

# **Lancaster Christian Academy Knights**

**2018-2019**

## **Athletics Handbook**



## Letter from Athletic Director

Dear Parents/Guardian:

Welcome to what should serve as a positive and exciting experience for every student-athlete. We, the athletic staff of Lancaster Christian Academy, in conjunction with the Knights Athletic Association, have put together an athletic handbook for you in the hopes of helping you to better understand the program with which your child is involved. Our goal is to produce Godly student-athletes first and good athletes second, as sports is an excellent tool for teaching fundamental and important life skills.

This handbook is a look into what the Lancaster Christian Academy's Athletic Department deems to be the important facets of our Knights Athletic program. Athletics should be a positive, memorable experience for all involved. Coaches' goals are to provide players the opportunity to be the best athlete they can be. We intend to teach the respective sport, instill discipline, encourage classroom success, prepare players through weight training and off-season conditioning, and build **UNITY** through hard work and commitment to a common goal of a successful athletic program. In order to be successful, everyone involved should realize that a positive attitude is a must. Very few things in life worthwhile come easily. Hard times require a positive outlook and attitude to continue striving to improve. Our motto revolves around everyone making a great effort to get better every day for the good of the **TEAM**. An athlete's level of improvement is directly related to the amount of effort put forth in each activity the team undertakes. We, as coaches, expect players to give great effort in everything we instruct players to do. While expecting great effort from players, coaches expect great effort from each other as well. It would be unfair for the coaches to expect more of a player than the coach is willing to give himself. In order for all to understand their role, everyone involved should realize the concept of "**Team Before Self**". Coaches will show a genuine interest in the well-being and concerns of each player as an individual, however; coaches, players, parents and administrators cannot put their interests before the teams' best interest. As coaches, we will emphasize the importance of player accountability. It is expected that players will be individually responsible for their actions and day-to-day choices. Everyone should remember, "**Being a part of the Knights Athletics Program is a privilege, not a right**". There is no room for special privileges on a team. Everyone is expected to abide by the same standards and serve the same punishment when they do not. In the event an individual player becomes a hindrance to the teams' goals, that player will be removed.

The Lancaster Christian Knights Athletic Program demands a lot of time from our student-athletes and we do not tolerate absences or lateness for our practices, games or other scheduled events. There is a lot to learn in a relatively short amount of time so good attendance helps both the player and the team. We need you to support us in this effort and make sure that your son or daughter is available for the scheduled practices, games and other events such as teambuilding and fundraising.

Thank you for allowing your child to be a part of our program. Together we will have a lot of fun while working hard towards our goals.

God Bless,

Athletic Director - Joey O'Dea

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*Lancaster Christian Academy's  
Mission Statement*

*Lancaster Christian Academy's mission is to make Jesus famous in the lives of our students and for our students to make Jesus famous within their realm of influence in the city, the state, the country, and around the world.*

## **Knights Athletics Philosophy**

*“Do you not know that in a race all runners run, but only one gets the prize? Run in such a way to get the prize.” I Cor. 9:24*

Over the course of a student-athlete’s career he may spend more time with coaches than any other authority figure, except his parents. This investment of time develops a unique relationship of coach-player, employer-employee and mentor-apprentice that cannot be neutral in its effect. The intentional and incidental values conveyed by a coach to his players, positive or negative, will have a life-lasting impact on each athlete. When this occurs within the context of a Christian athletic program committed to unprecedented excellence, the results can exponentially enhance the student’s preparation for a life that glorifies God.

### **Philosophy**

- We are instructed to strive to be the best, and to honor God in the process. Winning is a measure of successful preparation and performance, but complete victory is only achieved when Christ is glorified through each step of the process.
- Lancaster Christian athletics are co-curricular, not an extracurricular. The Knights athletic program will work in partnership with the philosophies, values and objectives of the school to create an environment that is an extension of the school rather than a freestanding entity.
- Competitive athletics exist in a demanding physical, emotional, and personal environment where lessons in character, teamwork, managing adversity and personal excellence are learned. These lessons in “success skills” accompany those learned in the classroom to produce an individual prepared to excel beyond graduation.
- Success skills are best mastered when an athlete is systematically placed in more competitive environments. Maximizing these learning opportunities necessitates creating the most competitive program possible within the mission of the school.

## **Fan Code of Conduct**

Lancaster Christian is grateful for the support of its fans and appreciates your efforts to support the Knights. As you cheer us on, remember to our opponents, their fans and the officials you not only represent LCA, but Christians in general. One of the quickest ways we can lose our witness is through the words we speak. Please keep the following in mind at all Lancaster Christian home and/or away games:

- Officials are humans who work a full day before arriving on campus. Respect their decisions and the difficult job they have.
- Do not heckle or direct comments to specific players, coaches or officials.
- Show respect to the opposing team and fans. Their athletes have worked as hard as ours and their fans love their athletes as much as we love ours.
- Avoid the temptation to engage in a war of words with opposing fans.
- Celebrate our success, not the opponent's failure.
- Show Christian class and character in both victory and defeat.

***Fans that cannot follow these guidelines may be asked to leave the event.***

## Parent Expectations

**Be positive with your athlete.** Let them know you are proud they are part of the team. *Focus on the benefits of teamwork and personal discipline.*

**Encourage your athlete to follow all training rules.** Help the coaches build a commitment to the team. *Set a good example in your personal lifestyle.*

**Allow your athlete to perform and progress at a level consistent with his ability.** *Athletes mature at different ages; some are more gifted than others.*

**Always support the coaching staff when controversial decisions are made.** *The coaches need your backing to keep good morale on the team.*

**Insist on positive behavior in school and a high level of performance in the classroom.** *Numerous studies indicate extracurricular involvement helps enhance academic performance.*

**Stay calm in injury situations.** *Parents can help minimize the trauma by being in control and offering comfort. Allow the medical staff to perform their assessment of your child's injury. No parent is allowed on the field unless the training staff requests it.*

**Cheer for our team and players. Opponents and referees deserve respect.** *Realize that high school players will make mistakes. Your support is needed during tough times.*

**Promote having fun and being a team player. Very few high school athletes receive scholarships.** *Concentrate on what is best for the team. Preoccupation with statistics can be very distracting.*

**An athlete's self-confidence and self-image will be improved by support at home. Comparison to others is discouraged.** *Encourage the athlete to do their best regardless of family or friends who may have been outstanding players.*

**Winning is fun, but building positive team values is most important.** *The concept of working together to perform a task will have lasting benefits. Winning takes place when all the little things are done correctly.*

**Find the time to be an avid booster of school activities.** *Help build a solid support system for coaches and athletes.*

**Help students keep jobs and cars in proper perspective.** *Materialistic values can detract from the commitment to the team. Teenagers should have the opportunity to take advantage of extracurricular activities.*

## **Parent Code of Conduct**

- I will enjoy my child's opportunity to experience the benefits of playing high school football.
- I will trust in my child's ability to have fun and to perform and achieve excellence on his own.
- I will help my child learn the right lessons from winning, losing, individual achievement, and mistakes.
- I will respect my child's teammates as well as fellow parents and fans.
- I will give encouragement and applaud only positive accomplishments whether from my child or his teammates.
- I will support the efforts of the coaching staff. I will not instruct from the sidelines unless asked to by the coach.
- I will ensure that my child will attend all practices and games and will inform the coach in advance if unable to attend.
- I will respect all facilities made available to my child. I will respect the equipment and uniform loaned to my child for practice and play. I will respect the officials and their authority during games. I will never demonstrate threatening or abusive behavior.



## **Player Expectations**

We will operate the Knights Athletic Program in accordance with the rules, regulations, and policies as outlined by the Lancaster Christian Academy Handbook, and the administrative policies of LCA. Within that framework we will provide an athletic program of the highest quality that meets the needs of our students, alumni, school and community.

As Athletic Director, I believe that our athlete program provides a vital link between the school and the community. Student, parental, alumni, and community involvement in our program helps to enhance school spirit, develop sound minds and bodies, and develop skills and qualities which endure for life. Most importantly, our athletic programs have the opportunity to set the tone inside the school at every standard considering a vast majority of our students are athletes.

As a general rule, all athletes are to conduct themselves with class and dignity, both on and off the field/court. Your behavior is a direct reflection of our school and the athletic program. Any actions that will embarrass you, your team, school, or parents is an action that should not be taken.

All players in this program will recognize and respect the authority of all coaches, teachers, administrators, and support staff members or they will not be a part of the team.

Any violation of one or more of the rules covered in this handbook is an indication that the Knights Athletic program, and being a part of it, is not important to you. Any violation will be dealt with accordingly, ranging from team/individual player punishment to dismissal from the team. Those who work hard and adhere to these policies are showing that being part of this team is important and will be rewarded with success, satisfaction, and wins.

# **Player Code of Conduct**

Knight's Athletic competition should demonstrate high standards of ethics and sportsmanship. Also, Knight's Athletics should promote the development of good character and other important life skills. The highest potential of sports is achieved when participants are committed to pursuing victory with honor according to six core principles: trustworthiness, respect, responsibility, fairness, caring, and good citizenship (the "Six Pillars of Character"). This code applies to all student-athletes involved in the Knights Athletic program. All athletes must understand that, in order to participate in LCA athletics, I must act in accord with the following:

## **Trustworthiness**

Trustworthiness: be worthy of trust in all I do.

Integrity: lives up to high ideals of ethics and sportsmanship. Always pursues victory with honor; do what is right even when it is unpopular or personally costly.

Honesty: lives and competes honorably; does not lie, cheat, or engage in any other dishonest or unsportsmanlike conduct.

Reliability: fulfills commitments; do what I say I will do; be on time to practice and games.

Loyalty: is loyal to my school and team; put the team above personal glory.

## **Respect**

Respect: treat all other people with respect all the time and require the same of other student-athletes.

Class: live and play with class; be a good sport; be gracious in victory and accept defeat with dignity; give fallen opponents help, compliment extraordinary performance, show sincere respect in pre- and post- game rituals.

Disrespectful Conduct: do not engage in disrespectful conduct of any sort including profanity, obscene gestures, offensive remarks of a sexual or racial nature, trash talking, taunting, boastful celebrations, or other actions that demean individuals or the sport.

Respect Officials: treat contest officials with respect, do not complain about or argue with official calls or decisions during or after an athletic event.

## **Responsibility**

Importance of Education: be a student first and commit to getting the best education you can. Be honest with yourself about the likelihood of getting an athletic scholarship or playing at the professional level. Remember that many universities will not recruit student-athletes that do not have a commitment to their education.

Role-Modeling: Participation in sports is a privilege, not a right, and that I am expected to represent my school, coach, and teammates with honor, on and off the field/court. Consistently exhibit good character and conduct yourself as a positive role model. Suspension or termination of the privilege is within the sole discretion of the school and athletic administration.

Self-Control: exercise self-control, do not fight or show excessive displays of anger or frustration. Have the strength to overcome the temptation to retaliate.

Healthy Lifestyle: safeguard your health; do not use any illegal or unhealthy techniques to gain, lose, or maintain weight.

Integrity of the Game: protects the integrity of the game, do not gamble, play by the rules.

## **Fairness**

Be Fair: live up to high standards of fair play; be open-minded; always be willing to listen and learn.

## **Caring**

Concern for others: demonstrates concern for others; never intentionally injure any player or engage in reckless behavior that might cause injury to others or myself.

Teammates: help promote the well being of teammates by positive counseling and encouragement or by reporting any unhealthy or dangerous conduct to coaches.

## **Good Citizenship**

Play by the Rules: maintain a thorough knowledge of and abide by all applicable game and competition rules.

Spirit of Rules: honor the spirit and the letter of rules; avoid temptation to gain competitive advantage through improper gamesmanship techniques that violate the highest traditions of sportsmanship.

## Sports Sponsored

Lancaster Christian Academy Knights Athletics anticipates sponsoring the following sports and levels of participation for the 2018-19 school year:

Baseball	Boys' varsity, middle school
Basketball	Boys' and girls' varsity, junior varsity, middle school, elementary school
Cheerleading	Girls' varsity, middle school, elementary school
Cross-country	Boys' and girls' varsity, middle school, elementary school
Football	Boys' varsity high school, middle school
Bowling	Boys' and girls' varsity, middle school, elementary school
Soccer	Boys' and girls' varsity, middle school (co-ed)
Softball	Girls' high school varsity
Volleyball	Girls' varsity, middle school.

# **Policies and Procedures**

## **No Quit Policy:**

- Lancaster Christian Academy has a “No Quit” policy for the Knights Athletic Program. Once a student commits to playing a sport, he or she is committing to the entirety of the season including all practices, games, post-season tournaments, and any other team activities. We place a high value on commitment and want to teach that to the athletes.
- If for some reason an athlete wants to quit, the athlete and parent must first meet with the Headmaster (Kevin O’Dea) and the Athletic Director (Joey O’Dea). All sports fees are required to be paid in full and are non-refundable.

## **Academic Credentials:**

- Required Academics:
  - A GPA of a 2.3 or higher is required to participate in the LCA Athletic Program. Failure to meet these standards will result in removal from all athletic activities until GPA meets the requirement.

## **Behavior Policy:**

- Students will abide by school rules provided in the student handbook. The headmaster and respective administration/director have the right to withhold a student’s participation from any event.
- If an athlete receives:
  - 2 total mandatory homework helps and/or detentions: they must attend the next game, and will not be eligible to play.
  - In-School Suspension (ISS): the student-athlete must attend practices and games during their suspension, but cannot participate during their suspension, once they return to the Academy from the Alternative School; they will be eligible immediately pending coach’s discretion.
  - Suspension: the student-athlete must attend practices and games, but cannot participate until given the approval by headmaster, administration, or director. The student-athlete is not eligible to attend practices or games unless authorized by the Headmaster, administration, and/or Athletic Director.

## **Absence/Tardy Policy:**

- If an athlete is not present at school, he/she cannot participate in practice, games, or any other athletic events that day unless having an excused absence.
- Athletes must be present at school by 11:30 a.m. to be eligible to participate in practice, games, or any other athletic events that day. They are still expected to attend the athletic function they have that day, but cannot dress out or participate. The athlete is required to be in game day dress code when attending the event.

## **Transportation Policy:**

- The LCA bus or van will be used for all athletic events, unless specifically announced otherwise.
- **ALL STUDENT-ATHLETES ARE REQUIRED TO RIDE WITH THE COACHES AND TEAM IN THE SCHOOL TRANSPORTATION TO AND FROM EVERY ATHLETIC EVENT, HOME OR AWAY.**
- Parents may drive other students to and from practice if the following information is on file with the school: name, contact information, copy of driver's license, and signed permission slips from both parents for all students in the vehicle.
- Student-athletes are expected to follow all behavior policies on the bus.
- Coaches and administration riding the bus are in charge and responsible for all the student-athletes on the bus.

## **Early Dismissal Policy:**

- Some athletic events will require early dismissal from school. Parents, teachers, and staff will be notified when the student-athletes will be dismissed from the Academy early.

## **Practice Policy:**

- Practices are **CLOSED** to everyone except Knights athletes, LCA Faculty and staff.
- Players are expected to be at every practice.
- It is the responsibility of the athlete to inform the coach when he/she will not be able to attend practice and the reason why. If you miss practice without contacting coach prior to, will result in consequences deemed by the head coach.
- If you miss practice, you must have an excuse note from the doctor, family emergency, or prior permission from coach. Failure to do so will result in consequences deemed by the head coach.

## **Playing Time:**

- Playing time is up to the discretion of the coach. Being a member of an LCA Knights athletic team does not guarantee a minimum amount of playing time.
- Questions about playing time are inappropriate.
- Questions about what the athlete may do to improve should be directed to the coach from the student-athlete.

## **Inclement Weather:**

When a practice is scheduled we will do something as a team regardless of the weather (obviously, extreme occurrences that cause us to miss school will be the exception) so practice will always be on. When a situation arises where we have inclement weather (i.e. lightning) we will do one of the following:

- Move practice to the gymnasium/indoors.
- Watch film and wait out the weather for an opportunity to go back outside
- Go to weight room and wait out the weather
- In a situation where we go inside to wait out the weather practice will end at the scheduled time.

## **Weight Room Policy:**

- The weight room is a very important tool to the success of our athletic program. It is mandatory for student-athletes to be present during all workouts for their respective sport.
- The weight room will be locked at all times that workouts are not going on.
- No players are to be present in the weight room without a coach present and a signed waiver.
- The team using the facility after their workout session has concluded must clean up weight room.

## **Locker Room Policy:**

- Both locker rooms are to remain locked at all times. Student-Athletes will be allowed to put their equipment in the locker room up until the first bell rings to go to class at 8:40 a.m. After the bell, the locker rooms will remain locked until dismissal at the end of the regular school day.
- Only in-season athletes are permitted to keep sports equipment in the locker room. They must drop their equipment off in the locker room before 8:40 a.m. (i.e. football will be allowed to keep their equipment in the locker room only during their fall season)
- No locks are to be used on the lockers in the locker room without the permission of the athletic staff prior to.

## **Athletic Uniform Policy:**

- Uniforms are assigned to student-athletes as soon as their sports fees are paid or a payment plan has been set up with the school.
- All jerseys are to be returned to LCA at the end of the season.
- Failure to return jerseys or any issued equipment from Lancaster Christian Academy will be expected to be replaced. You will be charged for the cost of whatever item is missing at cost of it brand new.
- Players are expected to keep their uniforms in excellent condition. The players will be required to replace any pieces of the uniform that are not taken good care of or become lost.
- It is the student-athletes responsibility to keep up with their uniform and issued equipment at all times. The school is not responsible for missing equipment.

## **Transfer Student Policy:**

- If a student transfers in mid-school year, he/she can join a team, but cannot play in a game if the season is over 50% completed of its regular season schedule. If the season is less than 50% complete the student-athlete who transfers in may be deemed as eligible immediately.
- All athletes will abide by the conference transfer eligibility guidelines when arriving mid-season. Depending on the time of transfer, the athlete may not be eligible to participate.

## **Financial Requirement and Commitment**

### **Athletic Fees:**

All student-athletes must have completed the school's enrollment process, as well as filled out a athletics financial agreement form in order to be eligible to participate in any of the sports provided by Knights athletics (including on-time payment of registration and book fees). Any account that is delinquent will render the athlete ineligible until account is paid and current on all fees and dues.

- **Explanation of Fees**

There are three main sources that fund our Knights Athletic Program:

1. Individual Sports Fees
2. Tournaments and Camps
3. Fundraising

- **Payment of Fees**

- All student-athletes are required to complete an Athletic Financial Agreement Form.
- All payments are made directly to Lancaster Christian Academy's Central Office:  
Address to the LCA Central Office:  
240 Mayfield Drive, Smyrna, Tennessee 37167

### **Bridgestone/Nissan Stadium/First Tennessee Park:**

- Parents and Student-Athletes have the opportunity to earn funds by volunteering at events hosted at Bridgestone Arena, Nissan Stadium, and/or First Tennessee Park. The slips are earned at these vents may be used like cash for any payments to Lancaster Christian Academy and the Knights Athletics Club. **The funds earned are not available to use until the week following the event at which the parent served.**
  - First Tennessee Park: 16+ of age to work events. (No Training Needed)
  - Bridgestone Arena & Nissan Stadium: 18+ of age to work events. (A one time training course will have to be taken in order to work these events.)

For more information regarding working at the three venues, please contact:

Name: Wendy Blair

E-mail: [wendy.blair@lcaKnights.com](mailto:wendy.blair@lcaKnights.com)

## **Donations:**

The Knights Athletic Club is always welcoming donations from parents, family members, co-workers, businesses, etc. If you know anyone who would like to donate to the Knights Athletic Club, please have them contact Joey O’Dea via e-mail at [joey.odea@lcaKnights.com](mailto:joey.odea@lcaKnights.com) or visit the LCA Central Office. Donations can be sent to 240 Mayfield Drive, Smyrna, Tennessee 37167.

## **Student-Athlete Acknowledgement:**

*Lancaster Christian Academy, as well as the Knights Athletic Department will seek every opportunity to acknowledge our student-athletes. We will showcase our athletes in many different avenues. Some instances we show off our student-athletes are HUDL, College Visits, Athletic Ceremony, College Recruiters, Newspaper articles, and many more outlets to show our student-athletes off.*

## **Athletic Ceremony:**

We will host our annual Knights Athletic Ceremony towards the conclusion of all sports and school year. Our athletic ceremony is set-up like an awards show, where the student-athletes will be given the highest honors and praises they can be given at a LCA Knight. Multiple awards will be given out and this evening is full of excitement and unforgettable memories. Attendance by all athletes is required.

## **College Recruitment:**

It is very important to the Knights Athletic Program to get the student-athletes scholarships to continue playing their respective sport at the collegiate level. The coaching staff, athletic administration, and school faculty/staff/administration will do everything we possibly can do to give your child the opportunity to continue their playing career as well as obtain a scholarship. Scholarships are not only rewarding to the student-athlete and their family, but equally rewarding to the Knights Athletic Program to see our athletes being honored and recruited to play at the next level. We will be in constant communication with the student-athlete and their family in regards to their recruiting and what is to come after LCA.



## **Communication Process:**

The Lancaster Christian Academy coaching staff in conjunction with the Knights Athletic Department will make every attempt to keep our players and their parents/guardians as informed and up to date as possible on all athletic events and issues.

We have four ways of communicating with parents and players. They are email, website, phone call, and text messaging.

- Please be sure that your email is updated with the LCA Athletic Director, Joey O’dea, e-mail address at: [joey.odea@lcaknights.com](mailto:joey.odea@lcaknights.com).
- Please refer to the website regularly. Significant information is available including game schedules, rosters, meetings, etc. The website is [www.lancasterchristianacademy.org](http://www.lancasterchristianacademy.org).
- Visit our schools Facebook page for up to date information on events and items.
- Student-athletes will be asked to sign up for a messaging app (i.e. RemindMe) for updates from their coaches.

The LCA Coaching staff and Knights Athletic Department will follow the 24-hour response rule deemed by the administration/directors of Lancaster Christian Academy. You are asked to give the coaching staff and athletic department at LCA 24 hours to give you a response. If this window passes, please contact the Athletic Director so we can get your questions answered as quickly as possible. The exception to the 24-hour response rule would be on Game Day. We ask that you do not contact coaches on game day unless it is an emergency. There is a lot of preparation required on a coaches behalf on game day.

The best form of communication to get in touch with a Lancaster Christian Academy coach is via e-mail. Coaches e-mail address can be found on the schools website. Faculty and staff members are [firstname.lastname@lcaknights.com](mailto:firstname.lastname@lcaknights.com).

Further Contact Information:

Lancaster Christian Academy (Main Campus)  
150 Soccer Way  
Smyrna, Tennessee – 37167  
Phone: 615-223-0451  
Fax: 615-223-8964

Lancaster Christian Academy (Central Office)  
240 Mayfield Drive  
Smyrna, Tennessee – 37167  
Phone: 615-223-0451

Director of Athletics:  
Joey O'Dea  
E-mail: [joey.odea@lcaKnights.com](mailto:joey.odea@lcaKnights.com)  
Phone: 615-223-0451 x155

## **Injury and Health Concerns:**

If you have an injury or health concern, please see one of the LCA Athletic Trainers prior to going to the doctor. If a player is taken to the hospital, then either a coach or the Athletic Director will notify a parent/guardian immediately.

Players should report any updates in medical conditions or medications being taken to both the Coach and Athletic Director. If a player is ill, the parent/guardian must notify the coach and athletic director so they can prevent the illness from spreading amongst the team. All sick absences must have an excuse note from a doctor in order to be excused from the athletic event taking place.

**Any player who is injured and/or not participating in practice is still required to be at practice and games. They will spend part of the practice (as determined by coaches and trainer) performing physical activity and part of practice getting “mental reps” by analyzing practice.**

## **Concussion Protocol:**

Concussions have become a significant conversation in the realm of athletics. There is ongoing research in concussion prevention and best ways to avoid head injuries. Any student-athlete who shows even the slightest signs of a concussion will fall into our concussion protocol.

- Any signs of a concussion will be treated seriously and the players will be removed from the athletic activity immediately for further evaluation by a certified professional.
- A student-athlete will not be allowed to participate until fully cleared by doctors/trainers and even after so, will still be under coaches discretion in regards to their return to action.
- The required documents per athlete will include a concussion information sheet, which will provide more details in regards to concussions and how they will be treated.

## **Forms Checklist:**

Below is a checklist of all the forms that have to be submitted to the Knights Athletic Department in order to be eligible for sports at Lancaster Christian Academy. Failure to turn in any, even if it is just one, of these forms will result in the child being held out until all forms and information is up to date and current. This checklist below is to serve you as useful to check off everything you will have to turn in to the Knights Athletic Department.

[    ] – **Concussion Form**

[    ] – **Physical Form**

[    ] – **Consent for Athletic Participation & Medical Care**

[    ] – **Alcohol/Drugs/Steroids/Tobacco Non-Use Contract**

[    ] – **Lancaster Christian Academy Handbook Agreement**

[    ] – **Lancaster Christian Academy Sports Waiver Form**

[    ] – **Lancaster Christian Academy Emergency Contact & Medical Information**

*\*\* All of these forms will be provided in the back of the handbook you have received. If you misplace or need*

another copy of any of these forms, please visit our Athletic Department at Central Office.

## CONCUSSION

### INFORMATION AND SIGNATURE FORM FOR STUDENT-ATHLETES & PARENTS/LEGAL GUARDIANS (Adapted from CDC “Heads Up Concussion in Youth Sports”)

**Read and keep this page.  
Sign and return the signature page.**

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a “ding,” “getting your bell rung” or what seems to be a mild bump or blow to the head can be serious.

#### Did You Know?

- Most concussions occur *without* loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

#### WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports **one or more** symptoms of concussion listed below after a bump, blow or jolt to the head or body, s/he should be kept out of play the day of the injury and until a health care provider\* says s/he is symptom-free and it’s OK to return to play.

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETES
Appears dazed or stunned	Headache or “pressure” in head
Is confused about assignment or position	Nausea or vomiting
Forgets an instruction	Balance problems or dizziness
Is unsure of game, score, or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness, even briefly	Feeling sluggish, hazy, foggy or groggy
Shows mood, behavior, or personality changes	Concentration or memory problems
Can’t recall events <i>prior</i> to hit or fall	Confusion
Can’t recall events <i>after</i> hit or fall	Just not “feeling right” or “feeling down”

\*“Health care provider” means a Tennessee licensed medical doctor, osteopathic physician, clinical neuropsychologist with

concussion training, or physician assistant with concussion training who is a member of a health care team supervised by a Tennessee licensed medical doctor or osteopathic physician.

## CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow or jolt to the head or body if s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless or agitated
- Has unusual behavior
- Loses consciousness (*even a brief loss of consciousness should be taken seriously*)

## WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. *They can even be fatal.*

Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

## WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care provider\* says s/he is symptom-free and it's OK to return to play.

Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration such as studying, working on the computer or playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

\* "Health care provider" means a Tennessee licensed medical doctor, osteopathic physician, clinical neuropsychologist with concussion training, or physician assistant with concussion training who is a member of a health care team supervised by a Tennessee licensed medical doctor or osteopathic physician.

Remember:

# Student-athlete & Parent/Legal Guardian Concussion Statement

Must be **signed and returned** to school or community youth athletic activity prior to participation in practice or play.

Student-Athlete Name: \_\_\_\_\_

Parent/Legal Guardian Name(s): \_\_\_\_\_

After reading the information sheet, I am aware of the following information:

Student-Athlete initials		Parent/Legal Guardian initials
	A concussion is a brain injury, which should be reported to my parents, my coach(es) or a medical professional if one is available.	
	A concussion cannot be "seen." Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.	
	I will tell my parents, my coach and/or a medical professional about my injuries and illnesses.	N/A
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	N/A
	I will/my child will need written permission from a <i>health care provider*</i> to return to play or practice after a concussion.	
	Most concussions take days or weeks to get better. A more serious concussion can last for months or longer.	
	After a bump, blow or jolt to the head or body, an athlete should receive immediate medical attention if there are any danger signs such as loss of consciousness, repeated vomiting or a headache that gets worse.	
	After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before the concussion symptoms go away.	
	Sometimes repeat concussion can cause serious and long-lasting problems and even death.	
	I have read the concussion symptoms on the Concussion Information Sheet.	

\*"Health care provider" means a Tennessee licensed medical doctor, osteopathic physician, clinical neuropsychologist with concussion training, or physician assistant with concussion training who is a member of a health care team supervised by a Tennessee licensed medical doctor or osteopathic physician.

\_\_\_\_\_  
Signature of Student-Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal guardian

\_\_\_\_\_  
Date

# ■■■Preparticipation Physical Evaluation

## HISTORYFORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

**Medicines and Allergies:** Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

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Do you have any allergies?  Yes  No If yes, please identify specific allergy below.

Medicines  Pollens  Food  Stinging Insects

**Explain "Yes" answers below. Circle questions you don't know the answers to.**

GENERAL QUESTIONS	Yes	No	MEDICAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections <input type="checkbox"/> Other: _____			27. Have you ever used an inhaler or taken asthma medicine?		
3. Have you ever spent the night in the hospital?			28. Is there anyone in your family who has asthma?		
4. Have you ever had surgery?			29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
<b>HEART HEALTH QUESTIONS ABOUT YOU</b>	<b>Yes</b>	<b>No</b>	30. Do you have groin pain or a painful bulge or hernia in the groin area?		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?			31. Have you had infectious mononucleosis (mono) within the last month?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			32. Do you have any rashes, pressure sores, or other skin problems?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?			33. Have you had a herpes or MRSA skin infection?		
8. Has a doctor ever told you that you have any heart problems? If so, 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"/> Kawasaki disease <input type="checkbox"/> Other: _____			34. Have you ever had a head injury or concussion?		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
10. Do you get lightheaded or feel more short of breath than expected during exercise?			36. Do you have a history of seizure disorder?		
11. Have you ever had an unexplained seizure?			37. Do you have headaches with exercise?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
<b>HEART HEALTH QUESTIONS ABOUT YOUR FAMILY</b>	<b>Yes</b>	<b>No</b>	39. Have you ever been unable to move your arms or legs after being hit or falling?		
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?			40. Have you ever become ill while exercising in the heat?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?			41. Do you get frequent muscle cramps when exercising?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			42. Do you or someone in your family have sickle cell trait or disease?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			43. Have you had any problems with your eyes or vision?		
			44. Have you had any eye injuries?		
			45. Do you wear glasses or contact lenses?		
			46. Do you wear protective eyewear, such as goggles or a face shield?		
			47. Do you worry about your weight?		
			48. Are you trying to or has anyone recommended that you gain or lose weight?		
			49. Are you on a special diet or do you avoid certain types of foods?		
			50. Have you ever had an eating disorder?		
			51. Do you have any concerns that you would like to discuss with a doctor?		

BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

FEMALES ONLY		
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

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I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_



# ■■■Preparticipation Physical Evaluation

## THEATHLETEWITHSPECIALNEEDS: SUPPLEMENTALHISTORYFORM

Date of Exam \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

1. Type of disability		
2. Date of disability		
3. Classification (if available)		
4. Cause of disability (birth, disease, accident/trauma, other)		
5. List the sports you are interested in playing		
	<b>Yes</b>	<b>No</b>
6. Do you regularly use a brace, assistive device, or prosthetic?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or any other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

**Explain "yes" answers here**

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**Please indicate if you have ever had any of the following.**

	<b>Yes</b>	<b>No</b>
Atlantoaxial instability		
X-ray evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		

Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

**Explain "yes" answers here**

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**I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.**

Signature of athlete \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_

Date \_\_\_\_\_

©

# ■■■Preparticipation Physical Evaluation PHYSICALEXAMINATIONFORM

Name \_\_\_\_\_ Date \_\_\_\_\_ of \_\_\_\_\_

birth \_\_\_\_\_

## PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
  - Do you feel stressed out or under a lot of pressure?
  - Do you ever feel sad, hopeless, depressed, or anxious?
  - Do you feel safe at your home or residence?
  - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
  - During the past 30 days, did you use chewing tobacco, snuff, or dip?
  - Do you drink alcohol or use any other drugs?
  - Have you ever taken anabolic steroids or used any other performance supplement?
  - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
  - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

## EXAMINATION

Height \_\_\_\_\_

Weight \_\_\_\_\_

Male  Female

BP \_\_\_\_\_  N

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart <sup>a</sup> • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) <sup>b</sup>		
Skin • HSV, tinea lesions suggestive of MRSA, corporis		
Neurologic <sup>c</sup>		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		

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Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional * Duck-walk, single leg hop		

\*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. <sup>†</sup>Consider GU exam if in private setting. Having third party present is recommended. <sup>‡</sup>Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for \_\_\_\_\_

- Not cleared
- Pending further evaluation
- For any sports
- For certain sports

Reason \_\_\_\_\_

Recommendations \_\_\_\_\_

\_\_\_\_\_ I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) \_\_\_\_\_  
Date \_\_\_\_\_

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

Signature of physician \_\_\_\_\_, MD  
or DO \_\_\_\_\_

©

HE0503

# ■■■Preparticipation Physical Evaluation CLEARANCEFORM

Name \_\_\_\_\_ Sex  M  F Age \_\_\_\_\_ Date of birth \_\_\_\_\_

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for \_\_\_\_\_

\_\_\_\_\_  Not cleared

Pending further evaluation

For any sports

For certain sports \_\_\_\_\_

Reason \_\_\_\_\_

Recommendations

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).**

Name of physician (print/type) \_\_\_\_\_ Date \_\_\_\_\_

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

Signature of physician \_\_\_\_\_  
MD or DO

### EMERGENCY INFORMATION

Allergies

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## CONSENT FOR ATHLETIC PARTICIPATION & MEDICAL CARE

\*Entire Page Completed By Patient

### Athlete Information

Last Name _____		First Name _____		MI _____
Sex: [ ] Male [ ] Female	Grade _____	Age _____	DOB ____/____/____	
Allergies _____				
Medications _____				
Insurance _____		Policy Number _____		
Group Number _____		Insurance Phone Number _____		

### Emergency Contact Information

Home Address _____		(City) _____	(Zip) _____
Home Phone _____	Mother's Cell _____	Father's Cell _____	
Mother's Name _____	Work Phone _____		
Father's Name _____	Work Phone _____		
Another Person to Contact _____			
Phone Number _____		Relationship _____	

### Legal/Parent Consent

I/We hereby give consent for (athlete's name) \_\_\_\_\_ to represent (name of school) \_\_\_\_\_ in athletics realizing that such activity involves potential for injury. I/We acknowledge that even with the best coaching, the most advanced equipment, and strict observation of the rules, injuries are still possible. ***On rare occasions these injuries are severe and result in disability, paralysis, and even death. I/We further grant permission to the school and TSSAA, its physicians, athletic trainers, and/or EMT to render aid, treatment, medical, or surgical care deemed reasonably necessary to the health and well-being of the student athlete named above during or resulting from participation in athletics.*** By the execution of this consent, the student athlete named above and his/her parent/guardian(s) do hereby consent to screening, examination, and testing of the student athlete during the course of the pre-participation examination by those performing the evaluation, and to the taking of medical history information and the recording of that history and the findings and comments pertaining to the student athlete on the forms attached hereto by those practitioners performing the examination. As parent or legal Guardian, ***I/We remain fully responsible for any legal responsibility which may result from any personal actions taken by the above named student athlete.***

\_\_\_\_\_  
Signature of Athlete

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

# Alcohol/Illegal Drugs/Steroids/Tobacco Non-Use Contract

As a condition of participating as an athlete in the Lancaster Christian Academy Athletic Department, the school board has adopted prohibiting the use and abuse of alcohol, illegal drugs, androgenic/anabolic steroids, intoxicants of any kind, and tobacco. All LCA coaches shall have participating student athletes and their parents, legal guardian/caregiver agree that the athlete will not use, possess, or be under the influence of any controlled substance. Only drugs and medication given with the written prescription of a fully licensed physician (as recognized by the American Medical Association to treat a medical condition) will be allowed.

By signing below, both the participating student and the parents, legal guardian/caregiver hereby agree that the athlete shall not use alcohol, illegal drugs, and androgenic/anabolic steroids, dietary supplements banned by the U.S. Anti-Doping Agency as well as the substance synephrine, or tobacco, without the written prescription of a fully licensed physician (as recognized by the AMA to treat a medical condition).

We also understand that the Lancaster Christian Academy Athletic Department's policies regarding use of alcohol, illegal drugs, steroids, and tobacco will be enforced for any violation of these rules. We also recognize there could be penalties for false or fraudulent information.

I support the policies of the school, the athletic department, and the coach regarding non-use of alcohol, drugs, steroids, and tobacco. I agree to remain alcohol, drug, steroid, and tobacco free at all times from the start of sport practices through the end of the school year, in season or off season, on or off campus, including weekends, holidays, and nights.

\_\_\_\_\_  
Athlete's Name (print)

\_\_\_\_\_  
Athlete's Signature

\_\_\_\_\_  
Date

As a parent/guardian of this student, I recognize and acknowledge that my child must remain alcohol, drug, steroids and tobacco free to participate fully in any school activity. Therefore, I accept and support the policies of the school, athletic department, and the coach which prohibit the use of alcohol, drugs, steroids, and tobacco from the start of sport practices through the end of the school year, in season or off season, on or off campus, including weekends, holidays, and nights.

\_\_\_\_\_  
Parent/Guardian's Name (print)

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date



## Lancaster Christian Academy Handbook Agreement

I, (name of athlete) \_\_\_\_\_, have received the LCA Handbook and hereby agree to abide by the given rules and policies. I understand that if I violate any of the given rules and policies, I am at risk of removal from the Lancaster Christian Academy Athletic Department by LCA administration.

\_\_\_\_\_  
Athlete's Name (print)

\_\_\_\_\_  
Athlete's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Name (print)

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

# Lancaster Christian Academy Sports Waiver Form

In consideration of being allowed to participate in any way in the Lancaster Christian Academy Athletics Department, its related events and activities, I, (name of athlete) \_\_\_\_\_, the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASED PARTIES OR OTHERWISE, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the Released Parties immediately; and,
4. By participating in or attending any activity in connection with this program, whether on or off the premises, I consent to the use of any photographs, pictures, film, or videotape taken of me or provided by me for publicity, compensation, copyright or other ownership right connected to same; and,
5. I, for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMINIFY, AND HOLD HARMLESS Lancaster Christian Academy, sponsors, advertisers, and if applicable, owners, and lessors or premises used for the activity ("Released Parties"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss damage to person or property, WHETHER ARISING FROM NEGLIGENCE OF THE RELEASED PARTIES 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 RIGHT BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY UNDUCEMENT.

\_\_\_\_\_  
Athlete's Name (print)

\_\_\_\_\_  
Athlete's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Name (print)

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date



# Lancaster Christian Academy Emergency Contact and Medical Information

Child's Name	Date of Birth	M	F
Parent's/Guardian's Name	Parent's/Guardian's Name		
Home Phone	Work Phone	Home Phone	Work Phone
Address		Address	
City, ST, ZIP Code		City, ST, ZIP Code	
Alternative Emergency Contact Name		Secondary Emergency Contact Name	
Relationship to Child		Relationship to Child	
Home Phone	Work Phone	Home Phone	Work Phone
Address		Address	
City, ST, ZIP Code		City, ST, ZIP Code	
<b>NOTE: A CURRENT PHYSICAL EXAM MUST BE ON FILE.</b>			
Hospital Preference			
Physician's Name			
Family Medical Insurance			
Policy Number			

## Parent Understanding

I understand participating in interscholastic athletics can be an extremely valuable experience for young people. The Athletic Department makes every attempt to employ the finest coaches, supply our athletes with the best equipment and facilities, and provide athletes with the out-of-season opportunities to develop and maintain physical fitness. However, athletes are exposed to moving objects, stationary objects, various playing surfaces, transportations and other items that can cause injury and/or death. This communication is being written so you and your athlete can understand that there are potential dangers involved in participation in athletics. All information given above is accurate.

Parent/Guardian's Name (print)	Parent/Guardian's Signature	Date

The logo for Lancaster Christian Academy features the words "LANCASTER", "CHRISTIAN", and "ACADEMY" stacked vertically in white, bold, sans-serif capital letters. Each word is contained within a horizontal bar of a different color: green for "LANCASTER", blue for "CHRISTIAN", and red for "ACADEMY". To the right of these bars is a stylized orange and red graphic element resembling a curved arrow or a partial circle.

# LANCASTER CHRISTIAN ACADEMY

## Athlete's Prayer

“Lord, I compete for You alone. In every victory and every loss, I play for You. Every time I compete, I stand for the cross. My love for the game is evidence of my love for You. I play for You, Lord, when I put on the uniform, lace up the shoes and walk out of the locker room. I declare my loyalty to You.

“My drive comes from the Holy Spirit. Through the pain and through the cheers, I will not give in or give up. My passion for competition comes from above. I sweat for the One who made me. The champion inside of me is Jesus. My only goal is to glorify the name of Christ. To win is to honor Him.

“I feel Your delight when I compete. All of my abilities are from You, Jesus. My heart yearns for Your applause. I am under Your authority. I will respect and honor my teammates, coaches and opponents. I will play by the rules. I will submit to You as my Ultimate Coach.

“I am Your warrior in the heat of battle. I am humble in victory and gracious in defeat. I serve those on my team and those I compete against. My words inspire and motivate. I utter what You desire. My body is Your temple; nothing enters my body that is not honoring to You. I train to bring You glory. My sweat is an offering to my heavenly Master.

“I wear Your jersey, Lord. Victory does not lie in winning but in becoming more like You. There is no greater victory. In Your name, I pray. Amen.”