

2020-2021

Cornerstone Christian Academy

Athletic Packet

The CCA sports program desires to engage student athletes in a balanced environment of high-level competition and a positive athletic experience that is marked with discipline, camaraderie, tradition and respect. Even though winning is important, it is not first on the list determining success. Developing a student with integrity who loves God is the primary focus.

The athletic program at Cornerstone Christian Academy is an integral part of the total school program. While the academic program is the foundation of the school and is offered to all students on an equal basis, the athletic program is more selective and competitive. Student athletes have the opportunity to develop physical skills and abilities, work toward goals with other members of a team, and to promote Christian values and attitudes in a competitive atmosphere.

Neil Struikmans
Athletic Director

A new athletic packet, including a new physical, is required each school year. Only one physical is required per year regardless of how many sports you play.

You must turn in the completed athletic packet to the athletic office BEFORE trying out, practicing or participating in any sport.

When completing the packet:

- Physicals **MUST** be dated after May 1, 2020 and be completed by an M.D. or D.O.
- Please read the packet and sign in ALL places indicated.

Bring the completed packet (including physical) to the athletic office where you will receive a clearance form. Take that clearance form to your coach on the day of tryouts/practice/camp. Only one athletic packet is required each year.

CORNERSTONE CHRISTIAN ACADEMY
ATHLETIC/ACTIVITIES CONTRACT

PLEASE PRINT - Be sure to complete all information on this form.

Student's Name: _____ Age: _____

Birthdate: ____/____/____ Grade 2020-2021: _____

Have you attended any OTHER high school? Yes____ No____
If yes, Name of School _____ City _____ State _____
Dates attended previous school: ____/____/____ to ____/____/____
Did you participate in varsity sports at another high school? Yes____ No____
<u>**If you are entering Cornerstone Christian Academy as a 9th, 10th, 11th, or 12th grade athlete and you have previously attended another high school, you MUST complete the TCAF transfer paperwork.</u>

Address: _____ City: _____ State: _____

Parent/Guardian Name(s): _____ Cell #: _____

Parent Email: _____ Parent Work Phone: _____

In the absence of parent/guardian, please call (in case of illness or accident):

Name: _____ Relationship: _____ Phone: _____

Name of Family Physician: _____ Phone: _____

CONSENT

___ Yes ___ No The student named above has my permission to engage in co-curricular activities, including travel.

TRAINER CONSENT

___ Yes ___ No I give my permission to the Athletic Trainer to administer immediate first aid, follow-up treatment and rehabilitation when appropriate in his/her professional judgment and/or recommended by the consulting physician.

TREATMENT CONSENT ___ Yes ___ No In the event of an accident or emergency, I (we) give permission for the school authorities to take my (our) child to any available doctor or hospital or request their services. I (we) grant consent to any healthcare providers to provide my (our) child with any necessary medical care as a result of any injury or illness.

**** IF YOUR ANSWER IS NO, PLEASE ADVISE THE SCHOOL AS TO WHAT ACTION YOU WOULD LIKE TAKEN.**

THIS FORM IS REQUIRED

HOLD HARMLESS AND INDEMNIFICATION AGREEMENT

I give my permission for _____, grade _____, to participate in all sports and after school activities, whether on or off campus, throughout the current school year. Students will be accompanied by a teacher and will be under adequate supervision. I understand that I will be notified of all trips away from the school premises. I further understand that I may revoke permission for a specific trip by written notice hand delivered to the principal more than one day prior to the trip. Although the school desires to provide a safe and enjoyable time for all students, accidents can still happen. I/we understand that there are risks/dangers involved with participation in the above-listed sports and activities, off-campus trips and their associated activities. In consideration of my child being allowed to participate in this event, I/we assume responsibility for those ordinary and reasonable risks associated with the participation in the sports, after school activities and any associated travel and activities. I/we agree to hold harmless Cornerstone Christian Academy, its affiliated organizations, employees, agents, and representatives, including administrators, teachers, coaches, assistants, volunteers and other drivers from any and all claims for liability, loss, and damages or actions for bodily injury, illness, death and or property damage occurring during or by reason of participation in said activity. In case of an accident, injury, illness, or other emergency, I/we request that the school contact me. If the school cannot reach a parent/guardian after conscientious effort, I/we give permission for school staff to call paramedics or any licensed physician or dentist, and to administer medically reasonable and necessary first aid in the event of a non-life-threatening accident or injury. If a life-threatening emergency exists, I/we give permission for school staff to immediately call paramedics and then contact me/us as soon as possible thereafter. I/we authorize and consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital-care which, in the best judgment of a licensed physician or dentist, is deemed advisable. I/we agree to assume the financial responsibility for expenses incurred for any reasonable and necessary medical services being provided. I/we also agree to be financially responsible for emergency medical transportation. This agreement remains in effect through June 30, 2020.

Additionally, the student/parent participant, by virtue of their signature below agrees to abide by the rules put forth in the Student Handbook regarding their student/participant behavior during the aforementioned activity.

By: _____

Student/Participant Name (Print)	Student/Participant Signature Date

Parent/Guardian Name (Print)	Parent/Guardian Signature Date

THIS FORM IS REQUIRED TO BE SIGNED

FAMILY MEDICAL INSURANCE INFORMATION

Cornerstone Christian Academy requires proof of medical insurance for all student athletes in order for them to participate in interscholastic sports.

PLEASE FILL OUT THE FOLLOWING INFORMATION SHEET AND PROVIDE A COPY OF YOUR INSURANCE CARD:

PLEASE PRINT

Student's Name _____ Grade _____

Parent/Guardian's Name _____

Address _____ Phone _____

Medical Insurance Co. _____

Policy Number _____

** Please attach a copy of the student's medical care provider **

THIS FORM IS REQUIRED TO BE SIGNED

MEDIA RELEASE

Cornerstone Christian Academy highlights positive news, events and programs in publications such as newsletters, on our website, on social media, billboards, with press releases and occasionally in video productions.

Our Media/Photo release form allows you to withhold consent for the release of your child's photo or likeness in publications or productions such as those listed.

This includes:

- Newsletters
- Video productions
- Websites
- Social Media
- Press releases
- The Media release form DOES NOT govern publication of a student's name or photo: a) in site specific publications, such as a Yearbook (video or print), School Activity Program or School Athletic Program or b) by the news media.

MEDIA RELEASE: 2020/2021 School Year

I **GIVE PERMISSION** for my child's photograph or image to be used by Cornerstone Christian Academy and/or those acting under its permission and on its authority.

I **DO NOT GIVE PERMISSION** for my child's photograph or image to be used by Cornerstone Christian Academy and/or those acting under its permission and on its authority.

Student's Name: (Print Clearly)

Last

Middle

First

Parent/Guardian Signature:

X _____

Date: _____

THIS FORM IS REQUIRED TO BE SIGNED

ATHLETIC EVENT TRANSPORTATION

Passenger Form

There are times when transportation will not be available for athletic practices and/or games. In this instance, private vehicles will have to be used, driven by adults. Written and signed permission from each athlete's parent(s) or guardian(s) for the student to be transported by private vehicle must be on file at the high school.

PARENT PERMISSION FOR ATHLETIC EVENT TRANSPORTATION

**Non-School Transportation
For**

Student Name (Print)

_____ I hereby give my consent for my son/daughter to be transported by private vehicle for practices, games, inter school competitions and related activities when school transportation is not available during the season.

_____ We/I agree to release Cornerstone Christian Academy, its employees, agents, representatives, coaches and volunteers from any and all liability in connection with being transported by private vehicle.

Parent/Guardian Signature

Date

THIS FORM IS REQUIRED TO BE SIGNED

Anabolic Steroid Statement

As a condition of membership in TCAF/CSAF, all schools shall adopt policies prohibiting the use and abuse of androgenic/anabolic steroids. All member schools shall have participating students and their parents, legal guardian/caregiver agree that the athlete will not use steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition (Article 524). By signing below, both the participating student athlete and the parents, legal guardian/caregiver hereby agree that the student shall not use androgenic/anabolic steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition. We recognize that under TCAF policies, there could be penalties for false or fraudulent information. We also understand that Cornerstone Christian Academy's policy regarding the use of illegal drugs will be enforced for any violations of these rules. These cumulative penalties and regulations, regarding any infractions of the Activities/Athletic Code, will be applied IN ADDITION TO and AFTER students have complied with the consequences of the regular school discipline program which may include suspension and expulsion. These penalties are cumulative during a student's tenure at CCA

OUR SIGNATURES BELOW ACKNOWLEDGE THAT I/(WE) HAVE READ AND UNDERSTAND THE FOLLOWING DOCUMENTS:

- ATHLETIC/ACTIVITIES CONTRACT
- HOLD HARMLESS AND INDEMNIFICATION AGREEMENT
- INSURANCE STATEMENT
- MEDIA RELEASE FORM
- TRANSPORTATION FORM
- CCA ATHLETIC HANDBOOK AND TCAF CODE OF CONDUCT
- CONCUSSION ACKNOWLEDGEMENT
- SUDDEN CARDIAC ARREST
- PHYSICAL EVALUATION FORM

Student Name (Print)

Student Signature

Date

Parent/Guardian (Print)

Parent/Guardian Signature

Date

THIS FORM IS REQUIRED TO BE SIGNED

TCAF

ATHLETES CODE OF ETHICS

Athletics is an integral part of the school's total educational program. All school activities, curricular and extracurricular, in the classroom and on the playing field, must be congruent with the school's stated goals and objectives established for the intellectual, physical, social and moral development of its students. It is within this context that the following Code of Ethics is presented.

As an athlete, I understand that it is my responsibility to:

1. Place academic achievement as the highest priority.
2. Show respect for teammates, opponents, officials and coaches.
3. Respect the integrity and judgment of game officials.
4. Exhibit fair play, sportsmanship and proper conduct on and off the playing field.
5. Maintain a high level of safety awareness.
6. Refrain from the use of profanity, vulgarity and other offensive language and gestures.
7. Adhere to the established rules and standards of the game to be played.
8. Respect all equipment and use it safely and appropriately.
9. Refrain from the use of alcohol, tobacco, illegal and non-prescriptive drugs, anabolic steroids or any substance to increase physical development or performance that is not approved by the United States Food and Drug Administration, Surgeon General of the U.S. or American Medical Association.
10. Know and follow all state, section and school athletic rules and regulations as they pertain to eligibility and sports participation.
11. Win with character and lose with dignity.

By: _____
Student/Participant Name (Print)

_____ Date
Student/Participant Name (Sign)

THIS FORM IS REQUIRED TO BE SIGNED