Be sure to read the Athletic Participation Fee and Letter of Understanding for more information.

You will not be allowed to practice or tryout until in **ALL** forms are turned in to the Skyline athletic office. **No paperwork will be accepted unless ALL forms are completed properly and payment is enclosed.**

- Physical form signed by physician. (Physical performed after 4/15/11)
- Student athlete statement – **Signed by student athlete AND parent**
- Emergency cards for each sport the student athlete will be playing
- Athletic Participation Fee and Letter of Understanding– **Signed by student AND parent**
- Appropriate payments or receipts from Rec & Ed
- Pay to Participate Athletic Waiver Application (If applicable)

If you have any questions please contact the Skyline Athletic Department at 734-994-7075.

Sincerely,

John Young  
Skyline Athletic Supervisor

## 2011-2012 ANN ARBOR SKYLINE HIGH SCHOOL ATHLETIC MEDICAL RECORD

(This form **MUST** be on file in the Athletic Office **BEFORE** the student practices with any team. **NO EXCEPTIONS**)

Student's Name: \_\_\_\_\_ I.D.#: \_\_\_\_\_ Sex: M/F  
 last first (**Print** legal name)

Address: \_\_\_\_\_ e-mail \_\_\_\_\_  
 street city zip code

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Month-day-year (i.e. 9-1-96) (as of 9-1-11)

- In what school was this student enrolled last year? \_\_\_\_\_
- What is the date of enrollment at Skyline? \_\_\_\_\_
- Indicate other school(s) student will attend this year \_\_\_\_\_  
 Part-time? \_\_\_\_\_ Full-time? \_\_\_\_\_

### Which Sports Do You Intend to Play? Please Circle.

Baseball	Equestrian (Club)	Ski Club	Track
Basketball	Field Hockey	Soccer	Volleyball
Bowling	Football	Softball	Water Polo
Cross Country	Golf	Sports Medicine	Wrestling
Crew	Ice Hockey	Swimming	
Dance	Lacrosse	Tennis	

Parent or Guardian's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Mother's Work Phone: \_\_\_\_\_ Father's Work Phone: \_\_\_\_\_  
 Family Physician: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_  
 Family Health Insurance Company/Contract & Policy Numbers: \_\_\_\_\_

**Circle the appropriate numbers if this student has had any of the following:**

- |                         |                     |                       |                              |
|-------------------------|---------------------|-----------------------|------------------------------|
| 1. Perforated ear drum  | 12. Heart surgery   | 23. Internal injuries | 34. Head injuries            |
| 2. Draining ear         | 13. Pneumonia       | 24. Appendectomy      | 35. Undescended testicle     |
| 3. Ear surgery          | 14. Tuberculosis    | 25. Hernia            | 36. Operation on testicle    |
| 4. Mastoid surgery      | 15. Asthma          | 26. Hernia repair     | 37. Kidney trouble           |
| 5. Hearing loss         | 16. Chest pain      | 27. Neck injuries     | 38. Diabetes                 |
| 6. Frequent sore throat | 17. Short of breath | 28. Shoulder injuries | 39. Blood in urine           |
| 7. Convulsions          | 18. Punctured lung  | 29. Elbow injuries    | 40. Protein in urine         |
| 8. Rheumatic fever      | 19. Lung disease    | 30. Wrist injuries    | 41. Reaction to insect bites |
| 9. Heart Disease        | 20. Hepatitis       | 31. Knee problem      | 42. Medications (list all)   |
| 10. Heart murmur        | 21. Infectious mono | 32. Ankle problem     | 43. Broken bones (list all)  |
| 11. High blood pressure | 22. Peptic ulcer    | 33. Back problem      | _____                        |

Does this student wear contact lenses? YES NO

### PHYSICAL EXAMINATION

(To be completed and signed by a **PHYSICIAN ONLY**)

L. Eye _____	R. Eye _____	Height _____	Weight _____
ENT _____	Lower extremities _____	Abdomen _____	
	Back & Neck _____	Urinalysis:	
B.P. _____	Genitalia _____	Blood _____	
Heart _____	Pilonidal _____	Protein _____	
Lungs _____	Hernias _____	Sugar _____	
Upper Extremities _____	Chest _____	Other _____	

Physical conditions or limitations of which athletic or medical personnel should be aware:

Date \_\_\_\_\_ Physician's Signature \_\_\_\_\_

\*\*Per M.H.S.A.A. rule, **NO** LPN, RN Nurse or Chiropractor signatures can be accepted. This physical must be dated **after** after April, 15<sup>th</sup> 2011.

**(OVER)**

Bring in person to the athletic office. **DO NOT MAIL.**

## STUDENT-ATHLETE PARTICIPATION STATEMENT:

This application to participate in interscholastic athletics is voluntary on my part and the information submitted is truthful to the best of my knowledge. I have never received money or merchandise in any amount, or any emblematic award worth more than \$25.00 for participating in an athletic event. I have never competed under an assumed name. After I have represented Skyline High School in any sport, I promise not to compete in any outside athletic contest in that sport until after the high school season has been completed. ***I understand that by participating in a sport I am exposing myself to the risk of serious injury, paralysis or death.*** I, also, understand that I am expected to adhere firmly to all established athletic policies of my coach, the Skyline High School Athletic Department, the Ann Arbor Public Schools, and the Michigan High School Athletic Association. In accordance with District eligibility policy, ***I acknowledge that I am required to have a 2.0 grade point average AND be passing at minimum of 67% of my classes in order to try out AND to continue athletic participation.*** I understand that I cannot compete in outside athletic contests in the sport I am playing for Skyline until my high school season has ended. I affirm that I legitimately reside in the Skyline High School attendance area or the District has given me permission to attend Skyline High School. And I have read and agree to the Athletic Code of Conduct.

→Date \_\_\_\_\_ Athlete's Signature \_\_\_\_\_

## PARENT OR GUARDIAN NOTIFICATION AND CONSENT:

I hereby give my consent for the above named high school student to participate in interscholastic athletics at Ann Arbor Skyline High School during the 2011-2012 school year. I give permission for said student to travel on all athletic trips scheduled for his/her team. I understand that occasionally a coach may assign my child to ride to an athletic event with a selected adult driver in a privately owned vehicle. In granting this permission I assume full responsibility for any damage to person or property caused by my child. I agree that if it is determined that my child needs medical or dental treatment while on a field trip, I will be responsible for any such treatment determined necessary by a physician, dentist, athletic trainer, coaches or emergency medical personnel. I give my permission to the team physician, all coaches and athletic trainers to care for and provide appropriate medical treatment for my son/daughter in the event of an injury. I authorize the athletic training staff and team physicians the right to release information regarding injuries or illnesses that may occur to my child to his/her coaches, emergency medical personnel school officials (athletic secretary, school nurse, administrators). Furthermore, this information will be provided to the school's contracted insurance carrier in the event of a claim. The consent to release medical information will expire one (1) year from the date I have signed it. I also understand that this consent may be revoked at any time by me in writing but in doing so my son/daughter may be prevented from participating. I further agree that if the behavior or health of my child should make it necessary to send him/her home prior to the scheduled return time, I will be responsible for those expenses. I understand that no child will be sent home unaccompanied by an adult. A coach will accompany the athlete during the scheduled activity. ***I understand that by participating in interscholastic athletics my son/daughter is exposing himself/herself to the risk of serious injury, paralysis or death.*** I verify that my child has not been sick within the last two weeks. I, also, understand that my son/daughter is expected to adhere firmly to all established athletic policies of his/her coach, the Skyline High School Athletic Department, the Ann Arbor Public Schools, and the Michigan High School Athletic Association. In accordance with District eligibility policy, ***I acknowledge that my child is required to have a 2.0 grade point average AND be passing at minimum of 67% of his/her classes in order to try out AND to continue athletic participation.*** I understand that if my child receives special education services I can consult with the teacher consultant for a change in eligibility standards. I understand that college athletic participation requires meeting NCAA standards of 2.0 grade point average in core classes and minimum scores on ACT and SAT tests. I give permission to have the following information regarding my son/daughter without additional consent: student's name, class designation, extracurricular participation, honor and awards, height and weight (for team rosters), and photographic, video or computer image. I understand that my child cannot compete in outside athletic contest in the sport while playing for Skyline until the high school season has ended. ***I understand that any school equipment given to my child during the year will be returned or I will pay for it as new.*** I affirm that I legitimately reside in the Skyline High School attendance area or the District has given me permission to attend Skyline High School. And I have read and agree to the Athletic Code of Conduct.

→Date \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

## >>> ELIGIBILITY INFORMATION

**10th, 11th, and 12th graders enrolled at other schools or in summer school, this past year will need a copy of those grades for the purpose of eligibility. Bring grades with you at the time of registration. Failure to bring requested grades would delay participation.**

**Athletic Benefit Fee (Non-Refundable): All student athletes – one time fee. \$30**  
**Athletic Participation Fee (Non Refundable): 1<sup>st</sup> sport \$150; 2<sup>nd</sup> sport \$75**  
**Make checks payable to Ann Arbor Public Schools.**

- Students may not tryout or practice until all registration forms have been completed, all fees are paid and/or waiver forms are submitted to the Skyline Athletic Office.
- NO Fees will be refunded unless the student is cut from the sport. There are no exceptions.
- Students may be eligible for a fee waiver in the following ways: Provide Medicare/Medicaid cards, a letter indicating free or reduced lunch program acceptance, proof of food stamps from FIP or FDPIR, or acceptance of the Ann Arbor Public Schools fee request form.

**\*DO NOT MAIL THIS FORM\***  
**(BRING COMPLETED FORMS TO THE ATHLETIC OFFICE)**



**ANN ARBOR PUBLIC SCHOOLS**  
**Department of Athletics**

Athletic Participation Fee and Letter of Understanding

High School		Middle School	
Interscholastic Sport- 1st _____	\$150.00	Interscholastic Sport _____	\$50.00
Interscholastic Sport – 2 <sup>nd</sup> _____	\$ 75.00		

I have reviewed this form and understand that the fee paid does not guarantee playing time, control over any conditions of the team or Department of Athletics. I also understand that paying the fee does not in any way alter Ann Arbor Public Schools Board of Education Student Code of Conduct, Student Athletic Code of Conduct, individual team rules and/or the Michigan High School Athletic Association Regulations.

*An athlete will not be allowed to participate unless all signatures are affixed and the fee has been paid. All athletes will be expected to pay the appropriate fee for each sport they are participating in. The fee is non-refundable after start of practice.*

_____	_____
Student Name (Please Print)	Parent/Guardian Name (Please Print)
_____	_____
Student Signature and Date	Parent/Guardian Signature and Date

Thank you for your cooperation and we look forward to a successful season.

Amount Paid \_\_\_\_\_ Check No. \_\_\_\_\_

Make check payable to Ann Arbor Pubic Schools (AAPS). Please do not send cash.

**Which Sports Do You Intend to Play? Please Circle.**

Baseball	Equestrian	Ski Club	Track
Basketball	Field Hockey	Soccer	Volleyball
Bowling	Football	Softball	Water Polo
Cross Country	Golf	Sports Medicine	Wrestling
Crew	Ice Hockey	Swimming	
Dance	Lacrosse	Tennis	

NOTE: To ensure security, *PaySchools* does not store personal bank or credit card information.

Students who qualify for free and reduced lunch may be eligible to be exempt from part or all of the Pay for Participation fee. Students not eligible for free/reduced lunch but who need financial assistance may submit a Pay to Participate Waiver Application.

Are you requesting a waiver of the fee? \_\_\_\_\_ If so, see the attached Rec & Ed scholarship application and scholarship program information. Complete the application and submit to the Skyline Athletic Office.

Office Use	Received by: _____	Date: _____
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## SKYLINE HIGH SCHOOL EMERGENCY CARD

Graduation Yr: \_\_\_\_\_ Birthdate: \_\_\_\_\_

This information will be shared with appropriate school staff. If the parties on this card are not available, I understand appropriate emergency care deemed advisable by school authorities will be sought. Any special directions appropriate to my child have been checked on this card.

Student ID: _____ Counselor: _____
Student Name: _____
Address: _____
Apt: _____ Zip Code _____
Home Phone: _____

Doctor: _____	Phone _____
Dentist: _____	Phone _____
Hospital: _____	Phone _____
Emergency Clinic: _____	Phone _____

**Please list everyone we can call in case of an emergency, illness, school closing or other issue requiring attention. Please note if a parent/guardian is not available we will call the next person on the list until someone is contacted.**

Parent/Guardian: _____	Work: _____	Cell: _____	Home: _____
Parent/Guardian: _____	Work: _____	Cell: _____	Home: _____
Name: _____	Work: _____	Cell: _____	Home: _____
Name: _____	Work: _____	Cell: _____	Home: _____

*Please put an "x" in the appropriate box, specify where indicated, and sign your name.*

<input type="checkbox"/> Religious objections to physician contact <input type="checkbox"/> Contact lens/glasses <input type="checkbox"/> Bone/joint condition: <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart Condition: _____ <input type="checkbox"/> Seizure disorder <input type="checkbox"/> Hypertension or high blood pressure	<input type="checkbox"/> Asthma <input type="checkbox"/> Special Blood Condition <input type="checkbox"/> Life Threatening Allergies (reaction): <input type="checkbox"/> Med/drug <input type="checkbox"/> Food <input type="checkbox"/> Insect <input type="checkbox"/> Other	<input type="checkbox"/> Medications needed or used: _____ <input type="checkbox"/> Other conditions or problems: _____ <input type="checkbox"/> None known
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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## SKYLINE HIGH SCHOOL EMERGENCY CARD

Graduation Yr: \_\_\_\_\_ Birthdate: \_\_\_\_\_

This information will be shared with appropriate school staff. If the parties on this card are not available, I understand appropriate emergency care deemed advisable by school authorities will be sought. Any special directions appropriate to my child have been checked on this card.

Student ID: _____ Counselor: _____
Student Name: _____
Address: _____
Apt: _____ Zip Code _____
Home Phone: _____

Doctor: _____	Phone _____
Dentist: _____	Phone _____
Hospital: _____	Phone _____
Emergency Clinic: _____	Phone _____

**Please list everyone we can call in case of an emergency, illness, school closing or other issue requiring attention. Please note if a parent/guardian is not available we will call the next person on the list until someone is contacted.**

Parent/Guardian: _____	Work: _____	Cell: _____	Home: _____
Parent/Guardian: _____	Work: _____	Cell: _____	Home: _____
Name: _____	Work: _____	Cell: _____	Home: _____
Name: _____	Work: _____	Cell: _____	Home: _____

*Please put an "x" in the appropriate box, specify where indicated, and sign your name.*

<input type="checkbox"/> Religious objections to physician contact <input type="checkbox"/> Contact lens/glasses <input type="checkbox"/> Bone/joint condition: <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart Condition: _____ <input type="checkbox"/> Seizure disorder <input type="checkbox"/> Hypertension or high blood pressure	<input type="checkbox"/> Asthma <input type="checkbox"/> Special Blood Condition <input type="checkbox"/> Life Threatening Allergies (reaction): <input type="checkbox"/> Med/drug <input type="checkbox"/> Food <input type="checkbox"/> Insect <input type="checkbox"/> Other	<input type="checkbox"/> Medications needed or used: _____ <input type="checkbox"/> Other conditions or problems: _____ <input type="checkbox"/> None known
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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_