



Joy Christian Athletic Packet
For
2018-2019 School Year

Students must complete all of the following documentation before being allowed to practice or participate in interscholastic competition.

Athletic Packet Forms:

- Academic Standards Form
- Domicile Form
- Equipment Checkout Form
- Annual Pre-participation Physical Evaluation Form
- A physical examination is required before the Student-Athlete can participate. Please download the two forms below and have your doctor complete.
 - <http://aiaonline.org/files/107/form-157-b-annual-preparticipation-physical-examination.pdf>
 - <http://aiaonline.org/files/10800/form-157-a-annual-preparticipation-physical-evaluation.pdf>
- AIA Concussion Statement and Acknowledgement Form
- Consent for Emergency Care
- Sign the Statement of Awareness Form

Additional Items Needed to Complete Clearance Requirements:

- Copy of your medical insurance card and information
- Complete AIA Brainbook Concussion Course and print out certificate (one time only)
 - <https://aiaacademy.org/>
- Copy of Birth Certificate for Athlete
- Copy of signed NCAA Clearinghouse Information Sheet
- Joy Christian School Student Athlete Code of Conduct Contract
- An Athletic Fee of \$125 for Middle School (per sport season)/\$200 for High School Students (per sport). Checks are made out to Joy Christian School and attached to completed Athletic Packet.

Joy Christian School

Academic Standards for Athletes

As a Student-Athlete here at Joy Christian School you are a **student first** and an athlete second. Participating in Athletics is a privilege and playing time is earned in the classroom first then on the practice field.

Please read through the information below and sign at the bottom of this page. We look forward to having you on the team – Go Forward!

Grades:

A, B, or C you can play.

If you have a D, your Coach will decide whether or not you can play.

If you have an F, you cannot participate in any sport in any way until your grade is brought up to another higher letter grade. In the event that the Student-Athlete receives three F's in the same season for the same course, the Student-Athlete will be removed from the sport for the remainder of the season.

Grades will be run every Monday during your season. If the Student-Athlete has an F or D, in order to play/participate the Student-Athlete must bring a note from the Teacher stating the grade is brought up to an acceptable level.

Study Hall:

All Student-Athletes are required to attend study. Study hall will be organized by your coach. Students who have a D or F in a course, must attend study hall or private tutoring provided by your teacher.

At no time during study hall are watching videos or playing games on a device allowed.

Discipline:

Should a behavior issue arise during school hours in which the Student-Athlete receives discipline in the form of Detention or Saturday school, the Student-Athlete will be ineligible for play in that week's game(s).

Practice in order to Play

If the Student-Athlete misses school for more than 50% of practice time, the Student-Athlete cannot participate in the next game.

In the event the Student-Athlete misses school for any "unexcused" reason, they will not be able to practice for the day.

Student-Athlete Signature

Date

Parent/Guardian Signature

Date

Domicile Form

The following information is needed to complete your eligibility file. This form needs to be turned into the Athletic Office.

Student' Name: _____

List all schools attended:

Grade 9: _____
(Name of school and State)

Grade 10: _____
(Name of school and State)

Grade 11: _____
(Name of school and State)

Grade 12: _____
(Name of school and State)

Please circle which sport you desire to participate in for the upcoming/current academic year:

High School Sports:

<u>Fall</u>	<u>Winter</u>	<u>Spring</u>
Cross Country	Boys/Girls Basketball	Baseball
Stunt/Cheer	Stunt/Cheer	Softball
Volleyball	Wrestling	Track/Field
Mountain Biking		

Middle School Sports:

<u>Fall</u>	<u>Winter</u>	<u>Spring</u>
Soccer	Baseball	Boys/Girls - Basketball
Volleyball - Girls	Softball	
	Boys/Girls - Cross Country	

Equipment Checkout

Student's Name: _____

Name of Sport(s) you plan to participate in:

_____	_____
_____	_____
_____	_____

I/We understand that equipment and uniforms are property of Joy Christian School. I/We also understand that any equipment checked out must be returned at the end of each season to athletic department. If any equipment is not returned, I/We understand we will be responsible for the replacement costs of the equipment.

Parental Consent to Participate in Interscholastic Activities

I/We give our permission for our son/daughter to participate in organized interscholastic athletics, realizing that such activity involves the potential for injury which is inherent in all sports. I/We acknowledge that even with the most experience coaching, use of the most advanced protective equipment, and strict observance of rules, injuries are still a possibility. On rare occasions, the injuries can be so severe as to result in disability, paralysis, quadriplegia, or even death.

I give permission for my child to be transported with another parent or coach for away games as I understand this may be necessary at times.

(Parent/Guardian Signature)

(Date)

(Student Signature)

(Date)

Statement of Awareness

Student Name: _____

Grade: _____

Parent/Guardian Name: _____

As a student and as the parent/guardian of the student, we acknowledge the following:

1. Health Risks and Safety Practices.

We are aware of the health risks associated with the participation in athletics and we are also aware of the safety practices of the school's athletic programs, which requires the student to:

- Learn the rules of the sport
- Diligently try to learn proper technique for the sport
- Participate in physical conditioning in preparation for athletic competition
- Maintain proper hydration (water intake)
- Advise the coach of any signs of physical injury
- Advise the coach or trainer if equipment is damaged or fits poorly

2. Insurance Needs

We are aware that Joy Christian School does not provide accident or health insurance coverage for student athletes and have independently determined whether we should obtain, at our cost such insurance.

3. Harassment/Hazing

Abusive or humiliating harassment or hazing is strictly prohibited within Joy Christian School. These are unacceptable practices in any athletic, extracurricular or academic endeavor. Students who engage in any type of harassment and/or hazing can expect to be disciplined under the Joy Christian Student Behavior Guidelines. I understand the letter and spirit of information printed about and will not be involved in any type of harassment and/or hazing.

4. Sportsmanship Standards

Joy Christian School regards its athletics program as a means of educating students in values of discipline, teamwork, leadership, and respect for rules. Joy Christian School and their athletic teams are authorized to adopt codes of conduct for team members. Parents and spectators are also required to act in an appropriate manner during athletic events. Violation of conduct standard may result in disciplinary action including dismissal from further athletic participation by the athlete or future attendance by a spectator.

5. AIA Position Statement – Supplements, Drugs, and Performance Enhancing Substances

Joy Christian School supports the AIA regarding this position. A balanced diet is optimal for meeting the nutritional needs of student athletes. Nutritional supplements are rarely, if ever, needed to replace a healthy diet. Individual consideration for specific medical conditions may be given. We share strong opposition to "doping" (www.wada-ama.org). There is no place for recreational use of drugs, alcohol, or tobacco in the lifestyle of the student athlete.

Statement of Awareness (cont.)

6. Photo Use

I give permission for the Joy Christian School to use photos taken from athletic events and for athletic purposes to be displayed on the school web pages.

I have read and understand the foregoing acknowledgements.

(Parent/Guardian Signature)

(Date)

(Student Signature)

(Date)

Consent for Emergency Care

Student _____ Grade _____

Name of Sports you plan to participate in:

Fall _____ Winter _____ Spring _____

Should a medical emergency occur, we will make every effort to contact you about treatment for your son or daughter. In the event you cannot be reached, we ask that you give us permission to provide emergency medical treatment and any follow-up care by a licensed physician.

I, the undersigned or designated representative for the student, volunteer my consent for care. I grant permission to Joy Christian School to provide emergency treatment for _____ and follow up care by a licensed physician. I understand that no guarantee or promises are made concerning the outcome of the treatment.

Signature of Parent/Guardian Date Student's Date of Birth

Parent/Guardian Name _____ Phone _____

Address _____ City _____ Zip _____

Father's Work Phone _____ Cell _____

Mother's Work Phone _____ Cell _____

In case of emergency – If parent/guardian is not immediately available, contact:

Friend/Relative Name _____ Phone _____

Family Physician _____ Phone _____

Hospital Preference _____

Medical Alert(s) _____

I clearly understand that it is the school's policy that all students participating in interscholastic sporting activities must have insurance that the school cannot pay any medical cost from injury to a student.

Insurance Provider Policy Number

Joy Christian Student Athlete Code of Conduct

Since we claim the Name of Jesus Christ as our Lord at Joy Christian School, we must hold to Biblical standards for our actions. The Bible clearly commands all believers to not be conformed to the worldview and lifestyle of which they are a part, but function as salt in this world. This should and will be portrayed in our conduct as a student athlete.

We agree as a Joy Christian Athlete to follow the ideals of a Joy Eagle:

J – Jesus First

O – Others Focused

Y – Yesability

E – Excellence in Everything Honors God

A – Always give our best

G – God Centered

L – Live with Integrity

E – Esteem others in need

S – Servant's Heart

In this season of Joy Christian School Athletics, we desire to let God receive the glory for the abilities He has given us and represent Him, the school, parents and our community in a way that honors Christ.

Athlete's Signature

Date

Parent/Guardian Signature

Date

Athlete/Parent/Guardian Concussion Information Sheet and Acknowledgement Form

A concussion is a type of traumatic brain injury that disrupts normal functioning of the brain. . A concussion can be caused by a bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth. Concussions are a type of Traumatic Brain Injury (TBI), which can range from mild to severe and can disrupt the way the brain normally functions. Concussions can cause significant and sustained neuropsychological impairment affecting problem solving, planning, memory, attention, concentration, and behavior.

The Centers for Disease Control and Prevention estimates that 300,000 concussions are sustained during sports related activities annually and more than 62,000 concussions are sustained each year in high school contact sports. Second-impact syndrome occurs when a person sustains a second concussion while still experiencing symptoms of a previous concussion. It can lead to severe impairment and even death of the victim.

The Safety in Youth Sports Act signed into law in November of 2011 mandates measures to be taken in order to ensure the safety of student-athletes involved in interscholastic sports in Pennsylvania. It is imperative that athletes, coaches, and parent/guardians are educated about the nature and treatment of sports related concussions and other head injuries. The Act states that:

- A student participating in or desiring to participate in an athletic activity and the student's parent or guardian shall each school year, prior to participation by the student in an athletic activity, sign and return to the student's school an acknowledgment of receipt and review of a concussion and traumatic brain injury information sheet.
- A school entity may hold an informational meeting prior to the start of each athletic season for all ages of competitors regarding concussions and other head injuries, the importance of proper concussion management and how preseason baseline assessments can aid in the evaluation, management and recovery process.
- In addition to students, parents, coaches and other school officials, the informational meetings may include physicians, neuropsychologists, athletic trainers and physical therapists.
- A student who, as determined by a game official, coach from the student's team, certified athletic trainer, licensed physician, licensed physical therapist or other official designated by the student's school entity, exhibits signs or symptoms of a concussion or traumatic brain injury while participating in an athletic activity shall be removed by the coach from participation at that time.
- The coach shall not return a student to participation until the student is evaluated and cleared for return to participation in writing by an appropriate medical professional.
- The governing body of a school entity may designate a specific person or persons, who must be appropriate medical professionals, to provide written clearance for return to participation.
- In order to help determine whether a student is ready to return to participation, an appropriate medical professional may consult any other licensed or certified medical professionals.
- Once each school year, a coach shall complete the concussion management certification training course offered by the Centers for Disease Control and Prevention, the National Federation of State High School Associations or another provider approved by the Department of Health.
- A coach shall not coach an athletic activity until the coach completes a concussion management certification training course.
- The governing body of a school entity shall establish the penalties for a coach found in violation of the requirements of removing a player or returning to play.

Quick facts

- Most concussions do not involve loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk of another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.
- You can sustain a concussion even if you do not hit your head.
- A blow elsewhere on the body can transmit an “impulsive” force to the brain and cause a concussion.
- Signs and symptoms of a concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

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 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)

Examples of signs of concussions observed by coaches, athletic trainers, parents/guardians

- Appears dazed or stunned.
- Is confused about assignment or position.
- Forgets plays or demonstrates short term memory difficulties.
- Unsure of game, score, or opponent.
- Exhibits difficulties with balance, coordination, concentration, and attention.
- Answers questions slowly or inaccurately.
- Demonstrates mood, behavior or personality changes.
- Unable to recall events prior to or after the hit or fall.

Examples of symptoms of concussions reported by student-athletes

- Headache or “pressure” in head.
- Nausea/vomiting.
- Balance problems or dizziness.
- Double vision or changes in vision.
- Sensitivity to light and/or sound.
- Feeling sluggish, hazy, or foggy.
- Difficulty with concentration and/or short term memory.

- Confusion.
- Just not “feeling right” or “feeling down.”

Why should a student-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.

What should a student-athlete do if they think they have a concussion?

- **Don’t hide it.** Tell your Athletic Trainer, Coach, School Nurse, or Parent/Guardian.
- **Report it.** Don’t return to competition or practice with symptoms of a concussion or head injury. The sooner you report it, the sooner you may return-to-play.
- **Take time to recover.** If you have a concussion your brain needs time to heal. While your brain is healing you are much more likely to sustain a second concussion. Repeat concussions can cause permanent brain injury.

What can happen if a student-athlete continues to play with a concussion or returns to play too soon?

- Continuing to play with the signs and symptoms of a concussion leaves the student-athlete vulnerable to second impact syndrome.
- Second impact syndrome is when a student-athlete sustains a second concussion while still having symptoms from a previous concussion or head injury.
- Second impact syndrome can lead to severe impairment and even death in extreme cases.

What should you as a parent/guardian do if you think your athlete has a concussion?

- If you suspect that an athlete has a concussion notify the school and seek medical attention.
- Do not try to judge the severity of the injury yourself.
- Keep your athlete out of play until a health care professional, experienced in evaluating for concussions, says s/he is symptom-free and it’s OK to return to play.
- Rest is the 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.
- Remember that after a concussion returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

Should there be any temporary academic accommodations made for student-athletes who have suffered a concussion?

- To recover cognitive rest is just as important as physical rest. Reading, texting, testing—even watching movies can slow down a student-athletes recovery.
- Stay home from school with minimal mental and social stimulation until all symptoms have resolved.
- Students may need to take rest breaks, spend fewer hours at school, be given extra time to complete assignments, as well as being offered other instructional strategies and classroom accommodations.

Student-athletes who have sustained a concussion should complete a graduated return-to-play before they may resume competition or practice, according to the following protocol:

- **Step 1:** Completion of a full day of normal cognitive activities (school day, studying for tests, watching practice, interacting with peers) without reemergence of any signs or symptoms. If no return of symptoms, next day advance.
- **Step 2:** Light Aerobic exercise, which includes walking, swimming, and stationary cycling, keeping the intensity below 70% maximum heart rate. No resistance training. The objective of this step is increased heart rate.
- **Step 3:** Sport-specific exercise including skating, and/or running: no head impact activities. The objective of this step is to add movement.
- **Step 4:** Noncontact training drills (e.g. passing drills). Student-athlete may initiate resistance training.
- **Step 5:** Following medical clearance (consultation between school health care personnel and student-athlete’s physician), participation in normal training activities. The objective of this step is to restore confidence and assess functional skills by coaching and medical staff.
- **Step 6:** Return to play involving normal exertion or game activity.

Remember

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. It’s better to miss one game than the whole season

For more information on Sports-Related Concussions and other Head Injuries, please visit the following websites:

www.cdc.gov/concussion

www.brainsteps.net

www.stopsportsinjuries.org/concussion

www.ncaa.org/health-safety

_____	_____	_____
Signature of Student-Athlete	Print Student-Athlete’s Name	Date
_____	_____	_____
Signature of Parent/Guardian	Print Parent/Guardian’s Name	Date