ASTATULA CHRISTIAN SCHOOL

Athletic Release Packet

Athlete Name: _____ Grade: _____

Every Astatula Christian School Student Athlete must complete All the forms in this packet before participating in any organized sport at ACS. Please return the entire packet (including this cover sheet) to the school office.

Please check off each of the following 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 answers are true and correct to the best of my knowledge.

_____ _____

Signature of Parent/Guardian Date

_____ _____

Signature of Student Date

School Year

Athlete Name: _____ Grade: _____

ASTATULA CHRISTIAN SCHOOL

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 information packet is to inform parents and students of the various aspects and policies regarding participation in the Astatula Christian School Athletic Program.

Academics - Student athletes will not be eligible to play until the student’s grade is a passing grade. Ineligible athletes will be allowed to travel to all games, but will not be eligible to play. Student athletes are to be dressed in their regular school uniform throughout the school day.

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 one excused absence on a day after a game without penalty. Additional occurrences will require a doctors note. Athletes who exceed the allotted number of absences (9), for the grading period, will not be allowed to participate in games.

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 be reinstated without consent from administration.

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.

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.

School Year

Athlete Name: _____ Grade: _____

ASTATULA CHRISTIAN SCHOOL

Athletic General Policy (con't)

Sportsmanship - Everyone needs to work to create a positive atmosphere at ACS. The following behavior is not acceptable at any game: booing or jeering, mocking or taunting, yelling negative comments to officials. Never confront officials or other participants during or following a game. If a problem occurs, inform the school administration and allow them to deal with the situation. A game official or school administrator (or their designee) has the authority to remove anyone from the confines of an athletic event for unsportsmanlike behavior. The school may also deny the privilege of attending future sporting events.

Fundraising - The athletic participation fee is only a part of the overall sports budget. ACS relies on other means of support to sustain and grow its athletic program.

Injuries - All injuries that occur while participating in athletics should be reported to the coach. If the injury requires medical attention by a doctor, it will be necessary to have an injury report form completed. A participating student must present the coach with a physician's release to resume participation following an illness or injury that was serious enough to require medical care. Parents are required to maintain health insurance to cover athletes.

Summary - Astatula Christian School is seeking to represent Jesus Christ in each and every aspect of our campus activities. Our athletic teams are a very major aspect of that activity. On the fields or courts of competition is where who you really are comes out and show. We want our student-athletes, as well as our coaches, parents, and administration all striving and pulling together for the same goals. We want to assure all parents/athletes that the coach will do everything to ensure that all players will have some playing time during all games. Our number one priority is always to elevate the reputation of Jesus Christ. If this is constantly taking place in all of the lives of the people involved at ACS, we will be seeking to serve our Lord Jesus Christ to the best of our abilities in each and everything we do.

Our prayer at ACS

I have read the preceding statements and fully agree to abide by these department policies.

_____ _____

Signature of Parent/Guardian Date

_____ _____

Signature of Student Date

ASTATULA CHRISTIAN SCHOOL

Athletic Conduct and Ethics

Athlete Name: _____ Grade: _____

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

ASTATULA CHRISTIAN SCHOOL

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: _____ Policy #: _____

Hospital Preference: _____

Chronic Aliments, Medical Issues, Allergies, etc : _____

I (We) the undersigned parent(s)/guardian(s) of _____ a minor, so hereby authorize Astatula Christian School, as agents for the undersigned to consent to X-rays deemed advisable by, and it to be under the general or special supervision of any physician and/or surgeon licensed under the provision of Medicine Practice Act of the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician, or at said hospital.

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 school year, unless sooner revoked in writing and delivered to the coach and school office.

ASTATULA CHRISTIAN SCHOOL

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, any affiliated organizations, employees, agents, and representatives, including volunteer and other drivers, from any and all claims arising from our child'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 initial all that apply)

_____ For my child to drive his/her own car (if allowed by coach)

_____ For my child to travel by ACS vehicle

_____ I will inform the coach any time that my child will leave in my personal vehicle following an away game

PLEASE FILL OUT THE FOLLOWING INFORMATION

I, _____, the parent /legal guardian of _____ (student athlete), understand and agree to these conditions and terms as described above.

_____ _____

Signature of Parent Date

I, _____, student/athlete of Astatula Christian School, understand and agree to these conditions and terms as described above.

_____ _____

Signature of Student/Athlete Date

ASTATULA CHRISTIAN SCHOOL

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 activities: _____

As the parent and legal representative of the above named student, I give my consent and permission for my child to participate in the sporting event listed above. I understand that participating on sports teams is a privilege and not a right and may be revoked at any time by the school administration and/or coaching staff in their discretion. I recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, etc., and obey such instructions.

It is my understanding that participation in any sport can be dangerous and involves many risks of injury. Dangers and risks include, but are not limited to, serious neck or spinal injuries, paralysis, brain damage, injury to all internal organs, bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and impairment to general health and wellbeing, to engaging in business, social and recreational activity and in general to enjoyment of life.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF RISKS WHICH MAY BE ENCOUNTERED WITH MY CHILD'S PARTICIPATION IN THE ABOVE NAMED SPORT ACTIVITIES; INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO INCLUDING TRANSPORTATION TO AND FROM EVENTS. I do hereby agree to hold Astatula Christian School and its agents, employees, volunteers and coaches harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death, which I now have or which may arise in the future in connection wit the activity or participation in any other associated activities.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as a permitted by the laws of the State of Florida 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, WAIVER, AND INDEMNITY AGREEMENT, KNOW THE CONTENTS THEREOF, AND I SIGN THIS DOCUMENT AS MY OWN FREE ACT.** This is a legally binding agreement which I have read and understand.

_____ _____

Signature of Parent/Legal Guardian Date

_____ _____

Signature of Student Participant Date