



# Lancaster Christian Academy Knights Athletics Clearinghouse

## Athletic Eligibility Forms

Welcome to Knights Nation! The following documents are required for a student-athlete to become eligible to participate in athletic events (practice and/or games) with Lancaster Christian Academy. Please return all forms to the Knights Athletic Department.

Athletes Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Sport(s): \_\_\_\_\_

### Checklist:

- Lancaster Christian Academy Student & Athletics Handbook Agreement
- Lancaster Christian Academy Sports Waiver
- Concussion Form
- Consent for Athletic Participation & Medical Care
- Emergency Contact Information
- No Quit Policy



Lancaster Christian Academy  
Student & Athletics Handbook Agreement

I, (name of athlete) \_\_\_\_\_, agree with the Lancaster Christian Academy student and athletics handbook and will abide by the given rules and policies. I understand that if I violate any of the given rules and policies, LCA's administration and/or the Knights Athletic Department, holds the right to suspend or remove you from all athletic teams/activities.

\_\_\_\_\_  
Athlete's Name(print)                      Athlete's Signature                      Date

\_\_\_\_\_  
Parent/Guardian's Name(print)                      Parent/Guardian's Signature                      Date



# Lancaster Christian Academy

## Sports Waiver

In consideration of being allowed to participate in any way in the Lancaster Christian Academy Athletic Program and/or it's related events and activities, I, (name of athlete) \_\_\_\_\_, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I knowingly and freely assume all such risks, both known and unknown and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the released parties immediately: and,
4. By participation in or attending any activity in connection with this program, whether on or off the premises, I consent to the use of any photographs, pictures, film, or videotape taken of me or provided by me for publicity, compensation, copyright, or other ownership rights connected to same; and
5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, indemnify, and hold harmless Lancaster Christian Academy, sponsors, advertisers, and if applicable owners, and lessors or premises used for the activity("released parties" ), with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted by law.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial right by signing it, and sign it freely and voluntarily without any inducement.

\_\_\_\_\_  
Athlete's Name(print)

\_\_\_\_\_  
Athlete's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Name(print)

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date



# Lancaster Christian Academy

## Concussion Form

<u>Student Athlete's Initials</u>	<u>Concussion Information</u>	<u>Parent/Legal Guardian's Initials</u>
	A concussion is a brain injury, which should be reported to my parents, my coach(es) or a medical professional if one is available.	
	A concussion cannot be "seen." Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.	
	I will tell my parents, my coach and/or a medical professional about my injuries and illnesses.	
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	
	My child will need a written permission from a health care provider to return to play or practice after a concussion.	
	Concussions could last for multiple days or weeks. A more serious concussion may have symptoms lasting for months or longer.	
	After a bump, blow, or jolt to the head or body, if there are any symptoms "danger signs" such as loss of consciousness, repeated vomiting, or a headache that gets worse, an athlete should receive immediate medical attention.	
	After a concussion, the brain needs time to heal. I understand that my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before the concussion symptoms go away.	
	Sometimes repeat concussions can cause serious and long-lasting problems and even death.	
	I have read the above concussion symptoms and understand and agree to follow all concussion protocol.	

("Health care provider" means a Tennessee licensed medical doctor, osteopathic physician, clinical neuropsychologist with concussion training, or physician assistant with concussion training who is a member of a health care team supervised by a Tennessee licensed medical doctor or osteopathic physician.)

\_\_\_\_\_  
Athlete's Name(print)

\_\_\_\_\_  
Athlete's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Name(print)

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date



Lancaster Christian Academy  
Consent for Athletic Participation & Medical Care

Parent's Contact Information:

Parent's Name: _____	Cell# _____
Parent's Name: _____	Cell# _____
Email Address: _____	
Address: _____	City: _____ State: _____
<b><u>Emergency Contact</u></b>	
Name: _____	Cell# _____ Relationship: _____

Athlete's Information:

Athlete's Name: _____	Grade: _____	D.O.B. _____
Sex: Male ___ Female ___	Allergies/ Allergic to: _____	
Daily Prescribed Medications: _____		
Insurance Company: _____	Policy Number: _____	
Group Number: _____	Insurance Ph# _____	

*I/we hereby give consent for (athlete's name) \_\_\_\_\_ to represent Lancaster Christian Academy in athletics. I realize that such activity involves potential for injury. I/we acknowledge that even with the best coaching, the most advanced equipment, and strict observation of the rules, injuries are still possible. On rare occasions these injuries are severe and results in disability, paralysis, and even death. I/we further grant permission to the school and athletic trainers, and/or EMT's to render aid, treatment, medical, or surgical care deemed reasonable necessary to the health and well-being of the student athlete named above during or resulting from participation in athletics. By the execution of this consent, the student athlete named above, and his/her parent/guardian(s) do hereby consent to screening, examination, and testing of the student athlete during the course of the pre-participation examination by those performing the evaluation, and to the taking of medical history information and the recording of that history and the findings and comments pertaining to the student athlete on the forms attached here to by those practitioners performing the examination. As parent(s) or legal guardian, I/we remain fully responsible for any legal responsibility which may result from any personal actions taken by the above-named student athlete.*

\_\_\_\_\_  
Parent/Guardian's Name(print)

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date



# Lancaster Christian Academy

## Non-Use Contract

As a condition of participating as an athlete in Lancaster Christian Academy Athletic Program, the Knights Association and LCA's administration has adopted prohibiting the use and abuse of alcohol, illegal drugs, and/or organic/anabolic steroids, intoxicants of any kind, and tobacco. All LCA coaches shall have participating student athletes and legal guardian/caregiver agree that the athlete will not use, posses, or be under the influence of any controlled substance. Only drugs and medication given with written prescriptions of a fully licensed physician (as recognized by the American Medical Association to treat a medical condition) will be allowed.

By signing below, the participating student and the parents (legal guardian/caregiver) hereby agree that the athlete shall not use alcohol, illegal drugs, and/or organic/anabolic steroids, dietary supplements banned by the U.S. Anti-Doping Agency, as well as the substance synephrine, or tobacco, without the written prescription of a fully licensed physician (as recognized by the A.M.A. to treat a medical condition).

We also understand that Lancaster Christian Academy Athletic Department's policies regarding the use of alcohol, illegal drugs, steroids, and tobacco will be enforced for any violations of these rules. We also recognize there could be penalties for false or fraudulent information regarding the use of these substances.

\_\_\_\_\_  
Athlete's Name (print)

\_\_\_\_\_  
Athlete's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Name (print)

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date



# Lancaster Christian Academy

## No Quit Policy

Knights Athletics is excited to partner with all student-athletes by providing them the opportunity to play sports at Lancaster Christian Academy. Our mission is to use sports to teach our students about Jesus Christ. Most athletic programs require their student-athletes to “try-out” for their sports teams. With the mission being the focus of our athletic program, we allow all students, that are willing, to participate without trying out. However, this philosophy does require the athletic program to create a commitment agreement from each student-athlete.

The Knights Athletic Program has formed a “No Quit Policy” in order to help maintain the structure and success of each specific sport at LCA. Our goal with this policy is to help educate youth in the area of commitment. Our heart is to teach the student-athlete that you’re a part of a team/organization that is bigger than themselves. We want to help the student-athlete understand that they’re a part of a team, with teammates relying on them to be successful. We are setting an example that will help our student-athletes overcome adversity and finish what they have started.

The Knights Athletic Program understands that unforeseen circumstances may arise that cause a student-athlete to be removed from the team. Before a student-athlete is removed from a team, a meeting with the athletic director is required.

The following actions will apply for a student-athlete that is removed or the athletic director has agreed they no longer have to continue with that specific team/sports: (All final decisions are made by the athletic director)

- All sports fees for each specific sport will be owed and fees already paid are non-refundable.
- The student-athlete will not be eligible to participate in other sports for the remainder of that current school year.
- The student-athlete will not be eligible to practice or participate in a sport for the following school year until August 1<sup>st</sup> of the new school year.
- The student-athlete will not be eligible to participate in sports activities over the summer months.
- The student-athlete may be required to remain on the team and fulfill a team manager’s role. (The expectations and requirements of the team manager’s role will be determined by the athletic director)
- All uniforms (game and practice gear) must be returned immediately.

\_\_\_\_\_  
Athlete’s Name (print)

\_\_\_\_\_  
Athlete’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian’s Name (print)

\_\_\_\_\_  
Parent/Guardian’s Signature

\_\_\_\_\_  
Date

