GATEWAY ACADEMY

3939 E. Shea Blvd. • Phoenix, Arizona 85028
A private, accredited day school for twice-exceptional learners, grades 6–12

UNIVERSAL ATHLETICS PARTICIPATION AGREEMENT

Assumption of Risk, Release of Liability, Medical Authorization & Concussion Acknowledgment

School Year 20____ – 20____

One form, all sports, all season. This agreement covers your student's participation in every sport and athletic activity Gateway Academy offers, sponsors, or supervises during the school year named above — interscholastic teams, club and intramural play, tournaments, camps and clinics, conditioning and open gym, cheer and spirit, adaptive and unified sports, equine activities, off-campus competition, and school-sponsored recreation. A new form must be completed and signed at the start of each school year.

Participation cannot begin until this form is complete, signed, and on file, and until a current physical examination has been submitted.

1. STUDENT-ATHLETE INFORMATION

STUDENT'S LEGAL NAME (LAST, FIRST, MIDDLE)		PREFERRED NAME		GRADE	DATE OF BIRTH
STUDENT ID #	**ADVISOR / HOMEROOM**	**HEIGHT**	**WEIGHT**	**SHIRT SIZE**	**SHORTS SIZE**

This agreement applies to every sport and athletic activity Gateway Academy offers, sponsors, supervises, or sanctions. No sport needs to be named or selected for coverage to apply, and a student who joins an additional activity at any point during the school year remains covered without completing a new form.

SPORTS OR ACTIVITIES THE STUDENT CURRENTLY EXPECTS TO PARTICIPATE IN (OPTIONAL — FOR ROSTERING AND STAFFING ONLY; COVERAGE IS NOT LIMITED TO WHAT IS LISTED HERE)

2. PARENT / LEGAL GUARDIAN INFORMATION

PARENT / GUARDIAN #1 NAME	RELATIONSHIP	MOBILE PHONE	WORK PHONE
EMAIL ADDRESS		**HOME ADDRESS (IF DIFFERENT FROM SCHOOL RECORDS)**	
PARENT / GUARDIAN #2 NAME	**RELATIONSHIP**	**MOBILE PHONE**	**EMAIL**

3. EMERGENCY CONTACTS (OTHER THAN PARENT / GUARDIAN)

EMERGENCY CONTACT #1 — NAME	RELATIONSHIP	PRIMARY PHONE	ALTERNATE PHONE
EMERGENCY CONTACT #2 — NAME	**RELATIONSHIP**	**PRIMARY PHONE**	**ALTERNATE PHONE**

4. HEALTH, INSURANCE & PARTICIPATION SUPPORTS

HEALTH INSURANCE CARRIER	POLICY / MEMBER ID #	GROUP #
PRIMARY CARE PHYSICIAN	PRACTICE / CLINIC	PHONE
PREFERRED HOSPITAL / URGENT CARE	DATE OF MOST RECENT SPORTS PHYSICAL	PHYSICIAN CLEARANCE ON FILE? ☐ YES ☐ NO
ALLERGIES (FOOD, MEDICATION, INSECT, ENVIRONMENTAL) AND REQUIRED RESPONSE		
CURRENT MEDICATIONS TAKEN DURING THE SCHOOL DAY OR BEFORE/AFTER ACTIVITY (NAME, DOSE, TIMING)		
HEALTH CONDITIONS, INJURIES, OR PHYSICAL LIMITATIONS COACHING STAFF MUST KNOW ABOUT (E.G., ASTHMA, SEIZURE HISTORY, PRIOR CONCUSSION, ORTHOPEDIC INJURY, HEAT SENSITIVITY)		

Participation supports. Gateway's athletic program is part of our whole-student model. Please share anything that helps our coaching staff support your student well — sensory sensitivities, processing or communication preferences, transition or regulation strategies, executive-function supports, or accommodations that appear in the student's learning plan and should carry over to practice, competition, and team travel.

SUPPORTS, ACCOMMODATIONS, OR STRATEGIES THAT HELP THIS STUDENT SUCCEED IN AN ATHLETIC SETTING

Insurance notice: *Gateway Academy does not provide medical or accident insurance for student-athletes. Families are responsible for all costs of medical care, transport, and treatment arising from participation. Please confirm your coverage is active before your student participates.*

5. ACKNOWLEDGMENT AND ASSUMPTION OF RISK

I understand that participation in athletic activities is voluntary and involves inherent risks that cannot be eliminated regardless of the care taken by Gateway Academy, its coaches, or its staff. I have read and understand the specific risks described below and I knowingly accept them on behalf of myself and my student.

- Minor injuries such as bruises, abrasions, sprains, strains, blisters, dental injuries, cuts requiring stitches, and heat-related illness including dehydration, heat exhaustion, and heat stroke — a particular risk in the Phoenix climate.
- Serious injuries including broken bones, torn ligaments and tendons, dislocations, spinal and neck injuries, internal organ injury, eye injury and vision loss, and injuries requiring surgery or resulting in permanent physical impairment or disfigurement.
- Head injuries, including concussion, repeat concussion, and traumatic brain injury, which may result in temporary or permanent cognitive, emotional, behavioral, or physical impairment.
- Cardiac events, including sudden cardiac arrest, and other medical emergencies that may result in paralysis, permanent disability, or death.
- Injuries arising from contact or collision with other participants, officials, spectators, equipment, playing surfaces, walls, fencing, or fixtures; from equipment failure or misuse; and from facility, field, or weather conditions.
- Risks associated with travel to and from practices, games, tournaments, and other athletic events, whether by school vehicle, chartered transportation, or private vehicle.
- Risks arising from the acts or omissions of other participants, coaches, officials, volunteers, opposing teams, spectators, or third parties, and from delayed, inadequate, or unavailable medical attention.
- Exposure to communicable illness, including airborne and contact-transmitted infection, in shared locker rooms, transportation, and athletic facilities.

Because this agreement covers all sports and athletic activities, I further acknowledge the following risks specific to particular activities in which my student may take part:

- **Contact and collision sports** (football, wrestling, soccer, lacrosse, rugby, basketball, martial arts): repeated impact to the head and body, joint and ligament injury, facial and dental injury, compression or choking holds, and skin infections transmitted on mats and shared equipment.
- **Aquatic activities** (swimming, diving, water polo, open swim, rowing and paddling): drowning and near-drowning, submersion injury, shallow-water and diving-related head, neck, and spinal injury, and secondary complications of water inhalation.
- **Height, apparatus, and wheeled activities** (gymnastics, tumbling, cheer stunting, rock climbing, skateboarding, scootering, cycling, skating, snow sports): falls from height, failure of harnesses, belays, mats, ropes, or protective equipment, and collisions with vehicles, terrain, or fixed objects.
- **Strength training** (weight room, powerlifting, conditioning): crush and pinch injuries from dropped or failed loads, muscle and tendon tears, disc and spinal injury from loading, and exertional rhabdomyolysis.
- **Outdoor and off-campus activities** (cross country, hiking, golf, archery, fishing, outdoor recreation): uneven terrain, sun and heat exposure, lightning, flash flooding, venomous snakes and insects, wildlife encounters, projectile injury, and delayed emergency response in remote locations.
- **Equine activities:** horses are large, powerful, and unpredictable animals that may bolt, buck, rear, shy, bite, kick, step on, or fall on a rider or handler, regardless of training or handling. Risks include falls from height, being dragged, tack or equipment failure, and injury from the animal's reaction to sounds, movement, other animals, or unfamiliar people.

I understand this list is illustrative and not exhaustive, and that other unknown or unanticipated risks may result in injury, illness, disability, or death. I represent that my student is physically fit and medically cleared to participate, and I agree to withdraw my student from participation if that ceases to be true.

6. EQUINE AND EQUINE-ASSISTED ACTIVITIES — ADDITIONAL ACKNOWLEDGMENT

This section applies only if my student takes part in equestrian, horsemanship, or equine-assisted activities. Arizona law (A.R.S. § 12-553) requires a signed release from a parent or legal guardian before a minor takes control of a horse.

I acknowledge that I am aware of the inherent risks associated with equine activities, described in Section 5 above. I am willing and able to accept full responsibility for my student's safety and welfare during those activities. I release Gateway Academy, the equine owner, and their agents from liability for injury to or the death of my student arising from those inherent risks, except in the case of gross negligence or willful, wanton, or intentional acts or omissions.

I confirm that I have accurately represented my student's skills, health, experience, and knowledge of horses so that a suitable animal can be assigned, and I understand that if my student uses tack the student owns, leases, or borrows and tacks the horse personally, my student assumes responsibility for the suitability, installation, and condition of that tack.

Applies to my student: ☐ **Yes — my student may participate in equine activities.** ☐ **No — my student will not participate.**

If the equine program is operated by an outside ranch, stable, or provider, that provider will likely require its own release as the equine owner. This section does not replace it.

7. RELEASE OF LIABILITY, WAIVER OF CLAIMS, AND COVENANT NOT TO SUE

PLEASE READ CAREFULLY. THIS SECTION AFFECTS YOUR LEGAL RIGHTS AND THE LEGAL RIGHTS OF YOUR STUDENT, INCLUDING THE RIGHT TO SUE.

Definition. Throughout this agreement, "athletic activities" means every sport, athletic program, and physical activity offered, sponsored, supervised, or sanctioned by Gateway Academy — at every level of competition, in season and out of season, on campus and off, including practices, games, meets, matches, tournaments, scrimmages, tryouts, conditioning, open gym, camps, clinics, team travel, team meals, overnight stays, and any related event.

In consideration of my student being permitted to participate in Gateway Academy athletic activities, I, on behalf of myself, my student, and our respective heirs, executors, administrators, successors, and assigns, hereby **RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE** Gateway Academy, its governing board, officers, directors, employees, coaches, athletic trainers, volunteers, contractors, agents, and the owners and lessors of any premises used for athletic activities (collectively, the

"Releasees") from any and all claims, demands, actions, causes of action, liabilities, damages, losses, costs, and expenses of any kind — including claims for personal injury, illness, permanent disability, death, or property loss — arising out of or related to my student's participation in athletic activities, **including claims arising from the ordinary negligence of the Releasees**.

This release does not apply to gross negligence, recklessness, or intentional or willful misconduct by the Releasees, and does not waive any right that may not be waived under Arizona law. If any provision of this agreement is held invalid or unenforceable, the remaining provisions remain in full force and effect. This agreement is governed by the laws of the State of Arizona, and venue for any dispute lies in Maricopa County, Arizona.

8. INDEMNIFICATION AND HOLD HARMLESS

I agree to indemnify, defend, and hold harmless the Releasees from any loss, liability, damage, cost, or expense — including reasonable attorneys' fees — that they may incur as a result of my student's participation in athletic activities, including any claim brought by or on behalf of my student, and including damage my student causes to persons or property. I further agree to be responsible for the cost of any Gateway Academy uniform or equipment issued to my student that is lost, damaged beyond normal wear, or not returned.

9. AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In the event of injury or illness, I authorize Gateway Academy staff, coaches, and athletic personnel to administer first aid and to arrange for emergency medical care, including transport by ambulance or air ambulance to the nearest appropriate medical facility. I authorize the treating physician, hospital, or emergency medical provider to render examination, anesthesia, X-ray, surgery, hospitalization, and treatment as deemed medically necessary, and I understand that reasonable efforts will be made to reach me before treatment is administered.

I accept full financial responsibility for all medical, emergency transport, and treatment costs incurred. I further authorize Gateway Academy to share relevant health information provided on this form with coaches, athletic trainers, emergency responders, and treating medical personnel as needed to care for my student.

10. CONCUSSION AND HEAD INJURY INFORMATION — REQUIRED ANNUAL ACKNOWLEDGMENT

Arizona law (A.R.S. § 15-341) requires that, before participating in an athletic activity, both the student and the parent or guardian sign a form at least once each school year confirming awareness of the nature and risk of concussion. Read this section carefully; both signatures are required at the end of this form.

What a concussion is. A concussion is a traumatic brain injury caused by a bump, blow, or jolt to the head or body that causes the brain to move rapidly inside the skull. A concussion can occur without a loss of consciousness, and even a seemingly mild bump can be serious. Concussions can change the way the brain normally works and can affect memory, concentration, balance, mood, and sleep.

Signs and symptoms to watch for:

- Headache or pressure in the head; nausea or vomiting; balance problems or dizziness; blurred or double vision.
- Sensitivity to light or noise; feeling sluggish, hazy, foggy, or groggy; confusion about assignment, position, game, score, or opponent.
- Difficulty concentrating or remembering; slowed reaction time; answering questions slowly; repeating questions.
- Appearing dazed or stunned; moving clumsily; loss of consciousness, even briefly; mood, behavior, or personality changes.
- Symptoms that first appear hours or days after the injury, including sleep disruption and irritability.

REMOVAL FROM PLAY AND RETURN TO PLAY

Any student suspected of sustaining a concussion during practice, a game, or any other athletic activity will be **immediately removed** from the activity, and the parent or guardian will be notified. A coach, an official, a licensed health care provider, or the student's own parent may remove the student from play.

The student may return to play the same day only if a health care provider rules out a concussion at the time of removal. On any subsequent day, the student may return only after being evaluated by, and receiving **written clearance** from, a health care provider trained in the evaluation and management of concussions and head injuries. Gateway Academy will follow a graduated return-to-play and return-to-learn protocol.

When in doubt, sit them out. Returning to activity before a concussion has fully healed increases the risk of a second, more serious injury with longer-lasting effects. I agree to report any suspected concussion — including one sustained outside of school — to Gateway Academy athletic staff, and I agree not to pressure or encourage my student to continue playing with concussion symptoms.

11. SUDDEN CARDIAC ARREST AWARENESS

Sudden cardiac arrest is rare but can be fatal. Warning signs include fainting or seizure during or immediately after exercise; unexplained shortness of breath; chest pain, tightness, or pressure; racing or irregular heartbeat; unusual fatigue; or dizziness during exertion. A family history of unexplained sudden death before age 50 is also a risk factor. Any student showing these signs will be removed from activity and must be evaluated and cleared in writing by a health care provider before returning. I agree to report any of these symptoms or family history to Gateway Academy athletic staff.

12. TRANSPORTATION CONSENT

I authorize my student to travel to and from athletic practices, games, tournaments, and related events by the means checked below, and I extend the release, waiver, and indemnification provisions of this agreement to all such transportation:

- ☐ School vehicle or chartered transportation arranged by Gateway Academy.
- ☐ Private vehicle driven by a Gateway Academy employee or approved, screened volunteer.
- ☐ Transportation I arrange myself. I will notify the coach in writing when my student is not traveling with the team.
- ☐ My student is a licensed driver and I authorize self-transport to and from athletic events.

I understand my student is expected to travel with the team both ways unless I have provided written notice releasing my student to me or to a designated adult at the event site.

13. ATHLETIC CODE OF CONDUCT

Representing Gateway Academy is a privilege. As a condition of participation, our student-athletes and their families agree to:

- Treat teammates, opponents, coaches, officials, spectators, and facilities with respect at all times, on and off the field.
- Attend practices and competitions reliably, arrive prepared, and communicate in advance about absences.
- Maintain the academic standing and attendance expectations required for athletic eligibility.
- Follow all school policies, including the Parent-Student Handbook, while participating in or traveling to athletic activities.
- Refrain from tobacco, vaping, alcohol, illegal substances, and performance-enhancing drugs.
- Accept that hazing, bullying, harassment, and unsportsmanlike conduct will result in removal from the team.
- Understand that decisions regarding playing time, position, and team selection rest with the coaching staff.

I understand that Gateway Academy may suspend or remove a student from athletic participation for conduct inconsistent with this code, and that participation fees are not refundable in the event of removal for cause.

14. PHOTO, VIDEO & MEDIA RELEASE (OPTIONAL)

Please check one. Your choice does not affect your student's ability to participate.

☐ I GRANT permission for Gateway Academy to photograph and record my student in connection with athletic activities and to use those images, video, name, and grade level in school publications, newsletters, website, social media, and promotional materials, without compensation.

☐ I DO NOT grant permission. My student should not be identifiable in athletic photography or video used publicly.

15. ACKNOWLEDGMENT AND SIGNATURES

By signing below, I certify that I have read this entire agreement, that I understand it is a release of liability and a contract between me and Gateway Academy, that I have had the opportunity to ask questions and to seek independent legal advice, and that I sign it freely and voluntarily. I confirm that the information I have provided is accurate and complete, and I agree to notify Gateway Academy promptly of any change to my student's health status, insurance coverage, or emergency contact information.

I specifically acknowledge that I have read and understand Section 10 (Concussion and Head Injury Information) and Section 11 (Sudden Cardiac Arrest Awareness), and I am aware of the nature and risk of concussion as required by Arizona law.

PARENT / LEGAL GUARDIAN SIGNATURE	PRINTED NAME	DATE

SECOND PARENT / GUARDIAN SIGNATURE (IF APPLICABLE)	PRINTED NAME	DATE

Student-Athlete Signature Required. Arizona law requires the student's signature on the concussion acknowledgment. Student: by signing, you confirm that the concussion and cardiac information above has been explained to you, that you understand the risks, and that you agree to tell a coach, athletic trainer, or your parent right away if you hit your head or feel any of the symptoms described — in your own game, in practice, or anywhere else.

STUDENT-ATHLETE SIGNATURE	PRINTED NAME	DATE

FOR SCHOOL USE ONLY

☐ Form complete and signed by parent/guardian ☐ Student signature obtained ☐ Current physical exam on file

☐ Insurance verified ☐ Emergency contacts entered in SIS ☐ Health notes shared with coaching staff ☐ Media preference recorded

Received by: _____ Date: _____ Eligibility cleared: ☐ Yes ☐ Pending

Return this completed form to the Gateway Academy front office or your student's coach. Questions? Contact the Athletics Office at 3939 E. Shea Blvd., Phoenix, AZ 85028.