

2019-2020 Athletic Release Packet

Athlete Name:	Grade:
Every Astatula Christian School Student Athlete must complete <u>All</u> the forms in this packet before participating in any organized sport at ACS. As you complete each form, use the check-off list below to keep track of what you have finished. When you have completed everything, please return the enpacket (including this cover sheet) to the school office.	
Please mark the sport that applies	s to your student athlete.
Girls Volleyball	Boys Basketball
An athletic fee must be paid for each sport played during are as follows:	ng the 2019-2020 school year. The athletic fees
Volleyball, Basketba	all - \$150.00
Please check off each of the following	g as you complete the form.
Athletic Department Policies	
Conduct & Ethics Commitment	
Emergency Information and Release	
Athletic Transportation Form	
Athlete Physical Form (completed by your doctor)	
I have fully completed the packet and verify that all answind knowledge.	wers are true and correct to the best of my
Signature of Parent/Guardian	Date
Signature of Student	



Athlete Name: _	 Grade:	

Athletic General Policies

The bible commands us to "count the cost" before undertaking any endeavor. Certainly, one must "count the cost" of participating in team sports before making the decision to try out for the team. The purpose of this handbook is to inform parents and students of the various aspects and policies regarding participation in the Astatula Christian School Athletic Program.

Academics - All progress reports and report cards must be signed by parent and coaches. A student athlete who has a failing grade in **any** subject on a six-week progress report will not participate in any games for **one week**. Eligibility is reestablished if the grade is brought up to passing by the end of the week. If not eligible at the end of that week, grades will be checked again the following Friday. A student athlete who has a failing grade in **any** subject on a report card is ineligible for **three weeks**. Eligibility is re-established if the grade is brought up to passing by the end of the three-week ineligibility period. During the ineligible period, the student is excused from practice to study. Ineligible athletes will not travel to away games but are required to be at home games. They are to dress in their regular school uniform.

Attendance - If an athlete misses an entire day from school for illness, he/she cannot participate in practice or a game. If an athlete is in attendance for half of the school day, he/she may participate in the games and practices. If any athlete has an unexcused absence from school anytime during the school day, he/she will not be allowed to practice or play in the game that day. Athletes who have a pre-approved absence or doctors note will be considered for eligibility for that days game. The athlete must inform the coach in advance of the situation. Athletes need to be at all practices and games. Athletes are allowed <u>one</u> excused absence on a day after a game without penalty. The following occurrences will require a doctors note or a penalty will be assessed by the coach. Athletes who are tardy to class following a game will receive a penalty by the coach.

Commitment - A student athlete is expected to endeavor to avoid scheduling conflicts during the sports season. Please inform the coach **in advance** of necessary absences. A student athlete who drops off a sports team during the season will not be eligible to receive any team awards or try out for the next athletic team unless the reason for quitting was approved by the Athletic Director. Parents cannot remove an athlete during the season without the agreement of the coach. We encourage parents to use other forms of discipline that do not effect the entire team.

Discipline - A student athlete is looked upon as an example. It is a privilege to participate in team sports and represent ACS. Our philosophy of coaching is identical to our educational philosophy. Our goal is to build eternal values in our athletes. Therefore, we stress attitudes and actions in harmony with God's Word.

5 Demerits - Benched for 1 game 10 Demerits - Benched for 2 games Suspension - Administration will determine athlete's participation

Unity - A student athlete should be a "team player" with the success of the team upper most in his/her mind. Unity requires unselfishness, sacrifice, service, and patience.

Conference/League -



Athlete Name:	Grade:
Athletic Genera	al Policy (con't)
Sportsmanship - It is important to make guests to our school a have been treated fairly and dealt with in a sportsmanlike way. appreciated. Everyone needs to work to create a positive atmost any game: booing or jeering, mocking or taunting, yelling negative participants during or following a game. If a problem occurs, in situation. A game official or school administrator (or their design an athletic event for unsportsmanlike behavior. The school may	The skies of the visiting team should be recognized and sphere at ACS. The following behavior is not acceptable at tive comments to officials. Never confront officials or other form the school administration and allow them to deal with the nee) has the authority to remove anyone from the confines of
Fundraising - The athletic participation fee is only a part of the to sustain and grow its athletic program. We encourage	e overall sports budget. ACS relies on other means of support
Injuries - All injuries that occur while participating in athletics sattention by a doctor, it will be necessary to have an injury repo coach with a physician's release to resume participation following medical care. Parents are required to maintain health insurance	rt form completed. A participating student must present the ng an illness or injury that was serious enough to require
Tradition -	
Summary - Astatula Christian School is seeking to represent Jour athletic teams are a very major aspect of that activity. On the comes out and show. We want our student-athletes, as well as pulling together for the same goals. Our number one priority is constantly taking place in all of the lives of the people involved the best of our abilities in each and everything we do.	ne fields or courts of competition is where who you really are our coaches, parents, and administration all striving and always to elevate the reputation of Jesus Christ. If this is
Our prayer at ACS	
I have read the preceding statements and fully agree to abide b	by these department policies.
Signature of Parent/Guardian	Date
Signature of Student	



Athlete Name: _	Grade:	

Athletic Conduct and Ethics

Please read the following and sign below to identify that you (the parent and student/athlete) agree to each of these statements.

- ACS parent/athlete agrees to practice the proper ideals of sportsmanship, ethical conduct and fair play.
- ACS parent/athlete agrees to stress the values derived from playing the game fairly.
- ACS parent/athlete agrees to show courtesy to visiting teams and officials.
- ACS parent/athlete agrees to establish a positive relationship with all opposing fans and players.
- ACS parent/athlete agrees to respect the integrity and judgment of all sports officials.
- ACS parent/athlete agrees to achieve a thorough understanding and acceptance of the game rules and the standards
 of eligibility.
- ACS parent/athlete agrees to recognize that the purpose of athletics is to promote the physical, spiritual, mental, moral, social, and emotional well being of the individual athletes.
- ACS parent/athlete agrees to abide by the coach's decision and team rules. If unable to do so, the parent/athlete is to speak to the coach instead of other players, students or parents.
- ACS parent/athlete agrees to advise the coach if there is some reason the athlete cannot attend a team function (practice, game, study hall, etc.). This is to be done prior to the season. Athletics is a huge commitment; your child is part of a team and others depend on him/her.
- ACS parent/athlete agrees to support all athletes and to work hard to maintain the unity among players and parents.
- ACS parent/athlete agrees to be on time to all team functions (practices, games, study hall, parent meetings, etc.).
- ACS parent/athlete agrees to develop and pursue a relationship with Jesus Christ.
- ACS parent/athlete agrees to attend all regularly scheduled award ceremonies for his/her sport season.
- ACS parent/athlete agrees to support ACS and to work hard to maintain unity of the athletic department and school.
- ACS parent/athlete agrees to not take extended trips (family vacation) during season of competition. When scheduling
 permits a family trip during season of competition the ACS parent/athlete also agree to not participate in any extreme
 activity that may cause the athlete to be unable to continue his/her season.
- ACS parent/athlete agrees that no parent, family member, or friend is allowed to be with the team on the sideline, bench, dugout or locker room during any athletic contest or practice.
- ACS parent/athlete agrees that an athletic contest is only a game-not matter of life and death for the player, coach, school, officials, fans, community, state, or nation.
- ACS parent/athlete agrees that failure to abide by this agreement could result in the following actions:
 - a) lack of playing time
 - b) suspension for part of the season
 - c) expulsion from the team

I have read the preceding statements and fully agree to abide by these guidelines of proper conduct and ethics.			
Signature of Parent/Guardian	Date		
Signature of Student Athlete	 Date		



Athletic Emergency Information

Athlete's Name:		_ D.O.B:/ Grade:
Parent or Guardian Name(s):		
Home Address:		
City:	State:	Zip:
Home Phone:	Parent Cell Phone:	
Parent Email Address:		
Emergency Contact Person:	Relationship:	Phone #:
Insurance Carrier:	Poli	cy #:
Hospital Preference:		
Chronic Aliments, Medical Issues, Allergies, etc:		
I (We) the undersigned parent(s)/guardian(s) ofauthorize Astatula Christian School, as agents for the under under the general or special supervision of any physician a Act of the medical staff of any hospital, whether such diagosaid hospital.	ersigned to consent to X-ra and/or surgeon licensed un	ys deemed advisable by, and it to be der the provision of Medicine Practice

It is understood that the authorization is given in advance of any specific diagnosis, treatment or hospital care being required but given to provide authority and power on the part of our aforesaid agents to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician, in the exercise of his/her best judgment, may deem advisable.

This authorization shall remain effective until the end of the 2019-2020 school year, unless sooner revoked in writing and delivered to the coach and school office.



Athletic Transportation Form

We, the undersigned, understand and agree that ACS desires to provide a safe and enjoyable time for all students. However, we understand and agree that accidents can still happen. We understand that there are risks/dangers involved with participation in any off-campus trip and its associated activities. In consideration of our children being allowed to participate in the events, we assume responsibility for risks associated with the travel and activities.

We agree to hold harmless ACS, its affiliated organizations, employees, agents, and representatives, including volunteer and other drivers, from any and all claims arising from their or our children's participation.

We understand that our assumption of risk does not apply to claims of intentional (criminal) misconduct or gross negligence by the school, its employees, or volunteers. If such circumstances are proved in a court of law, we agree that the school can assume no financial liability beyond its actual liability insurance policy in force.

We give permission for the following: (Please init	itial all that apply)
For my child to drive his/her own car (if a	allowed by coach)
For my child to travel by ACS vehicle	
I will inform the coach any time that my o	child will leave in my personal vehicle following an away game
PLEASE FILL OUT THE FOLLOWING INFORMA	TION
I,	_, the parent /legal guardian of
(student athlete), understand and agree to these c	onditions and terms as described above.
Signature of Parent	
	_, student/athlete of Astatula Christian School, understand and agree to
these conditions and terms as described above.	_, student/atmete of Astatula Offistian School, understand and agree to
Signature of Student/Athlete	 Date



Permission for Participation in Athletic Events, Release and Indemnity Agreement

Name of Participant:	DOB:	Sport:	Grade:
Parent/Guardian Name:		_ Cell Phone:	
Address:			
Emergency Contact Person:		Relationship:	
Emergency Contact Numbers: Cell Phone:		_ Work Phone:	
List any current allergies, illnesses, or medications:			
List any current physical restrictions:			
I do not wish for my child to participate in the following acti	vities:		
As the parent and legal representative of the above named sporting event listed above. I understand that participating the school administration and/or coaching staff in their disciplaying techniques, training and other team rules, etc,. and	on sports teams is a peretion. I recognize the	orivilege and not a right and no importance of following coac	nay be revoked at any time by
It is my understanding that participation in any sport can be not limited to, serious neck or spinal injuries, paralysis, brai and other aspects of the muscular skeletal system, and imprecreational activity and in general to enjoyment of life.	n damage, injury to all	internal organs, bones, joints	s, ligaments, muscles, tendons,
I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL C PARTICIPATION INTHE ABOVE NAMED SPORT ACTIVITIES INCLUDING TRANSPORTATION TO AND FROM EVENTS. volunteers and coaches harmless from any and all liability, a to my child or property, even injury resulting in death, which participation in any other associated activities.	S, INCLUDING ACTIVI I do hereby agree to h actions, causes of acti	TIES PRELIMINARY AND SU nold Astatula Christian Schoo ions, claims, expenses, and c	BSEQUENT THERETO I and its agents, employees, lamages on account of injury
I expressly agree that this release, waiver, and indemnity ag State of Florida and that if any portion thereof is held invalid and effect. This release contains the entire agreement betw mere recital.	d, it is agreed that the	balance shall, notwithstandin	g, continue in full legal force
I further state that I HAVE CAREFULLY READ THE FORECT CONTENTS THEREOF, AND I SIGN THIS DOCUMENT AS understand.			
Signature of Parent/Legal Guardian		Date	
Signature of Student Participant		 Date	