

# 2023-2024 CCS Athlete Information Sheet

In order to help the coach and athletic department better communicate schedule changes and other information, please fill out the following form so we have the most accurate contact information.

Athlete Name: \_\_\_\_\_

Grade: \_\_\_\_\_

School (CCS/St. Phil/St. Joe): \_\_\_\_\_

Sport: \_\_\_\_\_

Student's Email address: \_\_\_\_\_

Student's Cell Phone Number: \_\_\_\_\_

Cell Carrier/Provider: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Email Address: \_\_\_\_\_

Mother's Cell Phone Number: \_\_\_\_\_

Cell Carrier/Provider: \_\_\_\_\_

Fathers Name: \_\_\_\_\_

Father's Email Address: \_\_\_\_\_

Father's Cell Phone Number: \_\_\_\_\_

Cell Carrier/Provider: \_\_\_\_\_

## CCS SPORTS FEES

All athletes playing on a Calhoun Christian School athletic team will pay sports fees to compete. The fees are determined by the level of the team on which the student plays, not by the age of the student. Sports fees will be as follows:

- Once a year \$50 registration fee per family
- \$100 per athlete for each **High School** level sport
- \$75 per athlete for each **Middle School** level sport
- Family maximum of \$300 per school year

# Appendix D

## Concussion Information

### UNDERSTANDING CONCUSSION

#### Some Common Symptoms

<i>Headache</i>	<i>Blurry Vision</i>	<i>Grogginess</i>	<i>Feeling Irritable</i>
<i>Pressure in the Head</i>	<i>Sensitive to Light</i>	<i>Poor Concentration</i>	<i>Slow Reaction Time</i>
<i>Nausea/Vomiting</i>	<i>Sensitive to Noise</i>	<i>Memory Problems</i>	<i>Sleep Problems</i>
<i>Dizziness</i>	<i>Sluggishness</i>	<i>Confusion</i>	
<i>Balance Problems</i>	<i>Haziness</i>	<i>“Feeling Down”</i>	
<i>Double Vision</i>	<i>Fogginess</i>	<i>Not “Feeling Right”</i>	

### WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a fall, bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. A concussion can be caused by a shaking, spinning or a sudden stopping and starting of 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. A concussion can happen even if you haven’t been knocked out.

You can’t see a concussion. Signs and symptoms of concussions can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If the student reports any symptoms of a concussion, or if you notice symptoms yourself, seek medical attention right away. A student who may have had a concussion should not return to play on the day of the injury and until a health care professional says they are okay to return to play.

### IF YOU SUSPECT 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 the student to return to regular activities, including sports. Don’t hide it, report it. Ignoring symptoms and trying to “tough it out” often makes it worse.
2. **KEEP YOUR STUDENT OUT OF PLAY**—Concussions take time to heal. Don’t let the student return to play the day of injury and until a health care professional says it’s okay. A student who returns to play too soon, while the brain is still healing, risks a greater chance of having a second concussion. Young children and teens are more likely to get a concussion and take longer to recover than adults. Repeat or second concussions increase the time it takes to recover and can be very serious. They can cause permanent brain damage, affecting the student for a lifetime. They can be fatal. It is better to miss one game than the whole season.
3. **TELL THE SCHOOL ABOUT ANY PREVIOUS CONCUSSION**—Schools should know if a student had a previous concussion. A student’s school may not know about a concussion received in another sport or activity unless you notify them.

### SIGNS OBSERVED BY PARENTS:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Can’t recall events prior to or after a hit or fall
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes

### CONCUSSION DANGER SIGNS:

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. A student should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people/places
- Becomes increasingly confused, restless or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously.)

### HOW TO RESPOND TO A REPORT OF A CONCUSSION:

If a student reports one or more symptoms of a concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of athletic play the day of the injury. The student should only return to play with permission from a health care professional experienced in evaluating for concussion. During recovery, rest is key. Exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse. Students who return to school after a concussion may need to spend fewer hours at school, take rests breaks, be given extra help and time, spend less time reading, writing or on a computer. After a concussion, returning to sports and school is a gradual process that should be monitored by a health care professional.

Remember: Concussion affects people differently. While most students with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

To learn more, go to [www.cdc.gov/concussion](http://www.cdc.gov/concussion).

### Parents and Students Must Sign and Return the Educational Material Acknowledgement Form

#### CONCUSSION AWARENESS EDUCATIONAL MATERIAL ACKNOWLEDGEMENT FORM

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for Parents and/or the Concussion Fact Sheet for Students provided by **Calhoun Christian School Athletic Department**.

\_\_\_\_\_  
Participant Name Printed

\_\_\_\_\_  
Parent or Guardian Name Printed

\_\_\_\_\_  
Participant Name Signature

\_\_\_\_\_  
Parent or Guardian Name Printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Return this signed form to the sponsoring organization that must keep on **file for the duration of participation or age 18**. Participants and parents please review and keep the educational materials available for future reference.

# Appendix E

## Sports Liability Waiver/Permission Slip

My child has permission to participate in the Calhoun Christian School (“CCS”) Extra-Curricular Sports Programs, including but not limited to basketball, volleyball, soccer, and after-school weight lifting programs. I understand that CCS does not carry medical insurance for the participants in its Extra-Curricular Sports Programs. I understand that participation in the CCS Extra-Curricular Sports Programs is voluntary.

I understand that participation in CCS Extra-Curricular Sports Programs carries risks inherent both to the activity and to the location of the activity. I understand that participation involves risks and dangers including but not limited to those of bodily injury, partial and/or total disability, paralysis and death. These risks and dangers may be caused by the negligence of the participant or the negligence of others. There may be other risks not known to us or that are not reasonably foreseeable at this time.

I expressly accept and assume such risks and responsibility for any and all losses and/or damages following such injury, disability, paralysis or death, however caused or alleged to be caused, whether in whole or in part by the negligence of CCS, event hosts, other participants, coaches, instructors, volunteers or officials. I agree that this Waiver/Permission Slip covers each and every CCS athletic event in which my child participates. In addition, I affirm that my child has no known medical or mental health conditions that might compromise his/her safe involvement in such activities.

I will not assert a negligence claim or file a negligence suit for any injuries or damages that I or my child may later have as a result of participation in CCS Extra-Curricular Sports Program events and any other connected activities in which my child may voluntarily participate, against CCS, its officers, officials, directors, administrators, employees, contractors, agents, coaches, servants or volunteers. I understand and expressly waive such rights on behalf of myself, my child, my heirs, and assigns.

I agree to hold harmless and indemnify CCS, its officers, officials, directors, administrators, employees, contractors, agents, coaches, servants and volunteers for all claims, including actual attorney fees and costs, that may be brought against any of them by anyone for damages or injury to me or my child or mine or my child’s property that may occur as a result of my child’s participation in the event.

By my signature below, I affirm that I have read and fully understand the terms of this permission and waiver, that I am voluntarily signing this permission and waiver, that my child has permission to participate in the CCS Extra-Curricular Sports Programs, and that I, as a parent or guardian, will cover all expenses of any accident or injury my student might incur as a result of his/her voluntary participation in the CCS Extra-Curricular Sports Programs.

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Student Name

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Student Signature

Date

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Parent/Guardian Signature

Date

## **Calhoun Christian Athletic Code of Conduct**

As a student of Calhoun Christian School, who has been given the privilege of participating in extracurricular athletics, I understand that with this privilege come the following responsibilities. I will do my best to fulfill these responsibilities and to accept the consequences if I do not.

1. As an athlete, I am a leader, I will use this leadership role to honor God and to represent my school in an exemplary manner – I will “Compete with Class and Sportsmanship.”
2. I will follow the athletic dress code on game days as outlined in the athletic handbook and as prescribed by my coach.
3. In all aspects of athletics I will seek to put others first.
4. I will use the gifts that God has given me to the fullest, whether I am in practice or in a game.
5. In my actions, speech, conduct, and dress, I will seek to build up those on my team and those I compete against.
6. I will show respect to all players, coaches, officials, and fans with whom I come in contact. This includes any communication, both written and spoken, in person or typed on any website or device.
7. I will do my best to attend every practice as well as every game and will inform my coach ahead of time if something arises that makes this not possible.
8. I realize that my curricular efforts come before those that are extracurricular and accept the academic policy as outlined in the CCS Parent/Student Handbook.

## **Parent/Coach Conflict Resolution Guidelines**

In order to ensure that a Christian attitude is maintained during conflict resolution, and that sporting concerns are addressed in a timely manner, all parents/guardians of students playing sports on a Calhoun Christian School team must agree to the following:

9. All conversations will be handled in a manner that glorifies Christ and with a Christian attitude.
10. The CCS Student Policy Handbook applies first and foremost.
11. The Athletic Code of Conduct guidelines will be maintained at all times. No discussions will take place regarding the Athletic Code of Conduct signed by student and parent.
12. Any issues or concerns about CCS teams or players will be addressed with the head coach first.
13. No issues or concerns will be brought to the coach immediately prior to or immediately following a sporting event unless it is medically necessary.
14. Within 5 business days of a request to meet, a meeting date between the parent/guardian and coach will be agreed upon.
15. The head coach, along with one assistant coach if warranted, will attend the meeting. If requested, the Athletic Director will serve as a facilitator.
16. If concern is not resolved upon meeting with the head coach, parent/guardian will meet with the Athletic Director. That meeting date shall be agreed upon within 5 business days of request to meet.

## **Athletic Commitment**

As a participant, or a parent/guardian of a participant, in the Calhoun Christian School Athletic Program, I have read all the information found in the Calhoun Christian School Athletic Handbook. I understand the information and commit myself to abiding by the guidelines set forth. I also commit myself to accepting the consequences in the unfortunate situation that I, or my child, is found to be in violation of the Athletic Code of Conduct.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date