

ALBUQUERQUE CHRISTIAN SCHOOL



RAMS

Participation in Albuquerque Christian School (ACS) Athletics is an extra-curricular activity. ACS wishes to provide the best possible athletic program for its students.

Participation in ACS Athletic program should be a valuable, fun, and educational experience for all students, coaches, and family members. We expect each student, coach, and family member to represent ACS in such a way that you, the school, and our community would be proud of your performance and behavior. ACS participates with schools that are and are not affiliated with the Albuquerque Christian Athletic Association (ACAA).

Completion of the following forms by parent(s) / guardian(s) and athletes are required prior to the student beginning athletic practices and/or competition with ACS. The forms need to be returned to the school receptionist and/or Athletic Director.

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Student Contract and Agreements for Participation

DATE: _____

Student's Name: _____

Grade: _____

SPORT: Please place a check next to all the sports you plan to participate in this year.

Fall Golf

Tennis

Volleyball

Track / Field

Girls Basketball

Boys Basketball

I, _____, agree to the following statements as a condition to be on an ACS Athletic Team. Place your initials after each section that you have read and agree with.

- A. **AMBASSADOR** - I accept the role as Ambassador of Albuquerque Christian School (ACS) and realize that my actions and behavior reflect upon ACS and Christ. I agree to do my best to live up to the teachings in Philippians 2 (Read chapter initial here _____ before proceeding). The ACS theme of "Christ's Attitude Radiates Everywhere" (CARE) applies directly to me and it is my intention to live up to that theme in my role on the team. _____

Colossians 3:17,23 "And whatsoever you do, whether in word or deed, do it all in the name of the Lord Jesus, giving thanks to God the Father through Him." "Whatever you do, work at it with all your heart, as working for the Lord, not for men..."

- B. **CHRISTIAN ROLE MODEL** - I accept the role of Christian Role Model to other members of my team, the students of ACS, and the competing teams and their families. I accept that as a member of this team, other students will look up to me and follow my example. I will do my best to display sportsmanship, to be a positive leader, and to be a role model. _____

Proverbs 20:11 "Even a child is known by his actions, by whether his conduct is pure and right."

- C. **HIGHER STANDARDS** - I agree to be held to a higher standard of expectations in terms of discipline, responsibility, and behavior than other students at ACS. I understand that being part of a team requires higher self-discipline and more personal responsibility. It demands a higher level of respect for the authority placed over me. _____

Philippines 2: 3-5 "Do nothing out of selfish ambition or vain conceit, but in humility consider others better than yourselves. Each of you should look not only to your own interest but also to the interest of others. Your attitude should be the same as that of Christ Jesus..."

Romans 15: 1-3 "We who are strong ought to bear with the failings of the weak and not to please ourselves. Each of us should please his neighbor for his good to build him up. For even Christ did not please himself, but as it is written: 'The insults of those who insult you have fallen on me'"

- D. **AUTHORITY** - I understand that the Principal and the Athletic Director has delegated authority to the Head Coach and Assistants. Rebellion against that authority is rebellion against God. I will respect this authority. _____

Romans 15:3 "Therefore, it is necessary to submit to the authorities, not only because of possible punishment but also because of conscience."

- E. **MOUTH** - I understand that I am in complete control of my words until I open my mouth and start to speak. Therefore, I will always use the following test based on Ephesians 4:29 before speaking.

Ephesians 4:29 “Do not let any unwholesome talk come out of your mouths, but only what is helpful for building others up according to their needs, that it may benefit those who listen.”

Before opening my mouth, I will ask myself if what I am about to say is helpful for building others up according to their needs. If the answer is NO, then I will refrain from speaking.

- F. **DECISIONS** - I agree that the Coaches may remove me from the team immediately for the following reasons: infractions of behavior, unsportsmanlike conduct, disrespect for authority, talking back, inappropriate speech, disobeying school rules, and ignoring or disobeying instructions given by the Coaches. Always remembering that being involved in a sports activity whether at ACS or elsewhere is an extension of the school and that the Student Handbook still applies. If the Coaches take such an action, I will abide by the Coach’s decision without arguing and will be respectful. _____

Proverbs 15:32-33, 12:1, 29:11 “He who ignores discipline despises himself, but whoever heeds correction gains understanding.” Whoever loves discipline loves knowledge, but he who hates correction is stupid.’ “A fool gives full vent to his anger, but a wise man keeps himself under control.”

- G. **PRIORITIES** - I agree that my academic program is my first priority and that my athletic participation will not interfere with my studies. I further understand that I will earn and maintain at least a C in each subject in order to be on the team. _____

- H. I understand I will be removed from the team if the Principal for any reason places me on suspension. _____

Student Signature: _____

Parent Signature: _____

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EMERGENCY CONTACT INFORMATION
MEDICAL AND LIABILITY RELEASE FORM

Athlete's Full Name: _____

I/We the parent(s) or legal guardian(s) hereby give my / our permission for the athlete named above to participate in any and all of the ACS athletic events. I/We accept that all reasonable precautions will be taken. I accept the policies and procedures of ACS and release ACE from any liabilities for injuries and/or illness resulting from circumstances and/or conditions beyond its control.

I/We herby grant permission to the adult Coach, Assistant Coach, of the team to obtain medical care from any licensed emergency technician/worker, physician, hospital, and/or medical clinic for the player named herein at such time as either parent(s) or legal guardian(s) cannot be contacted in person or by telephone.

EMERGENCY CONTACT INFORMATION

Primary Contact

Secondary Contact

Name: _____

Cell Phone: _____

Home Phone: _____

Work Phone: _____

MEDICAL INFORMATION

Doctor/Physician Name: _____ Phone: _____

Medical Insurance Plan: _____

Plan / Policy Number: _____

Player Allergy / Medical Condition: _____

Physical Limitations or Concerns: _____

Parent/Legal Guardian Signature / Date: _____

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ASSUMPTION OF RISKS

Permission is hereby given for _____ to engage in athletics, as approved by ACS, and to represent ACS as a team member.

RISK OF INJURY

We, the undersigned parent(s) / guardian(s) and athlete, are aware that the preparation for and the participation in athletics involves various risks of serious and permanent personal injury to the athlete. We further understand and acknowledge the danger of these severe injuries as inherent in physical activities, which may involve vigorous physical exertion, and contact, such as the athletic competition in which ACS athletes participate.

RELEASE FROM LIABILITY

Albuquerque Christian School (ACS), Coaches, chaperones, and sponsors designated by ACS are hereby released from any and all legal and/or financial liability in the event of an accident. Permission is granted for Coaches, chaperones, and sponsors to use their best judgment in administering treatment or in obtaining medical treatment in the event a parent / guardian cannot be reached.

FINANCIAL RESPONSIBILITY

We understand and agree that the financial responsibility for securing care of athletic injuries is between the parent(s) / guardian(s) and the health care provider. It is further agreed that the parent(s) / guardian(s) and the athlete will assume all legal responsibility for the personal safety and actions of the athlete while he/she is traveling to and from practices, games, and/or related school activities when transportation is or is not provided by ACS.

MEDICAL HISTORY

We hereby declare that we have reviewed or have specific personal knowledge of the medical history of this athlete and that the responses to the questions in the attached medical History Questionnaire are true and correct to the best of our knowledge.

PERSONAL MEDICAL NOTIFICATION

We agree to inform the Athletic Director (AD) and Coach at ACS (and/or all health care providers) before receiving therapy and/or treatment of any, if I am taking any drugs or medication, or using any ointment, balms, liniments, or have any implants in my body. We understand and acknowledge that any combination of the above with deep heat therapy may cause serious medical problems to the athlete.

SIGNATURES

We, parent(s) / guardian(s) and athlete have completely read, fully understand, accept, and agree to the terms and conditions of this agreement.

Date: _____

Athlete Signature: _____

Parent / Guardian Signature: _____

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MEDICAL HISTORY QUESTIONNAIRE

Name: _____ Birthday: _____
Address: _____ Phone #: _____
City: _____ Zip: _____
Parent(s)/Guardian(s): _____
Family Physician: _____ Phone #: _____

Check the Sport(s) you plan to participate in:

- Golf Tennis Volleyball
 Basketball Track / Field

Circle an answer for the following questions:

- YES NO** Have you ever been told not to participate in any sport?
If yes, which sport and when: _____
Reason why _____
- YES NO** Have you ever been unconscious or have loss of memory from any cause?
How many times? _____ Reason why _____

- YES NO** Do you have any history of fainting or loss of consciousness during exercise?
- YES NO** Do you and/or your family have a history of heart disease?
- YES NO** Do you have a seizure disorder (epilepsy)?
- YES NO** Have you ever broken or dislocated a bone?
Which bone(s) and when? _____
- YES NO** Have you ever had a knee and/or ankle injury?
What? _____ When? _____
- YES NO** Do you have any allergies? (i.e. hay fever, hives, asthma, eczema, and drug rxns)
Please specify: _____
- YES NO** Do you wear any dental appliances? (i.e. braces, false teeth)

- YES NO** Do you have any eardrum tubes or perforated ear drum?
Explain: _____
- YES NO** Do you wear eyeglasses?
- YES NO** Do you wear contact lenses to play? Hard Contacts Soft Contacts (circle one)
- YES NO** Are you currently under a physician's care for any reason?
If yes _____
- YES NO** Do you take any medication and/or pills on a regular basis?
Which _____ Dosage _____ How often _____
- YES NO** Have you had any surgical procedure(s)?

When and why? _____

YES NO Do you have only one kidney?

YES NO Do you have vision in both eyes?

YES NO Do you have diabetes?

YES NO Do you have any special healthcare needs?

Explain _____

YES NO When did you receive your last immunization for Tetanus? _____

YES NO Was it a booster?

YES NO Do you have any worries about your health, or concerns you would like to discuss with the Athletic Director, Coaches, and/or Principal?

YES NO Are there any medical conditions not noted in this questionnaire about which school officials should be made aware of before you engage in athletics for ACS?

If so, explain _____

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

Athlete Signature / Date: _____

I hereby certify that I have reviewed this medical history questionnaire and find the answers to the questions to be true and correct, to the best of my knowledge.

Parent / Guardian Signature / Date: _____

I hereby certify that I have reviewed this medical history questionnaire and find the answers to the questions to be true and correct, to the best of my knowledge.

Physician's Signature / Date: _____

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Physical Examination Form

Athlete's Full Name: _____ Exam Date: _____

Age: _____ yrs. Wt.: _____ lbs Ht.: _____ in. Blood Pressure: _____ / _____

Eyes – Unequal pupils: _____

Yes No Do you wear any glasses / contact lenses?

Yes No Is there any medical condition for which this student requires an eye protector? If yes, please explain _____

Yes No Is there any medical condition for which this student requires a mouth protector? If yes, please explain _____

Murmur _____ Spleen _____ Liver _____

Cardiovascular _____ Pulse _____ Hernia _____

Musculoskeletal

Shoulder ROM O Normal O Limited Associated Pain _____

Elbow ROM O Normal Hyperextension: _____ Flexion _____

Knee ROM O Normal Hyperextension: _____ Flexion _____

Ligamentous Stability:

Medial Collateral Ligament O Normal O Abnormal

Anterior Cruciate Ligament O Normal O Abnormal

Ankle ROM O Normal O Limited Associated Pain _____

Back O Normal O Kyphosis O Lordosis O Scoliosis

Any Pain _____

Maturity Statement for Contact Sports:

Statistics indicate that there is an increase in the number of injuries in contact sports in those students who are not of comparable maturity level as other participants. If you feel that this student might be subject to potential injury because of his or her stage of development, please discuss this with him / her and a parent / guardian.

Sports Certification Statement:

I certify that I have examined this student on the date listed below. Based on this examination and the student's medical history as furnished to me, requested by the school authorities it is permissible for him / her to participate in all sports except those listed here. _____

Other remarks or observations _____

Physician's Name: _____

Address: _____ Phone Number: _____

Physician' Signature / Date: _____ / _____