

# Calvary Chapel High School Athletic Participation

California Interscholastic Federation (CIF) requires ALL high school athletes who participate in a sport to complete a physical **BEFORE** the first day of practice.

The best time to schedule your son/daughter's physical would be in June, when your physician is not as busy with back to school physicals. The athlete's physical is valid for one year from the date of the physical. **No** athlete will be allowed to participate without a physical.

Take the attached packet filled out to your physical and your doctor will complete his portion and sign it. Then return the physical as soon as possible to Mike Rausch or Kim Jones in the high school office and **no** one else.

If you have any questions please call Mike Rausch, Athletic Director, at 714-662-7485, 2-2-1 during office hours, ext. 2452 after hours.

# CCHS ATHLETIC CODE

## AGREEMENT FOR ATHLETIC PARTICIPATION

### Conduct and Behavior

Athletics at the high school level are subject to great public exposure. Our behavior will be a testimony to our Lord. Be mindful of this at all times. Infractions of school rules on or off campus may result in the athlete being suspended or dismissed from the team. In addition, each coach will have specific team rules that must be followed.

The school rules include, but are not limited to:

1. Drug or alcohol involvement
2. Fighting
3. Extreme insubordination
4. Smoking or any kind of tobacco use
5. Stealing
6. Truancy

### Quitting A Sport

It is our belief that you should “count the cost” before making a commitment to a team. We also believe that you should always finish what you start. Once made, a commitment should be completed. Therefore, the following guidelines have been established:

The first three weeks of practice are considered a trial period. Anyone who chooses not to continue during this period will not be penalized. However, after the trial period, an athlete who quits or is removed by parental choice will have the following consequences:

- The athlete may not begin another sport until the current season ends.
- The athlete will receive a failing grade.
- All fees will be forfeited

If an athlete or their parents have any questions about the Agreement for Athletic Participation and Athletic Consent/Insurance, they can discuss them with their coach or the Athletic Director. These forms must be signed by the athlete and parent and submitted with the athlete’s physical examination before the first day of practice. The signatures on these forms indicate that the athlete and parent have read and agree to the provisions on these documents.

_____ Print Athlete’s Name	_____ Athlete’s Signature	_____ Date
_____ Print Parent’s Name	_____ Parent’s Signature	_____ Date

# CALVARY CHAPEL HIGH SCHOOL ATHLETIC CONSENT / INSURANCE

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Participant's Name (Please print- Last, First, Middle Initial)

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Residence Address (Number, Street, City, Zip Code)

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Phone (Home Number)

(Work Number)

**PARENT'S CONSENT:** I hereby give my consent for: \_\_\_\_\_  
(Last Name) (First Name)

to compete in sports. I give my consent for him/her to go with school-authorized drivers on athletic trips. I understand that my son/daughter must comply with the eligibility requirements. **I have read, understand and agree to the provision of the CCHS athletic code.**

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**Date**

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**Signature** of Parent or Legal Guardian

The school makes every effort to protect all students, however does not assume liability for injury. State Law requires that a student of any educational institution, who practices or participates in any athletic event, must have medical insurance for accidental injuries. CCHS provides this coverage for all sports, however is **secondary** to any coverage that is already being provided.

This is to certify that my son/daughter \_\_\_\_\_  
(Last Name) (First Name)

is protected under the terms of an insurance policy which provides primary medical coverage for accidental injury. This coverage will be in effect from this signature date and maintained by me until the last day of school attendance.

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Insurance Company

Policy Number

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Parent or Legal Guardian **Signature**

**Date**

## CONSENT TO TREAT MINOR

I (We) being the parent or legal guardian of \_\_\_\_\_, a minor the age of \_\_\_\_\_ do hereby consent, authorize and request Dr. \_\_\_\_\_ to administer such treatment deemed advisable, necessary or requested on the above minor. I (We) agree to hold him/her free and harmless from any claims, suits for damages or complications that may result from such treatment.

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Print Parent's Name

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Parent's Signature

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Date