



July 16, 2009

Dear Fall Sports Parents,

Welcome to the 2009 fall sports season at Covenant Classical School. Believe it or not our fall sports season is right around the corner with official practices beginning on **Monday, August 3rd**. In order to participate in practice, students will need to complete the following steps:

1. All athletic participation forms will need to be filled out, signed and turned into the CCS office.
2. All participants are required to undergo a physical examination (required by the Piedmont Athletic Conference that we are a part of) and turn in the form filled out by the doctor to the CCS office.
3. Pay the Sports participation fee (\$100 for full time CCS students, \$200 all others).
4. Obtain a RED card from the CCS office once steps 1 – 3 are completed to give to your coach (your ticket to practice).

1. **Purpose-** *The emphasis that we place on our athletic program is not the result of the adoration of sports for sports' sake, but stems from the recognition that athletics is a means to an end. Participation in a team environment uniquely develops young people in ways that may not be accomplished by other means.*

- A. We desire to teach our athletes that biblical principles are applicable to all aspects of life including athletics. Discipline, perseverance, sportsmanship, self-sacrifice and teamwork will be stressed. (2 Timothy 2:4-5)
- B. Our athletes will be taught to play to win. Winning is not the most important thing but our preparation, effort and attitude should prepare our students to always do their best. Winning is the frosting on the cake.

2. **Schedule-**

- A. Our fall season will begin in August and run through October. Please look over the team schedule to see if your child can commit to participating in that sport. Keep in mind that weather may force us to reschedule a game (including Saturdays).
- B. CCS participates in inter-scholastic athletics at the middle and high school levels. Playing time is not guaranteed and is determined solely by the coach. Ultimately the participants determine playing time by their ability level, work ethic, attitude and their required regular attendance at practice and games. Attending practice does not guarantee playing time, although absence from practice will most certainly limit playing time. Practices times are set by the head coach of each team. Please direct practice schedule questions to the head coach.
- C. Player's younger or older siblings are not allowed to "hang-out" during practice times in the school building or on the grounds. The head coach is not responsible for their safety. Furthermore, unsupervised children pose a liability to the school.

3. **Grievances-**

If a parent wishes to talk about his/her athlete's performance or playing time, CCS asks that the following procedures be followed.

1. The athlete should approach the coach at an appropriate time to find out why he/she is not playing (i.e., **not in the middle of a game or practice**).

2. If the answer is not satisfactory then the parent(s) should contact the coach at an appropriate time (i.e., **not during or directly after a game**).
3. If a resolution is not reached, then the athlete, the parent(s), the coach, the athletic director will schedule a meeting together.

4. Fees and Requirements-

- A. CCS requires a sports participation fee for both high school and middle school sports. The fee for full time CCS students is **\$100.00** and the fee for all others is **\$200.00**. This fee is used to help offset the cost of referees and maintaining equipment and uniforms. **Fees must be paid prior to starting practice.** Checks should be made out to “CCS” and paperwork turned into Marcia Kuhn in the main office. The sports fee is **NON-REFUNDABLE** after the second sporting event/game of the season.
- B. Payment of the sports participation fee does not mean that a family or their friends have a free pass to CCS ballgames. Piedmont Athletic Conference Admission is **\$4.00** for adults and **\$3.00** for students for any home sporting event. This fee will apply at any PAC sporting event.
- C. **Physicals-** PAC requires that each player have a valid physical to play. A copy of the physical needs to be turned in to Mrs. Kuhn in the office prior to the student/athlete starting practice.
- D. **All required paperwork, sports fee and physical exam is required to be turned into the CCS office prior to participation in practices. Practices begin August 3, 2009. Do not turn your paperwork into your coach.**

5. CCS Home Games-

- A. All parents are asked to maintain the discipline of their younger children. The school building and parking lots are off limits for play. We are concerned about the safety of our children and protecting the property rights of students and teachers at CCS.
- B. **PARENTS ARE STRONGLY ENCOURAGED TO SERVE.**
All parents are asked to take up admission and/or work our concession stand for **at least 1** home game this fall. If your schedule will not permit your participation, then other opportunities to serve will be made available.

6. Using Athletics for Discipline/Punishment-

- A. CCS asks that the restriction of athletic participation not be used as punishment by parents. When privileges are withdrawn not only is the player being punished, but the team and coach are also being punished.
- B. **Academics** - CCS maintains that the decision for a student to participate in a sports program is a matter of parental authority. If the faculty becomes convinced that a student’s participation in sports is detrimental to his/her academic performance, the faculty may advise parents to withdraw the student from the sports program. However, the decision rests with the parents. Students and parents are encouraged to weigh carefully whether students should participate in a sport prior to the beginning of the season. Students who withdraw from a sport for academic reasons should give their head coach at least 1 week prior notice.

7. Schoolwork-

Participation in athletics at CCS will not be considered as an excuse for late or missing homework. CCS maintains that student-athletes are students first! Varsity level athletics involve a tremendous amount of time because of games, practice and travel. An attractive aspect of athletics is that athletes have the opportunity to learn how to prioritize their time. It is imperative that parents work with their athletes to develop a disciplined and structured homework routine.

8. Equipment Care/Return-

Parents are asked to read and follow washing/drying instructions while caring for our uniforms. Damage beyond repair to a uniform will result in a replacement fee (the value of the uniform.)

Uniforms should be washed before they are turned in at the conclusion of the season. Uniforms will be taken up at the conclusion of the season. Any uniforms not turned in by the announced take up day will be subject to a **late fee of \$5 per day**. Uniforms not returned by **October 30th** of the fall season will be considered “lost” and a replacement fee will be charged. Any player with a lost uniform or replacement fee not taken care of by **October 30th** will be ineligible to participate in other sport seasons at CCS.

Please feel free to contact me with any questions at your earliest convenience.

Blessings in Christ,

Greg Hardie
CCS Head of School / Athletic Director

School phone—(704) 792-1854
greghardie@windstream.net



Covenant Classical School Warriors

ATHLETIC FEE SCHEDULE **2009 - 2010**

Payments must be made to the CCS Main Office.

When all documentation and applicable fees are received,
a Red Card will be issued by the Main Office.
The Red Card is an athlete's ticket to participate in practice.

Full time CCS students - \$100 per sport

All other students - \$200 per sport

Make checks payable to: Covenant Classical School

Note: These fees are used to help cover the cost of transportation, game officials, use of facilities, coaches' stipends, equipment, uniforms, etc.

WAIVER/RELEASE OF LIABILITY

Please read carefully before signing.

This is a release of liability and waiver of certain rights.

As the parent/guardian of the participant, I agree and understand playing or practicing in any sport can be dangerous in nature involving MANY RISKS OF INJURY. I understand that the dangers and risks of death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, serious injury to virtually all internal organs, and serious injury or impairment to other aspects of my body, general health and well-being. I understand that the dangers and risks of playing or practicing to play/participate in a sport may result not only in serious injury, but in a serious impairment of my child's future abilities to earn a living, to engage in business, social and recreational activities, and generally to enjoy life. I, the parent/guardian, hereby agree to indemnify and hold harmless Covenant Classical School, its coaches, officers, directors, agents, employees, and volunteers, against any liability resulting from any injury that may occur to the participant while they are participating in practice, games or traveling to/or from games. The participant also agrees to indemnify Covenant Classical School for any claims, demand action or cause of action by the participant. I, the parent/guardian, authorize any representative of Covenant Classical School to have the participant treated in any medical emergency during their participation in sporting events and practices. Further, I, the parent/guardian, agree to pay all costs associated with the medical care and transportation for the participant. I have noted any medical or health problems that the participant has of which the staff should be aware.

I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.

SIGNED _____ DATE _____

PRINTED NAME _____ PHONE _____

Participants: _____
(List only those participating in sports at Covenant Classical School)

Emergency Contact and Medical Information for a Child

Child's Name	Date of Birth	M	F
		Sex	

Parent's/Guardian's Name	Parent's/Guardian's Name
()	()
Home Phone	Work Phone
()	()
Home Phone	Work Phone

Address	Address
City, ST ZIP Code	City, ST ZIP Code

Alternative Emergency Contacts

Primary Emergency Contact	Secondary Emergency Contact
()	()
Home Phone	Work Phone
()	()
Home Phone	Work Phone

Address	Address
City, ST ZIP Code	City, ST ZIP Code

Medical Information

Hospital/Clinic Preference	
Physician's Name	Phone Number
Insurance Company	Policy Number

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the even that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature	Date
-------------------------------	------

I give permission for my child to go on field trips. I release [Organization] and individuals from liability in case off accident during activities related to [Organization], as long as normal safety procedures have been taken.

Parent's/Guardian's Signature	Date
-------------------------------	------

Witness Signature	Date
-------------------	------

COVENANT CLASSICAL SCHOOL PHYSICAL FORM

(To be completed by the examining physician)

Examination Date: _____

-STUDENT INFORMATION-

Student's Name: _____ Sport: _____
 Sex: M F (circle one) Age: _____ Grade: _____ Date of Birth: _____
 Address: _____
 City/State/Zip: _____ Home Phone: _____
 School: _____ Email: _____
 Parent/Guardians' Full Name: _____

-PHYSICIAN INFORMATION-

Name: _____ Phone: _____ Fax: _____
 Address: _____
 City/State/Zip: _____

PHYSICIAN OR PROVIDER INFORMATION – PLEASE COMPLETE BOTH PAGES

Height: _____ Weight: _____ Blood Pressure: _____ / _____ Pulse: _____ bpm.
 Vision: R 20/____ L 20/____ Corrected: Y / N Contacts: Y / N Glasses: Y / N

Indicators	Normal? (Circle One)		Abnormal Findings/Comments
Head/Neck	YES	NO	
Eyes/Sclera/Pupils	YES	NO	
Ears	YES	NO	
Nose/Mouth/Throat	YES	NO	
Heart: Murmurs/Rhythms	YES	NO	
Lungs: Auscultation/Percussion	YES	NO	
Chest Contour	YES	NO	
Skin	YES	NO	
Abdomen: Assessment (incl. liver, spleen)	YES	NO	
Tanner Stage: Testes/Onset of Menses:	YES	NO	
Neck/Back/Spine: Range of Motion:	YES	NO	
Scoliosis:	YES	NO	
Upper Extremities:	YES	NO	
Lower Extremities:	YES	NO	
Neurological: Balance & Coordination: Romberg:	YES	NO	
Heel Walk:	YES	NO	
Tandem Walk:	YES	NO	
Nose Touch:	YES	NO	
Toe Walk:	YES	NO	
Hernia? (if yes/possible, please explain)	YES/ Possible	NO	

Most recent immunizations/Dates:
Medications currently being used:
Additional Observations:

General Diagnosis: _____
 Recommendations: _____

CLEARANCES

A. Student MAY participate in the following sports: (CHECK ALL THAT APPLY)

- CONTACT/COLLISION NON-CONTACT/STRENUOUS
 LIMITED CONTACT NON-CONTACT/NON-STRENUOUS

SAMPLES OF CLASSIFICATION OF SPORTS BY CONTACT

Contact/Collision	Limited Contact	Non-Contact	
		Strenuous	Non-strenuous
Field Hockey	Baseball	Discus	Bowling
Football	Basketball	Javelin	Golf
Ice Hockey	Cheerleading	Shot put	
Lacrosse	Diving	Rowing	
Soccer	Fencing	Running/Cross Country	
Wrestling	Field	Strength Training	
	High Jump	Swimming	
	Pole vault	Tennis	
	Gymnastics	Track	
	Skiing		
	Softball		
	Volleyball		

B. Student MAY participate in following sport(s) ONLY AFTER completing evaluation/rehabilitation: (CHECK ALL THE APPLY)

- CONTACT/COLLISION NON-CONTACT/STRENUOUS
 LIMITED CONTACT NON-CONTACT/NON-STRENUOUS

Please specify each condition requiring clearance before participating in a sport in the classification checked above:

Conditions requiring clearance before sports participation include, but are not limited to: Atlantoaxial instability; Bleeding disorder; Hypertension; Congenital heart disease; Dysrhythmia; Mitral valve prolapse; Heart murmur; Cerebral palsy; Diabetes mellitus; Eating disorders; Heat illness history; One-kidney athletes; Hepatomegaly, Splenomegaly; Malignancy; History of repeated concussion; Organ transplant recipient; Cystic fibrosis; Sickle cell disease; and/or One-eyed athletes or athletes with vision greater than 20/40 in one eye.

Physician's/Provider's Stamp:

EXAMINED BY:

Family Physician/Provider _____
 School Physician _____

___ MD ___ DO ___ NP ___ PA

Physician's/Provider's Signature: _____ Date: _____