

PART I. – ATHLETIC ELIGIBILITY AND POLICY

I. Coaches' Responsibilities

- A. Make sure the fundamentals and skills are taught in that particular sport.
- B. Teach and train young men and women to use their God-given talent to the best of their ability while displaying Christ-like characteristics in attitude and action.
- C. Teach the athletes to strive for excellence.

II. Players' Responsibilities

- A. Attend scheduled practices
 1. Four unexcused missed practices will result in dismissal from the team.
 2. Unexcused missed practices will result in not starting or playing the next game.
 3. Players should contact coach in advance if a practice will be missed.
 4. Four excused missed practices may result in dismissal from the team at the discretion of the athletic director.
- B. Support and encourage teammates while playing.
- C. Show Christ-like qualities to teammates, fans, opposing teams, referees, parents and coaches.
 1. Display of negativity or demeaning of others may result in not playing or if in excess, dismissal from the team.
 2. Act towards others as Christ would have you act.
- D. Take care of and return uniforms if they were not purchased by the athlete.
 1. Athletes who damage or stain school uniforms will be asked to pay for them.

III. Transportation

- A. Athletes must travel to the game on the bus. They may ride home with their parents.
- B. Athletes may not ride in a car to a game with another adult even if written permission is given unless the parent is helping with chaperoning the athletes to the game.

IV. Awards

- A. All athletes who remain a member of a team from the beginning of the season until the end will receive an award for participating.
- B. If the athlete becomes ill or injured during the season and the coach feels they would have finished the season, then they may earn a trophy.
- C. Athletes who become academically ineligible and/or miss 25% or more of the games will not receive an award.
- D. Athletes who quit the team will not receive an award even if they have met the required number of games.

V. Eligibility

- A. Athletes who have an overall grade point average of D or F may not play until they improve their average.
 - *They may not attend games or practices with an F average
- B. Athletes who have an F at the interim or report card (any class) may not play until it is brought up to a D.
 1. The first offense will cause the athlete to be suspended for two weeks. If at that time the grades are not brought up to a C average or they still have a D or an F, they will be permanently off the team.
 2. The second offense will result in permanent dismissal from the team.
- C. Athletes who earn a significant amount of disciplinary problems be dismissed from the team or suspended for a period of time.

I have read the responsibilities and requirements of the Calvary Road Athletic Department. I understand the responsibilities of my child (and my family) and we will adhere to the policies set forth by Calvary Road Christian School. I understand that if my child damages or stains a school purchased uniform that we will be responsible to pay for it.

Parent Signature _____ Date _____

Student Signature _____ Date _____

PART II – EMERGENCY PERMISSION FORM

(To be completed and signed by parent/guardian)

Student’s Name _____ **Age** _____

Please list any significant health problems that might be significant to a physician evaluating your child in case of an emergency

Please list any allergies to medication, etc. _____

Has student been prescribed an inhaler or epipen? _____

Is student currently taking medications? _____ If so, what type? _____

Does student wear contact lenses? _____ Please list date of last tetanus shot _____

In the even I cannot be reached in an emergency, I hereby give permission to physicians selected by the coaches and staff of Calvary Road Christian School to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for the person named above.

Daytime phone number (where to reach you in an emergency) _____

Evening time phone number (where to reach you in an emergency) _____

Signature of parent or guardian _____ Date _____

Relationship to student _____

*Emergency Permission Form may be reproduced to travel with respective teams and is acceptable for emergency treatment if needed.

I certify all the above information is correct _____

(Parent/Guardian Signature)

PART III. – ACKNOWLEDGEMENT OF RISK AND INSURANCE STATEMENT

I give permission for _____ (name of child/ward) to participate in (circle the appropriate sport) basketball, cheerleading, cross country, soccer, volleyball.

I have reviewed the individual eligibility rules and I am aware that with the participation in sports comes the risk of injury to my child/ward. I understand that the requirements of risk warning and informed consent, apply to all athletes in all programs. Parental informed consent is required for minor athletes. I understand that all possible precautions are taken to insure that all athletic activities at Calvary Road Christian School are conducted by mature and qualified personnel in a safe and responsible manner. However, anytime an individual is physically active, especially in a competitive program, there is a possibility of trauma. I further understand that, because of the nature of some of the activities in the athletic program, regardless of the high degree of supervision, there is potential for accidental injury. I recognize these risks and agree to allow my child to participate in these activities. I sign this athletic application having thoroughly read the statements above and I give my permission for my child to participate in the athletic program.

I am aware that participating in sports will involve travel with the team. I acknowledge and accept the risks inherent in the sport and with the travel involved and with this knowledge in mind, grant permission for my child/ward to participate in the sport and travel with the team either through a designated school vehicle or an approved parent.

Parent Signature _____

Date _____

PART IV. – VOLUNTEER DRIVER INFORMATION AND PERMISSION TO RIDE

Occasionally we need parents to volunteer to drive our students to games or we need some of our students to ride with other parents. Please look the form over below and fill out the section that applies to you.

Section 1 – Permission for Child to Ride

I give my child, _____ permission to ride with another parent if school transportation cannot be arranged.

I do not give my child, _____ permission to ride with other parents if school transportation cannot be arranged.

Parent Signature _____ Date _____

Section 2 - Volunteer Driver Information

Name _____ Driver's License # _____

Phone (H) _____ (W) _____ Expiration Date _____

Address _____

Car Model/Yr. _____

Number of working seat belts in car _____

License Plate Number for car _____

Check one:

___ **Yes** ___ **No** My car includes the minimum liability insurance that meets state requirements.

___ **Yes** ___ **No** To my knowledge, my vehicle is in safe operating condition (brakes, tires, etc.)

___ **Yes** ___ **No** Have you been convicted of DWI/DUI or had your license suspended for moving violations.

Section 3 – Declaration and Signature

I affirm that I will carefully transport students under my care, including obeying all traffic laws. The information given on this form is true and correct to the best of my knowledge.

Signed _____ Date _____

PART V. – ATHLETIC PHYSICAL FOR CALVARY ROAD CHRISTIAN SCHOOL

To be eligible to represent a school in any interschool athletic contest, a student shall have submitted to the athletic director of the school, prior to becoming a member of a school team, this form, completely filled in and properly signed. (Physical examination is required each school year after May 1 of the preceding school year and is good through June 30th of the current school year.)

Part 1 Athletic Participation (to be filled in and signed by the candidate)

Name _____ School Year _____

Home Address _____

Home Phone _____ Date of Birth _____

Student's Signature _____ Date _____

Emergency Contact Name _____ Phone Number _____

Part 2 Physicians Examination (to be filled in and signed by the examining physician)

I have examined the following conditions:

Heart _____	Respiratory _____	Hernia _____	Feet _____
Ears _____	Nose and Throat _____	Teeth _____	Weight _____
Bones _____	Ligaments _____	Muscles _____	Lungs _____
Back _____	Cervical Spine/Neck _____	Abdomen _____	

I certify that I have examined the general physical condition of the above named student and make the following recommendations for his/her participation in athletics.

- CLEARED WITHOUT RESTRICTIONS**
- CLEARED AFTER FURTHER EVALUATION OR TREATMENT FOR:** _____
- NOT CLEARED FOR PARTICIPATION:**

Reason(s) _____

The following recommendations are made for correction of abnormal conditions found:

Physicians Signature _____ Date of Examination _____
(MD, DO, LNP, PA)