



Welcome to Valley Christian Academy high school athletics. All students wanting to play high school athletics will need to read, fill out, and sign the following forms before the first day of practice of the sport they are intending to play annually. These forms are good for one academic school year, and will need to be completed each year.

- 1) Agreement for team participation**
- 2) Agreement regarding use of steroids**
- 3) Athletic evaluation form – requires getting a sports physical and having your Doctor fill out the form.**
- 4) Pre-participation screening**
- 5) Emergency information card**

Students will be unable to participate in VCA athletics until these forms are completed and returned to the VCA office.

If a high school student is transferring from another high school anytime after they have started their 9th grade year, they will need to see the VCA office for CIF transfer paperwork that will need to be completed and returned. This paperwork will then be submitted to the CIF office. Once a student has been cleared by CIF to play for VCA, our Athletic Director will inform that student that they are eligible to play.

VALLEY CHRISTIAN ACADEMY
AGREEMENT FOR TEAM PARTICIPATION

[Including Waivers and Releases of Potential Claims and Statement of Other Obligations]

All sections of this Agreement must be completed, with the signed original turned in to the School Office, before a Student will be allowed to participate in any manner in any Team Activities defined below.

Name of Student : _____

Address: _____

Grade: _____ **DOB:** _____

School: _____ **Telephone:** _____

Team(S): _____

In Consideration for the Student's ability to participate in the Team [including any Sport or Cheerleading], including try outs for the Team, participation in Team practices or training sessions, receiving coaching, training, and direction, participating in Team events, shows, performances, and competitions, and traveling to and from any of the foregoing activities ("Team Activities"), the Student and the Parent or Legal Guardian ("Adult") signing this Agreement agree as follows:

1. It is a privilege, not a right, to participate in extra-curricular activities, including Team Activities. The privilege may be revoked at any time, for any reason, that does not violate Federal, State or District laws, policies or procedures. There is no guaranty that the Student will make the Team, remain on the Team, or actively participate in Team events, shows, performances, or competitions. Such matters shall remain exclusively within the judgment and discretion of VCA and its employees.
2. The Student and the Adult understand the nature of the Team, including the inherent or potential risks of team activities. The Student is in sufficiently good health and physical condition to participate in Team Activities, and voluntarily wishes to participate in Team Activities. Before participating in a Team Activity, a medical clearance shall be submitted (valid for one calendar year), signed by a medical doctor (nurse practitioners, chiropractors or other non-California licensed medical doctors are not acceptable), stating that the Student has been physically examined and is deemed to be in sufficiently good health and fitness so that the Student may fully participate in Team Activities.
3. The California Education Code states that all students in California who participate in interscholastic athletics must have a minimum amount of major medical insurance. The school does not provide this coverage. Each player must have some type of accident insurance coverage before he will be allowed to participate in practices or games. This is to protect both the family and the school.

If a family does not have the necessary coverage, it may purchase a policy from an independent insurance company.

Private medical insurance information: Please provide the name of the insurance company _____ and the policy number _____ list coverage dates or "continuous"). By signing below, the Adult certifies that the Student is presently covered, and will remain covered during the length of the Team Season, under the Policy and that the Policy complies with Section 32221.

4. The Student shall comply with the instruction and directions of Team Activity teachers, coaches, supervisors, chaperones, and instructors. During the Student's participation in Team Activities, as well as academic and/or other school activities, the Student shall comply with all applicable Codes of Conduct. The Student shall also generally conduct himself/herself at all times in keeping with the highest moral and ethical standards so as to reflect positively on himself/herself, the Team and VCA. Failure to meet these obligations may, in the discretion of the VCA, result in immediate removal from Team Activities and a prohibition against any future involvement in Team Activities or other extra-curricular activities. Should the violation of these obligations also result in bodily injury or property damage during a Team Activity, the Adult will (a) pay to restore or replace any property damaged as a result of the Student's violation, (b) pay any damages caused to bodily injury to an individual, and (c) defend, protect and hold Valley Christian Academy harmless from such property damage or bodily injury claims.

5. Team Activities contain potential risks of harm or injury, including harm or injury that may lead to permanent and serious physical injury to the Student, including paralysis, brain injury, or death ("Injuries") Injuries might arise from

the Student's actions or inactions, the actions or inactions of another Student or participant in a Team Activity, or the actual or alleged failure by VCA employees, agents or volunteers to adequately coach, train, instruct, or supervise Team Activities. Injuries might also arise from an actual or alleged failure to properly maintain, use, repair, or replace physical facilities or equipment available for Team Activities. Injuries might also arise from undiagnosed, improperly diagnosed, untreated, improperly treated, or untimely treated actual or potential Injuries, whether or not caused by the Student's participation in Team Activities. All such risks are deemed to be inherent to the Student's participation in Team Activities. By this Agreement, the Student and Adult are deemed to fully assume all such risks and, in consideration for the right of the Student to participate in Team Activities, understand and agree that to the fullest extent allowed by law they are waiving and releasing any potential future claim they might otherwise have been able to assert against VCA, or any Board Member, employee, agent or volunteer of VCA ("Released Parties") by or on behalf of the Student or any parent, administrator, executor, trustee, guardian, assignee or family member.

6. If the Student believes that an unsafe condition or circumstance exists, or otherwise feels or believes that continued participation in Team Activities might present a risk of Injury, the Student will immediately discontinue further participation in Team Activities, notify School personnel of the Student's belief, and notify a parent or guardian of the Student's belief. Any parent or guardian of the Student shall, thereafter, not allow the Student to participate in Team Activities until the unsafe condition or circumstance is remedied, with any question or concern regarding the alleged existence of the unsafe condition or circumstance addressed to their satisfaction.

7. Emergency medical information regarding the Student is on file with VCA and is current. The Adult agrees to provide updated medical information during the course of the Student's participation in Team Activities. If an injury or medical emergency occurs during Team Activities, VCA employees, agents or volunteers have my express permission to administer or to authorize the administration of urgent or emergency care, including the transportation of the Student to an urgent care or emergency care provider. In such circumstances, notice to me and/or the Emergency Contact of the injury or medical emergency may be delayed. Therefore, any urgent or emergency care provider has my express authority to conduct diagnostic or anesthetic procedures, and/or to provide medical care or treatment (including surgery), as they may deem reasonable or necessary under all existing circumstances. All costs and expenses associated with such care are solely my responsibility.

8. Employees, agents or volunteers of VCA, members of the press or media, or other persons who may attend or participate in Team Activities, may photograph, videotape, or take statements from the Student. Such photographs, videotapes, recordings, or written statements may be published or reproduced in a manner showing the Student's name, face, likeness, voice, thoughts, beliefs, or appearance to third parties, including, without limitation, webcasts, television, motion pictures, films, newspapers, yearbooks, and magazines. Such published or reproduced items, whether or not for a profit, may be used for security, training, advertising, news, publicity, promotional, informational, or any other lawful purpose. I hereby authorize and consent to any such publications or reproductions, without compensation, and without reservation or limitation.

9. This Agreement shall be governed by the laws of the State of California. This Agreement is to be broadly construed to enforce the purposes and agreements set forth above, and shall not be construed against the Released Parties solely on the basis that this Agreement was drafted by the District. If any part of this Agreement is deemed invalid or ineffective, all other provisions shall remain in force. No oral modification of this Agreement, or alleged change or modification of its terms by subsequent conduct or oral statements is allowed. This Agreement contains the sole and exclusive understanding of the parties, with no other representation relied upon by the Adult or Student in determining whether to execute this Agreement or in agreeing to participate in Team Activities.

BY SIGNING BELOW: (1) I AM GIVING UP SUBSTANTIAL ACTUAL OR POTENTIAL RIGHTS IN ORDER TO ALLOW THE STUDENT TO PARTICIPATE IN TEAM ACTIVITIES; (2) I HAVE SIGNED THIS AGREEMENT WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE, AND WITH FULL APPRECIATION OF THE RISKS INHERENT IN TEAM ACTIVITIES; (3) I HAVE NO QUESTION REGARDING THE SCOPE OR INTENT OF THIS AGREEMENT; (5) I, AS A PARENT OR LEGAL GUARDIAN, HAVE THE RIGHT AND AUTHORITY TO ENTER INTO THIS AGREEMENT, AND TO BIND MYSELF, THE STUDENT, AND ANY AND ANY OTHER FAMILY MEMBER, PERSONAL REPRESENTATIVE, ASSIGN, HEIR, TRUSTEE, OR GUARDIAN TO THE TERMS OF THIS AGREEMENT; (6) I HAVE EXPLAINED THIS AGREEMENT TO THE STUDENT, WHO UNDERSTANDS HIS/HER OBLIGATIONS.

Printed Name of Parent/Guardian

Signature

Date

As the Student, I understand and agree to all of obligations placed on me by this Agreement.

Printed Name of Student

Signature

Date

RETURN THIS FORM TO THE VCA OFFICE.

VALLEY CHRISTIAN ACADEMY

AGREEMENT FOR STUDENT ATHLETE AND PARENT/GUARDIAN REGARDING USE OF STEROIDS

_____ (print name of student athlete)

As a condition of membership in the California Interscholastic Federation (CIF) and in accordance with Education Code 49030, the Governing Board of Valley Christian Academy has adopted Board Policy 5131.63 prohibiting the use and abuse of androgenic/anabolic steroids as specified below. CIF Bylaw 524 requires that all participating students and their parents/guardians sign this agreement.

By signing below, we agree that the student shall not use androgenic/anabolic steroids or any dietary supplement on the U.S. Anti-Doping Agency banned substance list without a written prescription from a licensed health care practitioner to treat a medical condition.

We recognize that under CIF Bylaw 200.D the student may be subject to penalties, including ineligibility for any CIF competition, if the student or his/her parent/guardian provides false or fraudulent information to the CIF.

We understand that the student's violation of the district's policy regarding steroids may result in discipline against him/her including, but not limited to, restriction from athletics or suspension or expulsion from school.

Signature of student athlete

Date

Signature of parent/guardian

Date

**Athletic Physical Evaluation Form
VALLEY CHRISTIAN ACADEMY**

STUDENTS NAME: _____

DATE OF EXAM: ____/____/____

This physical examination form must be reviewed and signed by a Medical Doctor (M.D.) or Doctor of Osteopathy (D.O.) licensed by the State of California (does not include doctors of chiropractic, nurse practitioners, physician assistants).

Date of Birth _____

Height _____ **Weight** _____ **% Body Fat (Optional)** _____ **Pulse** _____ **BP** ____/____ (____/____, ____/____)

Vision R20/ ____ **L20/** ____ **Corrected: Y or N** _____ **Pupils: Equal** ____ **Unequal** ____

	NORMAL	ABNORMAL FINDINGS	INITIALS
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Hearing			
Lymph Nodes			
Heart			
Murmurs			
Pulse			
Lungs			
Abdomen			
Genitourinary (males only)*			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			

* Having a third party present is recommended for the genitourinary examination.

Notes: _____

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY IN ORDER FOR THE STUDENT TO PARTICIPATE IN AN ATHLETIC ACTIVITY.

I hereby certify _____ was examined by _____	
_____ on _____ and is presently fit to engage	
in all sports except _____.	
Attachment(s) Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name of Doctor (print/type) _____	
Medical Group name _____	
Address _____	
Phone # _____	Date _____
Signature of Doctor _____	

PREPARTICIPATION PHYSICAL SCREENING - MEDICAL HISTORY

THE INFORMATION BELOW MUST BE COMPLETED BY PARENT/GUARDIAN PRIOR TO DOCTOR'S SIGNATURE

This medical history and exam is only intended to determine ability to participate in sports and is not a substitute for regular exams by your physician.

Last Name _____ First Name _____ Sex: F M DOB _____ Age _____
 Address Phone _____
 Personal Physician _____ Phone _____
 Insurance Carrier _____ Policy Number _____
 Parent/Guardian _____ Phone (H) _____ Phone (W) _____
 Emergency Contact _____ Phone (H) _____ Phone (W) _____
 Grade _____
 Sports You Intend Play: Fall _____ Winter _____ Spring _____
 Schools Attended (other than VCA) in last 12 months _____

I Hereby state that, to the best of my knowledge, my answers to the questions BELOW are complete and correct.

Signature of Athlete _____ Signature of parent/guardian _____
 Date _____

Explain "Yes" answers below	Yes/No		Yes/No
1. Has a Doctor Ever denied or restricted your participation in sports for any reason?	_____	23. Has a doctor ever told you that you have asthma or allergies?	_____
2. Do you have any ongoing medical condition (like diabetes or asthma)?	_____	24. Do you cough, wheeze, or have difficulty breathing during or after exercise?	_____
3. Are you currently taking any prescriptions or nonprescription (over-the counter) medicines?	_____	25. Is there anyone in your family who has asthma?	_____
4. Do you have allergies to medicines, pollens, foods, or insect stings?	_____	26. Have you ever used an inhaler or taken asthma medicine?	_____
5. Have you ever passed out or nearly passed out during exercise?	_____	27. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?	_____
6. Have you ever passed out or nearly passed out after exercise?	_____	28. Have you had infectious mononucleosis (mono) within the last month?	_____
7. Have you ever had discomfort, pain, or pressure in your chest after exercise?	_____	29. Do you have any rashes, pressure sores, or other skin problems?	_____
8. Does your heart race or skip beats during exercise?	_____	30. Have you had a herpes infection?	_____
9. Does your heart race or skip beats after exercise?	_____	31. Have you ever had a head injury or concussion?	_____
10. Has a doctor ever told you that you have? Check all that Apply	_____	32. Have you been hit in the head and been confused or lost your memory?	_____
High blood pressure	_____	33. Have you ever had a seizure?	_____
High cholesterol	_____	34. Do you have headaches with exercise?	_____
A heart murmur	_____	35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?	_____
A heart infection	_____	36. Have you ever been unable to move your arms or legs after being hit or falling?	_____
11. Has a doctor ever ordered a test for your heart? (For ex: ECG, echocardiogram)	_____	37. When exercising in the heat, do you have severe muscle cramps or become ill?	_____
12. Has anyone in your family died for no apparent reason?	_____	38. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	_____
13. Has any family member or relative died of heart problems Or of sudden death before age 50?	_____	39. Have you had any problems with your eyes or vision?	_____
14. Does anyone in your family have Marfan syndrome?	_____	40. Do you wear glasses or contact lenses?	_____
15. Have you ever spent the night in a hospital?	_____	41. Do you wear protective eyewear, such as goggles or a face shield?	_____
16. Have you ever had surgery?	_____	42. Are you happy with your weight?	_____
17. Have you ever had a stress fracture?	_____	43. Are you trying to gain or lose weight?	_____
18. Have you ever been told that you have or have you had an x-ray for atlantoaxial (neck) instability?	_____	44. Has anyone recommended you change your weight or eating habits?	_____
19. Do you regularly use a brace or assistive device?	_____	45. Do you limit or carefully control what you eat?	_____
20. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendonitis, that caused you to miss practice or game? If yes circle affected area below.	_____	46. Do you have concerns that you would like to discuss with a doctor?	_____
21. Have you had any broken or fractured bones or dislocated joints? If yes circle affected area below.	_____		
22. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes circle affected area below.	_____	Explain "Yes" answers _____	

Head, Neck, Shoulder, Upper Arm, Elbow, Forearm, Hand./Finger, Chest, Upper Back, Lower Back, Hip/Thigh, Knee, Calf/Shin, Ankle Foot/Toes

**RETURN THIS FORM TO THE VALLEY CHRISTIAN ACADEMY OFFICE
 301 W. WHYTE Ave.
 Roseville, CA 95678
 PHONE: 916/728-5500
 FAX: 916/721-3305**

**Valley Christian Academy
Athlete Emergency Information Card**

Student's Name _____ Birth Date _____ Sex: M F
(Last Name) (First Name) (Middle Initial)

Student's Address _____
(address) (city) (state) (zip code)

Student's Home phone: _____ Student's Cell : _____

Lives with: _____ School year: _____ Grade: _____

Father/Guardian: _____ (Hm phone) _____

(Cell phone) _____ (Wrk) _____

Father/Guardian Email: _____

Mother/Guardian: _____ (Hm phone) _____

(Cell phone) _____ (Wrk) _____

Mother/Guardian Email: _____

Address (if different) _____
(address) (city) (state) (zip)

Family Physician: _____
(name) (street, city) (telephone)

Family Dentist: _____
(name) (street, city) (telephone)

PARENT/GUARDIAN'S PERMISSION: I hereby give my consent for my student to participate in Valley Christian Academy, approved activities as a representative of his/her school. I also give permission for my student to accompany a VCA team or group on its off-campus trips. I also understand accident coverage is my responsibility.

Insurance coverage company name: _____

Policy holder name: _____ Policy number: _____

CONSENT FOR EMERGENCY TREATMENT OF INJURIES: I, _____

Parent/guardian of student named above, hereby consent to emergency medical treatment, hospitalization or other medical treatment as may be necessary for the welfare of the above named child, by a physician, , qualified nurse, and/or hospital in the event of injury or illness during all periods of time in which the student is away from his/her normal residence as a member of a **VCA team or group**, and hereby waive on my behalf of myself and the above named child, any liability **VALLEY CHRISTIAN ACADEMY**, any of its agents or employees arising out of such medical treatment.

Signature of Parent / Guardian: _____ **Date:** _____

Alternate Contact Person _____ **Phone:** _____

Alternate Contact Person _____ **Phone:** _____

Alternate Contact Person _____ **Phone:** _____

Alternate Contact Person _____ **Phone:** _____