



2018-2019 PATRIOT ATHLETICS PARTICIPATION PACKET

The W.I.A.A. and Liberty Christian School require the following items to be met or completed in order for a student to compete in the school's athletic programs:

AGE LIMIT:

High School –Student(s) shall be under 20 years of age on September 1 for the fall sports season, on December 1 for the winter sports season, and on March 1 for the spring sports season.

Middle School –Student(s) shall not have reached their 15th birthday prior to June 1 of the previous school year. Middle school is defined as a school with at least seventh and eighth grade levels.

ACADEMIC ELIGIBILITY:

The athletic policy at Liberty Christian School reflects our desire to prepare young adults spiritually, mentally, and physically. Because of this, we have established the following policy to ensure that our student athletes strive for excellence, grow spiritually, and demonstrate the qualities reflective of a follower of Christ.

A student is eligible to seek participation in extracurricular activities (such as sports, clubs, and student leadership) if he or she meets the following general conditions:

- a) The student meets the academic standards listed below,
- b) The student is not on disciplinary probation,
- c) The student must be continuously enrolled in, and maintain passing grades in all classes in order to seek participation in activities sponsored by the Washington Interscholastic Activities Association (WIAA).
- d) The student meets regular attendance requirements.

If the status changes on any of these conditions during participation in extracurricular activities, the student is subject to probation and/or removal from said activities. The administration shall make eligibility determinations.

Academic Standards: From an academic perspective, a student is eligible for participation in extracurricular activities if their GPA is 2.0 or higher and they have no F grades. Eligibility from an academic perspective shall be checked weekly by the administration. If a student is ineligible due to their academic performance, a "Restoration" contract will be issued and implemented.

The Restoration Contract is an agreement between the student and the school to define the steps needed to maintain/restore eligibility. While the initial contract is in effect, the student may continue

participation in extracurricular activities. Not fulfilling the terms of the contract within the stated amount of time will result in suspension from said activities.

Previous Semester: By W.I.A.A. rule, school districts or private schools can implement a more restrictive Academic Eligibility policy. Therefore, per W.I.A.A. and Liberty Christian School policy:

A student shall have passed all classes in the immediately preceding semester in order to be eligible for competition during the succeeding semester. The record at the end of the semester shall be final, except for those earned in a regular, accredited summer school program or alternative educational program accepted by the school or district.

Suspension Period

- A. The suspension period for high school students shall be from the end of the previous semester through the fourth Saturday in September in the fall or the first five (5) weeks of the succeeding semester.
- B. The suspension period for middle school students shall be from the end of the previous semester through the first three (3) weeks of succeeding semester.
- C. Each student is eligible on Monday of the week following the end of the suspension period. Three or more teaching days shall constitute a week.

SEASON LIMITATIONS:

After entering or being eligible to enter the seventh grade, students shall have six (6) years of interscholastic eligibility. If the seventh or eighth grade is repeated, and such repetition is not based upon documented academic reasons, the repeated year shall count against the student's (6) interscholastic competitive years.

FEES AND FORMS:

Every athlete must pay the sports fee, sign the 2018-2019 Athletic Participation Packet, turn in a completed Physical Form (sports physicals are good for 2 years), and sign the Emergency Medical Authorization. In addition, parent's signatures are required as well.

Eligibility paperwork must be turned in to the Athletic Department. (A parent and student must sign the attached signature form).

Practices will not count toward the required number per W.I.A.A. regulation until a current Physical is on file. All fees must be paid before the first game.

FEES PER SPORT:

Sports fees for the 2018-2019 school year - (If you have questions, please contact the athletic department).

High School: \$200 for each High School Sport
(Football, Volleyball, Cross Country, Boys & Girls Basketball, Baseball, Softball, Golf)

Middle School: \$100 for each Middle School Sport
(Football, Volleyball, Boys & Girls Basketball, Baseball, Softball)

It is the responsibility of the student to complete the required process.



PATRIOT ATHLETICS

Athletic Mission Statement

The athletic program at Liberty Christian School is designed to be an integral part of the student's Christian school experience. Jesus Christ is to be our focus, both on and off the athletic venue. We will strive to demonstrate His attitudes, actions and mind set. We will strive to learn and practice respect, build self-confidence, and self-discipline.

We are to do everything as unto the Lord and not as unto men.

* * * * *

We Believe:

- ❖ Students should have a healthy balance of activities and responsibilities.
- ❖ Athletes should strive to give 100% at all times.
- ❖ Maintain a commitment to excellence in all athletic programs.
- ❖ Honest, respectful communication will exist between teammates, athletes, parents, referees, coaches, and other authority figures.
- ❖ Head coaches will develop programs with clear and consistent guidelines; treat all coaches and players with respect, and model appropriate behaviors.
- ❖ The athletic department and each athletic program will establish clear goals and make plans to achieve them.
- ❖ That L.C.S. coaches / athletes / parents involved in an athletic event shall strive to be examples of Christ at all times.



PATRIOT ATHLETICS

Parents,

It is my hope that this packet has answered your questions regarding your child(s) participation in the athletic programs offered at Liberty Christian School.

Be sure to regularly check the Patriot Athletics website at www.patriotathletics.net for latest news, scores, and schedules. If you have any questions or concerns please feel free to contact me directly.

Thank you for entrusting your children to us as we look forward to the privilege and responsibility of serving you and your family this year.

GO PATRIOTS!

A handwritten signature in black ink, appearing to read "Rick Godwin".

Rick Godwin
Athletic Director
PATRIOT ATHLETICS
Liberty Christian School
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Liberty Christian School Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- | | |
|--|--|
| <ul style="list-style-type: none">● Headaches● “Pressure in head”● Nausea or vomiting● Neck pain● Balance problems or dizziness● Blurred, double, or fuzzy vision● Sensitivity to light or noise● Feeling sluggish or slowed down● Feeling foggy or groggy● Drowsiness● Change in sleep patterns | <ul style="list-style-type: none">● Amnesia● “Don’t feel right”● Fatigue or low energy● Sadness● Nervousness or anxiety● Irritability● More emotional● Confusion● Concentration or memory problems (forgetting game plays)● Repeating the same question/comment |
|--|--|

Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can’t recall events prior to hit
- Can’t recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

What can happen if my child keeps on playing with a concussion or returns too soon?

Liberty Christian School Concussion Information Sheet

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to student-athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new "Zackery Lystedt Law" in Washington now requires the consistent and uniform implementation of long and well-established return-to-play concussion guidelines that have been recommended for several years:

"a youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time"

and

"...may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider".

You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/ConcussionInYouthSports/>



Athletics Signature Page

Student-athlete Printed Name: _____ Grade: _____

Academic Eligibility:

Student Signature: _____ Date: _____

Parent / Guardian Signature: _____ Date: _____

Athletic Mission Statement:

Student Signature: _____ Date: _____

Parent / Guardian Signature: _____ Date: _____

Concussion Information:

Student Signature: _____ Date: _____

Parent / Guardian Signature: _____ Date: _____

For office use only:

Date turned in: _____

Received by: _____

EMERGENCY MEDICAL AUTHORIZATION

This form must be made available by the coach at all team practices and contests for each team member to ensure proper medical treatment by physicians or hospital in the event of serious injury.

Athlete's Name _____

Birth date _____ **Age** _____ **Grade** _____

Parent/Guardians' Name _____

Home Phone _____ **Work Phone** _____

Address _____ **ZIP** _____

EMERGENCY CONTACT:

In the event the parents cannot be contacted, please contact:

Name _____ **Phone** _____

Address _____ **ZIP** _____

Medical Insurance Info:

Medical Health Insurance Provider: _____

Policy Number: _____ **Name of Insured:** _____

I hereby give consent for medical treatment deemed necessary by designated school authorities and/or for transportation to a hospital emergency room for treatment for **any** illness or injury resulting from his/her athletic participation.

Preferred Physician _____ **Phone** _____

Preferred Hospital _____

Signed (Parent or Guardian)

Date

Athletes must have a current physical on file with the school. The physical is good for two years from the date of the physical.

I hereby give consent for my son/daughter to participate in any interscholastic sports offered by Liberty Christian School and our signatures indicate that the above information on the Emergency Medical Authorization is accurate. I absolve Liberty Christian School from liability to me or my child because of any injury to my child at school or during any school-sponsored activity.

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

PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION				
Height	Weight		<input type="checkbox"/> Male	<input type="checkbox"/> Female
BP	/	(/)	Pulse	Vision R 20/
				L 20/
			Corrected	<input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS		
Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperaxia, myopia, MVP, aortic insufficiency) 				
Eyes/ears/nose/throat <ul style="list-style-type: none"> Pupils equal Hearing 				
Lymph nodes				
Heart* <ul style="list-style-type: none"> Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI) 				
Pulses <ul style="list-style-type: none"> Simultaneous femoral and radial pulses 				
Lungs				
Abdomen				
Genitourinary (males only) ^b				
Skin <ul style="list-style-type: none"> HSV lesions suggestive of MRSA, tinea corporis 				
Neurologic ^c				
MUSCULOSKELETAL				
Neck				
Back				
Shoulder/arm				
Elbow/forearm				
Wrist/hand/fingers				
Hip/thigh				
Knee				
Leg/ankle				
Foot/toes				
Functional <ul style="list-style-type: none"> Duck-walk, single leg hop 				

*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
^bConsider GU exam if in private setting. Having third party present is recommended.
^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____
- Not cleared
- Pending further evaluation
 - For any sports
 - For certain sports
- Reason _____
- Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____
 Address _____ Phone _____
 Signature of physician _____, MD or DO

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? Yes No If yes, please identify specific allergy below.
 Medicines Pollens Food Stinging insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No	MEDICAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____			27. Have you ever used an inhaler or taken asthma medicine?		
3. Have you ever spent the night in the hospital?			28. Is there anyone in your family who has asthma?		
4. Have you ever had surgery?			29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No	30. Do you have groin pain or a painful bulge or hernia in the groin area?		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?			31. Have you had infectious mononucleosis (mono) within the last month?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			32. Do you have any rashes, pressure sores, or other skin problems?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?			33. Have you had a herpes or MRSA skin infection?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease <input type="checkbox"/> Other: _____			34. Have you ever had a head injury or concussion?		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
10. Do you get lightheaded or feel more short of breath than expected during exercise?			36. Do you have a history of seizure disorder?		
11. Have you ever had an unexplained seizure?			37. Do you have headaches with exercise?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	39. Have you ever been unable to move your arms or legs after being hit or falling?		
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?			40. Have you ever become ill while exercising in the heat?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?			41. Do you get frequent muscle cramps when exercising?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			42. Do you or someone in your family have sickle cell trait or disease?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			43. Have you had any problems with your eyes or vision?		
BONE AND JOINT QUESTIONS	Yes	No	44. Have you had any eye injuries?		
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?			45. Do you wear glasses or contact lenses?		
18. Have you ever had any broken or fractured bones or dislocated joints?			46. Do you wear protective eyewear, such as goggles or a face shield?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			47. Do you worry about your weight?		
20. Have you ever had a stress fracture?			48. Are you trying to or has anyone recommended that you gain or lose weight?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)			49. Are you on a special diet or do you avoid certain types of foods?		
22. Do you regularly use a brace, orthotics, or other assistive device?			50. Have you ever had an eating disorder?		
23. Do you have a bone, muscle, or joint injury that bothers you?			51. Do you have any concerns that you would like to discuss with a doctor?		
24. Do any of your joints become painful, swollen, feel warm, or look red?			FEMALES ONLY		
25. Do you have any history of juvenile arthritis or connective tissue disease?			52. Have you ever had a menstrual period?		
			53. How old were you when you had your first menstrual period?		
			54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

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

Signature of athlete _____ Signature of parent/guardian _____ Date _____

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