

I. EMERGENCY INFORMATION FORM

PLEASE PRINT

Player Information:

Height: _____ Weight: _____

PREVIOUS INJURY INFORMATION

Previous Chronic Injuries: _____

Operations: _____

Medications: _____

Allergies: _____

Dates of Injuries: _____

First Aid Treatment Given: _____

Diagnosis by Physician: _____

Treatment and Rehabilitation Used: _____

Date Approved for Practice: (letter or notice from physician required): _____

EMERGENCY INFORMATION

Name: _____ Birth date: _____ Age: _____ Grade: _____

Address: _____ City _____ Zip _____

Parent/Guardian Name: _____ Home Phone: _____

Parents Place of Employment (Father) _____ Work Phone: _____

Parents Place of Employment (Mother) _____ Work Phone: _____

Family Physician: _____ Phone: _____

Hospital Preferred: _____ In an emergency, if parents cannot be reached, please notify: Name: _____ Phone: _____

Our family health and accident insurance policy is with _____ Company.

The team trainer and coach may apply first-aid treatment until the family physician can be contacted and we further give our consent for coaches, trainers, and team physicians to use their own judgment in securing medical aid and ambulance service in case the parents cannot be reached: YES: _____ NO: _____

We further understand that all financial responsibility for our child/children's injury or illness lays exclusively with us the parent or guardian.

Parent Signature

Date

Parent Signature

Date

II. Office Insurance Information Form and Waiver

Permission for Participation in Calvary Baptist School Athletic Program And Release and Indemnity Agreement

Child's Name: _____

As the parent and legal representative of the above named child, I give my consent and permission for my child to participate in the Calvary Baptist Church/School athletic program. I understand that participating in this activity is a privilege and not a right and may be revoked at any time by Calvary Baptist Church/School in its discretion. I understand that my child will participate in such sports activities as basketball, volleyball, soccer and other activities that may be hazardous or otherwise involve a risk of physical injury to the participants.

In consideration of my child being permitted to participating in the activity, and to the extent such agreement does not void or make voidable any underlying insurance coverage which I carry, I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL THE RISKS WHICH MAY BE ENCOUNTERED WITH MY CHILD'S PARTICIPATION IN THE ABOVE NAMED ACTIVITY, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do hereby agree to release and hold harmless Calvary Baptist Church, and its officers, agents, employees, and volunteer harmless from any and all liabilities, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death, which they now have or may arise in the future in connection with the activity or participation in any other associated activities. I further agree to indemnify Calvary Baptist Church and its officers, agents, employees, and volunteers for injury to third parties or damage to their property for which my child may be liable in connection with the activity or participation in any other associated activities.

I further agree to allow the agents of Calvary Baptist Church/School to make emergency medical decisions for my child in the event I cannot be reached or if the emergency is of a time sensitive nature.

I further agree by my signature below to have current medical insurance on my child to cover any and all injuries and my policy number is _____ and our carrier is _____.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the laws of the State of Maryland and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND INDEMNITY AGREEMENT, KNOW THE CONTENTS, AND I SIGN THIS DOCUMENT AS MY OWN FREE ACT. This is a legally bidding agreement that I have read and understand.

Parent or Guardian

Date

III. ATHLETIC AND PHYSICAL EDUCATION FORM

PRE-SEASON HISTORY & PHYSICAL EXAM – ATHLETIC PERMIT

Student's Name: _____ Grade: _____ Birth date: ____/____/____

Address: _____ Sex: _____

Home Telephone: _____ - _____

Insurance Carrier: _____ Policy Number: _____

Family Physician: _____ Phone Number: _____

Father's Name: _____ Phone Number: _____

Mother's Name: _____ Phone Number: _____

Father's Place of Employment: _____ Phone Number: _____

Mother's Place of Employment: _____ Phone Number: _____

1. I hereby give my permission for the above named student to practice, compete, and represent the school in interscholastic and/or intramural sports, as well as physical education class.
2. I further grant permission for any medical records pertaining to the health of the above named student be made available as necessary to the proper personnel and appropriate health care providers. This includes allergies and medication, prescribed or over-the-counter.
3. All information given in the Health History section of this form is given to the best of our knowledge.

Signature of Parent/Guardian: X _____ Date: ____/____/____
Signature of Parent/Guardian: X _____ Date: ____/____/____

Health History

	Y	N	If yes, please explain:
1. Any chronic or recurrent illnesses?	_____	_____	_____
2. Any illnesses lasting more than a week?	_____	_____	_____
3. Are you presently being treated by a doctor for any medical problem?	_____	_____	_____
4. Presently taking any medications?	_____	_____	_____
5. Do you have any allergies?	_____	_____	_____
6. Any hospitalizations?	_____	_____	_____
7. Any surgery?	_____	_____	_____
8. Are any organs missing other than tonsils (e.g. appendix, eye, kidney, testicle, etc.)	_____	_____	_____
9. Are you presently being treated by a doctor for any surgical problems?	_____	_____	_____
10. Any broken (fractured) bones?	_____	_____	_____
11. Any injured joints?	_____	_____	_____
12. Ever been knocked out or had a concussion?	_____	_____	_____
13. Ever had heat exhaustion or stroke?	_____	_____	_____
14. Any difficulty breathing during or after exercise?	_____	_____	_____
15. Do you wear glasses or contact lenses?	_____	_____	_____
16. Do you wear any dental appliances such as braces, bridge, or plate?	_____	_____	_____
17. Date of last tetanus shot.	_____	_____	_____
18. Have any relatives died of heart problems?	_____	_____	_____

The section below will be filled in at the time of the exam by the physician. PLEASE DON'T WRITE BELOW

Physical Examination

Height: _____' _____" Weight: _____ lbs. Resting Pulse: _____

Resting Blood Pressure: _____ / _____ mm Hg

	NL	ABN	Not Exam.	Comments	Examiner
1. HEENT	_____	_____	_____	_____	_____
2. Neck	_____	_____	_____	_____	_____
3. Mouth/Teeth	_____	_____	_____	_____	_____
4. Heart	_____	_____	_____	_____	_____
5. Chest & Lungs	_____	_____	_____	_____	_____
6. Abdomen	_____	_____	_____	_____	_____
7. Skin	_____	_____	_____	_____	_____
8. Pulses	_____	_____	_____	_____	_____
9. Upper extremity	_____	_____	_____	_____	_____
10. Lower extremity	_____	_____	_____	_____	_____
11. Neurological	_____	_____	_____	_____	_____

Additional comments: _____

RECOMMENDATIONS

____ There are no apparent complications to participation in athletic activities.

____ This student should have the following health problems evaluated prior to participation in athletic activities.

Reviewer's Signature: X Date: / /

IV. ATHLETIC PHILOSOPHY AND CODE OF CONDUCT

- Athletics is a wonderful tool to build-up and maintain the temple in which God dwells on this earth. Athletics is also useful in building the mind of a student and developing character. Let us bear in mind that athletics is only a tool. Society places athletics on the menu of life as a main course. God, through his word, shows athletics to be a dessert. In short, athletics is meant to be a diversion from the mainstream of our educational endeavor. Does this mean we then go haphazardly on the field of athletic competition? We absolutely do not! Our athletic program has been designed to build Christian character, physical stamina, and a winning attitude.
- *1 Cor. 9:26 I therefore so run, not as uncertainly; so fight I, not as one that beateth the air:*
- In order to have a successful athletic department the parent is paramount. The success or failure of the team rests with you in the home. I have never observed a student backing down to a physical challenge on the field or quitting on their team in the heat of competition who did not first quit in the classroom or develop a losing attitude at their desk. A coach cannot overcome on the field that which is not nurtured in the classroom and enforced from the home. I have said all this to come to this one point; the best athletes are born in the classroom. The coach partners with academic instruction and parental discipline to build the whole student. Any institution or individual whose philosophy draws a line of separation between the academics and the athletics is doomed to disaster in one or both.
- As the athletic director my responsibility lies with keeping the student on track spiritually, academically, socially and physically. School policy disqualifies a student from playing whose class average falls below a 77%/C-. Please understand, opposing teams travel many miles to compete and it hurts our program tremendously when I have to contact an opposing school's athletic director and inform them of our inability to compete because of academic deficiencies.
- There are many away games during the course of the school year and it is of the utmost importance that you pick your child up on time. Approximate times of arrival back at church will be posted. Also the athletes will call by cell when we are about one hour out from the church. We need your support come game day. Paint your face, bring your lungs and cheer us on. Please do not be an embarrassment to your child and this institution by berating a referee for their poor vision from time to time. Practice after school is teaching time for the coach and their coaching staff. Please refrain from issuing instruction to any child during practice.
- All athletes must have a physical to participate and must carry their own health insurance. Any student who does not turn in both by the first game will not be able to compete or they must sign an insurance waiver.
- Game play is primarily determined by desire, ability and the coach's judgment. There are none of us who do not wish to see each athlete get their turn in the game. Bear in mind we play to honor God and win, the same as we do in every endeavor of life. Mediocrity is not an alternative, and we don't play to just compete.
1 Cor 9:24 Know ye not that they which run in a race run all, but one receiveth the prize? So run, that ye may obtain.
 - Athletes who do not practice should not expect to play.
 - Athletes who do not practice hard should not expect to start.
 - Athletes with less ability, who hustle in practice, often outplay athletes with greater ability.
 - Athletes with less ability or experience should not selfishly wish to play when the game is on the line.
 - Athletes who miss practice or a game without telling their coach should not expect to play the next game.

IV. ATHLETIC PHILOSOPHY AND CODE OF CONDUCT (con.)

Academic Probation (Grades 7-12)

At the issuance of report cards any student earning below a 70% in major or credit subjects or that has an overall grade average falling below a 70% will be placed on academic probation. A student on probation will be disciplined by the following:

- They will not be able to participate in after school sports until they are released from probation by the Principal.
- A special and arbitrary exemption may be made by the Principal in the event that probation may occur during a tournament of which the hosting school may have outlaid funds and we made promises to field a team.
- The student will be required to participate in a self-study program monitored by an educator. The days and times of self-study are Mondays, Tuesdays, Thursdays and Fridays from 2:00- 3:00. This is a time for students to work and improve on their skills and study habits. This is not recess or free time.
- The minimum length of probation is three concurrent weeks. When sufficient academic progress has been attained, the student may be taken off probation by the Principal. When said student shows an immediate relapse back into poor academic habits or achievement, probation will be reinstated for the duration of that marking period.
- In addition to any other requirements an athlete must carry a C-/77% in Bible class.

Athletic Probation (Grades 7-12)

- When in the judgment of the coaching staff an athlete becomes a detriment to overall team unity and spirit , said athlete will be placed upon probation with the following disciplinary conditions administered:
 - The parent will be notified
 - The athlete will be benched from practices and games until the issues resulting in the probation are resolved.

Athletic Expulsion (Grades 7-12)

- Athletes who are blatantly disrespectful in class or show disdain for authority or the rules of this institution may be removed from athletics at any time and could possibly face expulsion from the team.
- Athletes who are expelled face the following disciplinary actions:
 - The parent will be notified.
 - The student will be expelled for the duration of the sport being participated in.

V: ATHLETIC USER FEE

The Athletic User Fee is paid in advance to help offset the cost of running the school's athletic program and is mandated by the School Administration. There is a \$125.00 fee per athlete, per sport. This fee must be paid to play and receive a uniform. If an athlete quits the team or is removed for academic or athletic code violations no fees will be refunded. This document will be signed by a school office staff or the Athletic Director upon receipt of all fees due and sent home via the athlete.

[] \$125 Minimum per individual has been reached

Official Signature: _____

Fees Paid on: ____ / ____ / ____