

# Calvary Christian Academy

## Sports Registration Form

CCA Student Athletic Fee: \$150  
Homeschool Student Athletic Fee: \$200

Student's Name: \_\_\_\_\_

DOB (Month/Day/Year): \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### \*\*\*\*\*Parent/Guardian Information\*\*\*\*\*

Mother/Guardian Name: \_\_\_\_\_

Best Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_

Best Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### \*\*\*\*\*Medical Information\*\*\*\*\*

Emergency Contact Name(s): \_\_\_\_\_

Relationship to Athlete: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Medical Conditions/Allergies: \_\_\_\_\_

\_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

I do hereby allow my child to participate in any practice, game, or school-sanctioned event. I accept full responsibility for any liability and release Calvary Christian Academy, its employees, coaches, and volunteers from any financial obligation due to injury or otherwise. If I cannot be contacted at the occurrence of the injury, I hereby give my permission for a school employee to administer first aid or seek medical attention from a doctor, nurse, or medical center.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Calvary Christian Academy  
Sports Registration Form**

**Calvary Christian Academy  
Transportation Permission Form**

This permission form is valid from August 1<sup>st</sup>, 20\_\_\_\_\_ to August 31, 20\_\_\_\_\_. If any changes occur, the legal parent/guardian should complete a new permission form. The original permission form will be kept on file in the school office.

As the parent/guardian of \_\_\_\_\_, I give my permission for him/her to be transported to and from school-sanctioned activities during the time mentioned above. The vehicle may stop at various eating establishments during the sanctioned event. I know that coaches, staff, teachers, contracted drivers, and other school-approved individuals may transport my child to school-sanctioned sporting events.

Parent/Guardian Name (Please Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Carpool Consent Form**

I hereby consent that my child be transported by bus a school-approved parent, and a Calvary Christian Academy employee with a valid driver's license from Campus 2 or 4 to an off-site practice location. My licensed student driver may transport their sibling to the designated practice location. I understand that an unrelated student driver may not transport my child.

I give, \_\_\_\_\_, my permission to carpool with a designated school employee or sibling to an off-site practice location.

Parent/Guardian Name (Please Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# CONCUSSION FACT SHEET FOR PARENTS

## WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury. Concussions are caused by a bump or blow to the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious. You can’t see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs of a concussion:

### **SYMPTOMS REPORTED BY ATHLETE:**

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or is “feeling down”

### **SIGNS OBSERVED BY PARENTS/ GUARDIANS:**

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes

## **DANGER SIGNS**

Be alert for symptoms that worsen over time. Your child or teen should be seen in an emergency department right away if s/he has:

- One pupil (the black part in the middle of the eye) larger than the other
- Drowsiness or cannot be awakened
- A headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)

## **HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION OR OTHER SERIOUS BRAIN INJURY?**

- Ensure that they follow their coach's rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity. Protective equipment should fit properly and be well maintained.
- Wearing a helmet is a must to reduce the risk of a serious brain injury or skull fracture.
- However, helmets are not designed to prevent concussions. There is no "concussion-proof" helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.

## **WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?**

### **1. SEEK MEDICAL ATTENTION RIGHT AWAY.**

A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to regular activities, including sports.

### **2. KEEP YOUR CHILD OUT OF PLAY.**

Concussions take time to heal. Don't let your child return to play the day of the injury and until a health care professional says it's OK. Children who return to play too soon - while the brain is still healing - risk a greater chance of having a second concussion. Repeat or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.

### **3. TELL YOUR CHILD'S COACH ABOUT ANY PREVIOUS CONCUSSION.**

Coaches should know if your child had a previous concussion. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

## **HOW CAN I HELP MY CHILD RETURN TO SCHOOL SAFELY AFTER A CONCUSSION?**

Children and teens who return to school after a concussion may need to:

- Take rest breaks as needed
- Spend fewer hours at school
- Be given more time to take tests or complete assignments
- Receive help with schoolwork
- Reduce time spent reading, writing, or on the computer

Talk with your child's teachers, school nurse, coach, speech-language pathologist, or counselor about your child's concussion and symptoms. As your child's symptoms decrease, the extra help or support can be removed gradually.

I acknowledge that I have read the above information, and have discussed it with my student athlete. For more information on concussions, visit: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).

Student-Athlete Name Printed, Signed, and Dated

Parent/Guardian Name Printed, Signed, and Dated

## SCHOOL ATHLETE MEDICAL CARD

Athlete Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

In case of emergency, contact:

Name: \_\_\_\_\_ Phone(s): \_\_\_\_\_

Name: \_\_\_\_\_ Phone(s): \_\_\_\_\_

Preference of Physician (and permission to contact if needed):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Insurance Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group: \_\_\_\_\_

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### Consent for Athletic Conditioning, Training and Health Care Procedures-

I hereby give consent for my child to participate in Calvary Christian Academy's athletic conditioning and training program, and to receive any necessary healthcare treatment including first aid, diagnostic procedures, and medical treatment, that may be provided by the treating physicians, nurses, athletic trainers, or other healthcare providers employed directly or through a contract by the school, or the opposing team's school. The healthcare providers have my permission to release my child's medical information to other healthcare practitioners and school officials. In the event I cannot be reached in an emergency I give permission for my child to be transported to receive necessary treatment. I understand that Delaware Valley Christian Athletic Conference or its associates may request information regarding the athlete's health status, and I hereby give my permission for the release of this information as long as the information does not personally identify my child.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Medical Illnesses: \_\_\_\_\_

Last Tetanus (M/YR): \_\_\_\_\_ Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Previous head/neck/back injury: \_\_\_\_\_

Previous heat-related problems: \_\_\_\_\_

Previous heart-related problems: \_\_\_\_\_

Previous significant injuries: \_\_\_\_\_

Any other important medical information: \_\_\_\_\_

\_\_\_\_\_