

# Heritage Academy Gateway

## Athletic / Activities

## Participation Packet

## 2020 - 2021



# Heritage Academy Charter School Code of Conduct for Scholars and Parents

Participating in an athletic program at Heritage Academy is a privilege. With this privilege, scholar athletes are expected to adhere to the following:

Scholar Athlete Agree to:

- All scholar athletes must comply with the code of conduct outlined in the Heritage Academy scholar hand book that can be obtained from the front office or found online at <https://hagateway.com/form-athletic-code-of-conduct/>
- Scholar athletes must also respect and comply with team rules, as outlined by each individual coach.
- Be to practice and games on time.
- Be responsible for equipment and uniforms issued, which includes returning them at the designated time and place.
- Scholars will replace damaged or lost equipment..
- Be respectful and encouraging towards teammates.
- Maintain academic eligibility
- Do not use or possess illegal substances including tobacco, alcohol, marijuana or drug paraphernalia.
- Notify one of the coaches of any teammate that might be struggling with issues contrary to team standards.

Parents Agree to:

- Ensuring athletes are on time to practices and games.
- Any damage to uniforms or equipment will result in additional fees.
- Cheer appropriately from designated areas.
- Share with the coach any concerns you might have when the coach is not working with the athletes.
- Please respect the coaches and their time. Immediately before or after games is not the time to bring up concerns with coaches.

Parent signature: \_\_\_\_\_

Athlete signature: \_\_\_\_\_

Date: \_\_\_\_\_

## HERITAGE ACADEMY PARENT CONSENT AND EMERGENCY INFORMATION

My signature below indicates my permission for my scholar, \_\_\_\_\_, to participate in after school sports/activities at Heritage Academy. My signature also indicates that I have read and approve the medical treatment authorization.

### EMERGENCY INFORMATION

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Day Phone of Parents: Father \_\_\_\_\_ Mother: \_\_\_\_\_

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

Family Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Allergies: \_\_\_\_\_

In an emergency, if the parents cannot be reached, please notify:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### MEDICAL TREATMENT AUTHORIZATION

In the event of illness or injury occurring to my child while participating in this activity, I hereby give my consent for medical or dental care deemed necessary by the attending health care provider or dentist. My child may be examined and any necessary procedures (medical, dental, or surgical), anesthesia or diagnostic procedures (lab or x-ray) may be performed under the supervision of a member of the hospital or medical office staff furnishing such services.

I understand that, in the event of other than minor illness or injury, reasonable effort will be made to contact me.

I understand that there is inherent risk in many activities, and I hold Heritage Academy harmless and not liable for injury or accident, which may occur in the course of such activities. I willingly and ultimately assume the risk of such injury or accident.

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Heritage Academy Insurance Information

## INDIVIDUAL INSURANCE INFORMATION

I affirm that I am the parent or legal guardian of the below named student. I understand that Heritage Academy requires all students participating in Interscholastic Athletics and certain other activities, to be covered by an accident insurance policy. Fully understanding and accepting all responsibility and absolving the school board and the school of such responsibility, I hereby make known that I want my personal health and accident insurance to be considered to cover the named student. I represent that the named student is currently covered and will be covered during the present school year by an accident insurance policy. I further acknowledge that in the event my personal health and accident insurance is cancelled, withdrawn, or in any way ceases to exist, I will withdraw \_\_\_\_\_ (student name) from all sports activities until such time as I obtain equivalent health and accident insurance.

I further accept full responsibility for all obligations, financial or other, which may result from injuries to my son/daughter while participating in the school sports and activity program.

Insurance Company Name	Policy Number	Policy Effective Date
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I have read and understand all the information in this packet, I am aware that catastrophic injuries and even death may result from athletic participation. I also understand that Heritage Academy does not provide accident insurance for my scholar.

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



### **TRANSPORTATION PERMISSION SLIP**

This permission slip is intended to cover Heritage Academy scholars that ride on Heritage Academy provided transportation. This transportation allows scholars to participate in elective courses being held off campus and as a relief to parents from the burden of transporting their students to games and events.

My scholar, \_\_\_\_\_, has my permission to be transported to and from Heritage classes, games, and events on Heritage Academy provided transportation. I understand that such transportation may be in rented cars, vans, private vehicles, and/or chartered buses. It is understood that every necessary precaution will be taken to ensure students' safety. Beyond this, I agree to hold Heritage Academy harmless in the event of any injury to my scholar while s/he is traveling to off campus activities.

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### **STUDENT DRIVING/RIDING IN PRIVATE VEHICLE**

We discourage any scholar driving to or transporting scholars to any off campus activity. In the event Heritage Academy transportation is unavailable coaches will request parent assistance to transport scholars. In the event that alternative private transportation is used in lieu of transportation provided by Heritage Academy, Heritage Academy has no responsibility for the conduct of the driver/vehicle and has no responsibility for ensuring that the driver of the vehicle has accurate insurance and/or license.

In the event that a scholar uses alternative or private transportation, I agree to one of the following:

☐ I give my permission for my son/daughter to drive a private vehicle to and from activity. They will not be permitted to transport any other scholar.

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Before any scholar is permitted to participate in Heritage Academy activities requiring school transportation, this permission form must be signed and returned. NO EXCEPTIONS.



## WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19

### ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate on behalf of Heritage Academy athletic program and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES of others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Heritage Academy their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Athlete Name: \_\_\_\_\_

Athlete signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

### FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: \_\_\_\_\_

Parent guardian/signature: \_\_\_\_\_

Date signed: \_\_\_\_\_



## Athletic Participation/Fee Form

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

Grade: \_\_\_\_\_

Welcome we are so happy you have chosen to participate in athletics at Heritage Academy. Please read and sign the following approval for participation in interscholastic or intramural sports.

I understand that the payment of a participation fee is necessary for Heritage Academy to continue offering a worthy sports program. Payment of these fees will not guarantee my scholar will participate in every or any scheduled competition. I further understand that if my student withdraws prior to the first game, one half of the participation fee will be refunded. However, athletes who quit or are injured after the first game, are not academically eligible to participate or are dismissed for disciplinary reasons at any time will have no portion of the participation fee refunded. No refunds after the first 3 weeks of classes for each semester respectively.

Fees used towards the ECA tax credit cannot be refunded. Fees for all sports for the entire school year are due by TBD 2020. All Athletic Packet paperwork, current sports physical, concussion certificate and fees are due for the entire school year by TBD 2020. This sports fee is to cover the duration of the league's sports season(s) only. Before a sport season begins or once a sport season has ended, your scholar athlete will have the option to participate in a different sport during 1 of the other 2 sports seasons (if available) or be transferred into a PE class to fulfill their PE credit requirement for the semester. They will not be allowed to transfer out mid-semester of the 4th hour PE/sports class to a non-PE/sports class.

As long as there are enough scholar athletes registered and cleared to participate in a particular sport, the Heritage Academy-Gateway Athletic Department will make every effort to provide quality coaching during the season of play and for the skill level of the athletes on a particular team and an opportunity to compete in some fashion either in an interscholastic or intramural experience. Participation on an athletic team or in a sports class here at Heritage Academy-Gateway is a privilege. The Athletic Department reserves the right to drop any athlete out of the program if they see necessary without a refund.

- Fees for all classes, Fall, Winter and Spring, must be paid by TBD, 2020, or scholar may be dropped from the class.
- Refunds: I understand that if my student withdraws prior to the first game, one half of the participation fee will be refunded.\* However, athletes who quit or are injured after the first game, or are dismissed for disciplinary reasons at any time will have no portion of the participation fee refunded. There will also be no refunds after the first 3 weeks of classes.

2020 -2021 Gateway Campus Course Fees—Return this page to the school with your payment.

Student Name: \_\_\_\_\_ Receipt#: \_\_\_\_\_

The athletic fees for my scholar total: \$\_\_\_\_\_.

I commit to pay the participation fee and understand that any non-paid fees will necessitate my student's non-participation in athletic competition and being dropped from the class.

(we will have more information available on how to pay and when fees will be required once a date for us to return to campus has been established.)

Scholar Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

ITEM		FEE	TOTAL	Tax Credit (ECA)
PTO Dues ( <i>PER FAMILY</i> )		\$20		NOT ELIGIBLE
Yearbook		\$40 until 10-1-20 \$45 until 03-1-21		NOT ELIGIBLE
Yearbook Full Page Senior Ad - \$100/Half Page - \$50/Quarter Page - \$25		\$100, \$50, \$25		NOT ELIGIBLE
COURSE		FEE	TOTAL	Tax Credit (ECA)
Jr. High & High School CO-ED FLAG FOOTBALL ( <i>Fall</i> )		\$160		Yes / No
High School BOYS SOCCER ( <i>Fall</i> )		\$160		Yes / No
Jr. High & High School GIRLS' VOLLEYBALL ( <i>Fall</i> )		\$160		Yes / No
Jr. High & High School CO-ED CROSS COUNTRY ( <i>Fall</i> )		\$160		Yes / No
Jr. High & High School GOLF ( <i>Fall</i> )		\$160		Yes / No
Jr. High & High School SWIM Class Only	Swim	\$100/se- mester		Yes / No
Competition Only ( <i>Fall</i> )	Swim	\$100		Yes / No
Competition ( <i>Fall</i> )	Swim Class &	\$160		Yes / No
Jr. High & High School BOYS' BASKETBALL ( <i>Winter</i> )	<i>Winter Sports are played in 2 semesters</i>	\$160		Yes / No
High School GIRLS' BASKETBALL ( <i>Winter</i> )		\$160		Yes / No
Jr. High GIRLS' SOFTBALL ( <i>Winter</i> )		\$160		Yes / No
Jr. High & High School BOYS' WRESTLING ( <i>Winter</i> )		\$160		Yes / No
Jr. High & High School BOYS' VOLLEYBALL ( <i>Spring</i> )		\$160		Yes / No
Jr. High School BOYS' BASEBALL ( <i>Spring</i> )		\$160		Yes / No
Jr. High & High School CO-ED SOCCER ( <i>Spring</i> )		\$160		Yes / No
Jr. High GIRLS' BASKETBALL ( <i>Spring</i> )		\$160		Yes / No
Jr. High & High School CO -ED TRACK & FIELD ( <i>Spring</i> )		\$160		Yes / No





Jr. High & High School <b>GOLF</b> ( <i>Spring Competition</i> )	\$160		Yes / No
High School <b>CO-ED TENNIS</b> ( <i>Spring</i> )	\$160		Yes / No
<b>WEIGHTS CLASS</b> (8 <sup>TH</sup> Grade & High School)	\$25/semester		Yes / No
<b>SENIOR ART CLASS</b> (supply fee) <i>No fee for Jr. High Art</i>	\$15/semester		Yes / No
<b>STAGECRAFT CLASS</b> (supply fee)	\$25/semester		Yes / No
High School <b>HONORS DRAMA</b> ( <i>No fee for Drama 1</i> )	\$25/semester		Yes / No
<b>DANCE CLASS 1,2,3</b> (performance fee)	\$25/semester		Yes / No
<b>DANCE CLASS 4 (COMPANY)</b>	\$35/semester		Yes / No
<b>BALLROOM DANCE 4 (COMPANY)</b> <i>No fee for Ballroom 1,2,3</i>	\$35/semester		Yes / No
<b>TOTAL AMOUNT DUE BY TBD 2020:</b>	<b>\$</b>	<b>TOTAL- All Lines</b>	



## 2020-21 SCHOOL YEAR, ANNUAL PRE-PARTICIPATION PHYSICAL EVALUATION

### Physicals (Pre-Participation):

- \* CAA Executive Board Strongly recommends that all Student-Athletes get a Pre-Participation physical.
- \* New student-athletes will be required to have a physical completed for this upcoming school year.

### Exception:

- \* NFHS - Exhibit 1 will apply in the CAA.
- \* We will follow suit with AIA for this upcoming school year.

The CAA up to this point requires an annual sports physical for all of its athletes. Over the past several months due to COVID-19 many families and athletes have not felt comfortable visiting their primary care provider for routine healthcare. While the CAA endorses that primary care offices are taking necessary precautions to minimize you and your family's risk of being exposed to COVID-19, we also want to respect the choices you make for your family's health, while still honoring the CAA commitment to player health and safety. For these reasons, the CAA with support from the NFHS sports medicine advisory committee in adopting the following guidelines for the 2020- 2021 school year.

1. The 2019-2020 sports physical shall be accepted for the 2020-2021 school year if the following criteria are met over the time period since the athletes 2019-2020 sports physical.

- a. The athlete has a 2019-2020 CAA sports physical on file with the school he/she is attending for 2020-2021.
- b. The athlete did not have any new injury or illness requiring outside medical evaluation or if the injury did occur, was released for full athletic participation by a qualified medical professional.
- c. The athlete did not have a concussion
- d. The athlete did not receive a new medical diagnosis
- e. The athlete has not had COVID -19

2. The athlete must see his/her primary care provider and have updated sports physical for 2020-2021 if any of the above criteria are not met.

3. If the athlete does not have a 2019-2020 sports physical form on file at the school he/she is attending for the 2020-2021 school year, the athlete will also need to complete a 2020-2021 sports physical.

4. 2020-2021 Health History (pages 1-3 on CAA Physical form) is to be completed and signed by the student and parent/guardian.



(The parent or guardian should fill out this form with assistance from the student-athlete) Exam Date: \_\_\_\_\_

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

Home Address: \_\_\_\_\_

Phone/s: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Sport(s): \_\_\_\_\_

Personal Physician: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Explain "Yes" answers on the following page. Circle questions you don't know the answers to.	YES	NO
1) Has a doctor ever denied or restricted your participation in sports for any reason?		
2) Do you have an ongoing medical conditional (like diabetes or asthma)?		
3) Are you currently taking any prescription or nonprescription (over-the-counter) medicines or supplements? (Please specify):		
4) Do you have allergies to medicines, pollens, foods or stringing insects? (Please specify):		
5) Does your heart race or skip beats during exercise?		
6) Has a doctor ever told you that you have (check all that apply): High Blood Pressure      A Heart Murmur      High Cholesterol      A Heart Infection		
7) Have you ever spent the night in a hospital?		
8) Have you ever had surgery?		
Explain "Yes" answers on the following page. Circle questions you don't know the answers to.	YES	NO
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)		
10) Have you had any broken/fractured bones or dislocated joints? (If yes, check affected area in the box below in question 11):		

☐☐☐☐

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):							
Head Hand/ Fingers	Neck Chest	Shoulder Upper Back	Upper Arm Lower Back	Elb ow	Fore arm		
Knee	Calf/ Shin	Ankle	Foot/Toes	Hip	Thig h		
12) Have you ever had a stress fracture?							
13) Have you ever been told that you have, or have you had an X-ray for atlantoaxial (neck) instability?							
14) Do you regularly use a brace or assistive device?							
15) Has a doctor told you that you have asthma or allergies?							
16) Do you cough, wheeze or have difficulty breathing during or after exercise?							
17) Is there anyone in your family who has asthma?							
18) Have you ever used an inhaler or taken asthma medication?							
19) Were you born without, are you missing, or do you have a nonfunctioning kidney, eye, testicle or any other organ?							
20) Have you had infectious mononucleosis (mono) within the last month?							
21) Do you have any rashes, pressure sores or other skin problems?							
22) Have you had a herpes skin infection?							
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")?							
24) Have you ever had a seizure?							
25) Have you ever had numbness, tingling or weakness in your arms or legs after being hit, falling, stingers or burners?							

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...	YES	NO
1) Has your child fainted or passed out DURING or AFTER exercise, emotion or startle?		
2) Has your child ever had extreme shortness of breath during exercise?		

3) Has your child had extreme fatigue associated with exercise (different from other children)?		
4) Has your child ever had discomfort, pain or pressure in his/her chest during exercise?		
5) Has a doctor ever ordered a test for your child's heart?		
6) Has your child ever been diagnosed with an unexplained seizure disorder?		
7) Has your child ever been diagnosed with exercise-induced asthma not well controlled with medication?		
<b>Family History Questions: Please Tell Me About Any Of The Following In Your Family...</b>	<b>YES</b>	<b>NO</b>
8) Are there any family members who had sudden/unexpected/unexplained death before age 50? (including SIDS, car accidents drowning or near drowning)		
9) Are there any family members who died suddenly of "heart problems" before age 50?		
10) Are there any family members who have unexplained fainting or seizures?		
11) Are there any relatives with certain conditions, such as: <div style="display: flex; justify-content: space-between;"> <div>           Enlarged Heart            Hypertrophic Cardiomyopathy (HCM)            Dilated Cardiomyopathy (DCM)            Heart Rhythm Problems            Long QT Syndrome (LQTS)            Short QT Syndrome            Brugada Syndrome            Catecholaminergic Polymorphic Ventricular         </div> <div>           Tachycardia (CPVT)            Arrhythmogenic Right Ventricular Cardiomyopathy            (ARVC)            Marfan Syndrome (Aortic Rupture)            Heart Attack, Age 50 or Younger            Pacemaker or Implanted Defibrillator            Deaf at Birth         </div> </div>		
<b>EXPLAIN "YES" ANSWERS HERE</b>		

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 Athlete

Signature of Parent/Guardian

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

\_\_\_\_\_



**South Arizona Avenue**

3705 S. Arizona Ave., Ste. 1  
Chandler, AZ 85248  
480.214.7828

**West Ray Road**

2875 W. Ray Rd., Ste. 8  
Chandler, AZ 85224  
480.899.3070

**Florence**

495 N. Pinal Pkwy., Ste. 106  
Florence, AZ 85132  
520.868.0573

**Happy Valley Road**

3730 W. Happy Valley Rd. Ste. 100  
Glendale, AZ 85310  
623.277.4140

**Goodyear**

1507 N. Litchfield Rd. Ste. 200  
Goodyear, AZ 85395  
623.215.0040

**North Silverbell Road**

7850 N. Silverbell Rd. Ste. 132  
Marana, AZ 85743  
520.407.5884

**South Power Road**

1810 S. Power Rd., Ste. 101  
Mesa, AZ 85206  
480.214.0045

**Baseline & Signal Butte Road**

1955 S. Signal Butte Rd. Ste. 103  
Mesa, AZ 85209  
480.214.4466

**West University Drive**

835 W. University Dr.  
Mesa, AZ 85201  
480.664.6007

**Val Vista Drive**

415 N. Val Vista Dr., Ste. 101  
Mesa, AZ 85213  
480.654.5661

**19th Avenue**

5201 N. 19th Ave., Ste. 100  
Phoenix, AZ 85015  
602.795.1411

**44th Street**

2301 N. 44th St.  
Phoenix, AZ 85008  
602.808.8786

**Bell Road**

401 E. Bell Rd., Ste. 18  
Phoenix, AZ 85022  
602.368.1403

**Indian School Road**

8260 W. Indian School Rd., Ste. 1  
Phoenix, AZ 85033  
623.846.7122

**Maryvale Parkway**

5259 W. Indian School Rd., Ste. 100  
Phoenix, AZ 85031  
623.888.5101

**Peoria Avenue**

2860 W. Peoria Ave. Ste. B  
Phoenix, AZ 85029  
602.283.0595

**Thunderbird Road**

3131 E. Thunderbird Rd.  
Ste. A Phoenix, AZ 85032  
602.283.3609

**McDowell Road**

7730 E. McDowell Rd. Ste. 101  
Scottsdale, AZ 85257  
480.699.3314

**East Shea Boulevard**

4902 E. Shea Blvd. Ste. 101  
Scottsdale, AZ 85254  
480.214.4468

**Surprise**

12775 W. Bell Rd., Ste. 100  
Surprise, AZ 85378  
623.215.0082

**Baseline Road**

2720 W. Baseline Rd. Ste. 140  
Tempe, AZ 85283  
602.777.6000

**Elliot Road**

1804 W. Elliot Rd.  
Tempe, AZ 85284  
480.456.0444

**Mill Avenue**

3244 S. Mill Ave., Ste. 101  
Tempe, AZ 85282  
480.214.0621

**University ASU**

725 South Rural Road, Ste. 120  
Tempe, AZ 85281  
480.214.0622

**Lower Buckeye Road**

9870 W. Lower Buckeye Rd., Ste. 170  
Tolleson, AZ 85353  
623.215.0189

**22nd Street**

5594 E. 22nd St.  
Tucson, AZ 85711  
520.232.2047

**Broadway Boulevard**

2510 E. Broadway Blvd. Tucson, AZ 85716  
520.232.2072

**North Swan**

**Road** 2460 N. Swan Rd. Ste. 140  
Tucson, AZ 85712  
520.441.5405

**West Valencia**

**Road** 1895 W. Valencia Rd. Ste. 101  
Tucson, AZ 85746  
520.576.5104

\*Sports medicine at select clinics. Visit FastMed.com for details. Holiday hours vary by clinic; call clinic or check online for details.



**Heritage Academy**  
"Building America's Heroes" *Gateway*