

**Old Suwanee Christian School**  
**2011-2012**  
**Athletic Guidelines and Agreement**

**I Timothy 4:7-8 But refuse profane and old wives' fables, and exercise thyself rather unto godliness. For bodily exercise profiteth little: but godliness is profitable unto all things, having promise of the life that now is, and of that which is to come.**

**General Guidelines for OSCS Conquerors**

**1. Your testimony for Christ is most important.**

A positive testimony for Jesus Christ is much more important than good game stats. When people see you play, they must see Jesus in you! Your appearance both on and off the court should be consistent with school policy at all times.

**2. Grades are priority one!** It is the student athletes' responsibility to maintain his/her grades during the season. Please note the athletic eligibility requirements below.

A. The student-athlete must maintain a minimum of a 2.0 and have a passing grade in all subjects to be eligible for competition.

B. Three-week Grades:

- The student-athlete will be evaluated every three weeks. If a student falls below the above requirements, the student will not be allowed to participate in a sport until the next reporting period.
- A student-athlete may receive be placed on academic probation by the Administrator, in accordance with GCAA policies.

C. Report Card:

- If a student-athlete receives an "F" on their report card or if the GPA average is less than a 2.0, per league rules, they are ineligible for the

remainder of that current season and cannot become eligible for any sport until the next report card.

- If a student-athlete becomes ineligible, the student may not practice or travel with the team.

3. **Church Attendance** is a must for every player. How can you be a Christian athlete and not go to church? If you honor Christ at church, you will honor Him on the court.
4. **Commitment** is the word that makes our athletic programs possible. It is our desire to teach the student athletes that once a commitment has been made, they should follow through on that commitment until it is completed.
5. **Coaches** are your leaders and authorities. Our coaches and staff donate their time to invest in your life. You can repay them by giving them utmost respect and appreciation.
6. **Practice** is imperative to the success of the team. You are expected to be at every practice. Practice normally runs from 3:30 to 5:00, during basketball season boys practice until 6:00. We will practice on Monday, Tuesday, Thursday, and Friday. **Student athletes must dress for practice in approved OSCS Physical Education apparel.**
7. **Game time** is an important time for all. This is where the plan comes together and all the hard work pays off. Even if you lose a game, you should be able to say that you kept the commitment, kept the desire to learn and improve, and kept your testimony.
8. **Referees** are the authority during the game. We will not tolerate arguing or showing disrespect with the officials. This will result in a possible suspension from playing. It is the coach's responsibility or the speaking captain to appeal to the officials. Referees are not perfect and will certainly make mistakes as will players and coaches. *The goal of the GCAA is to encourage and foster a spirit of fair play, Christian*

*sportsmanship, and wholesome competition between Christian schools. “Boo-ing” degrading remarks, and intimidating actions directed at officials, competitors, or other spectators will not be tolerated, and are grounds for removal from the event site. Any person that enters the playing area will be by league policy suspended for a minimum of two weeks.*

9. **Travel** is always part of an athletic program. We expect athletes to travel on the bus with his or her team. We expect our student athletes to act in a proper manner while on the way to and from games. Students are to adhere to school policy as it pertains to the school dress code following games. Continued horseplay on the bus and in restaurants may result in dismissal from the team. Make sure that you help clean up after a meal and when you leave the bus.
  
  10. **Forms** needed to participate in athletics. In order to even practice, you need the following: proof of insurance, OSCS and GACS liability forms, and a current sport physical. (Sports physicals are good for 1 year from the date of the physical)
  
  11. **Game Schedules** and directions will be posted on the school website.
  
  12. **Cost** is of course an important issue. We realize that our student athletes have many costs during a school year and attempt to keep the cost as low as possible. The fees help with expenses of the athletic program. The fees are as follows:  
First sport fee - \$160.00  
Second sport fee - \$135.00  
Thirst sport fee - \$110.00  
Students playing more than one sport in as season (fall, winter, or spring) will pay \$75.00 for any additional sport.  
Cheerleading - \$100.00
- Fees are due by the first game.** A \$25.00 late fee will be assessed after the first game.

The athletic fee and late fee must be paid by **the mid-point of a season, if these costs are not yet paid, the student athlete may not be allowed to play until the fees are paid.** There could be other costs during the season. These may include team shoes, shirts or warm-ups, and meal money etc...

**13. Absentee/ no-play policy.** If a student is absent from school, he or she is unable to participate in extra-curricular activities. If the student is present for half a day or more, they are able to participate in practice or games on that day.

**14. Demerit policy.** It is our responsibility to develop every aspect of each student-athlete. As a result, we will not tolerate high levels of demerits with our student-athletes. Please read the policy concerning student-athletes and demerits.

- A.** At 50 demerits, the student-athlete will be suspended for one event and is subject to dismissal from the team.
- B.** At 75 demerits, the student-athlete will be dismissed from the team.
- These demerit numbers represent actual numbers, not just demerits accumulated during that season. If a student receives 75 demerits during or after a season, that student will be ineligible for any awards except the varsity letter.
- An event includes an entire date, whether it is two matches, or a JV and Varsity basketball game. It counts as a complete calendar date.

We continue to seek God's direction in our athletic department. It is our goal to do all to the Glory of God. We look forward to working with your student.

## OSCS ATHLETIC GUIDELINES AND AGREEMENT

I have read and understand the athletic guidelines explained and agree to abide by these guidelines. Please sign and return this page to the athletic director.

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Parent Signature

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Date

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Student Signature

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Date

<b>GEORGIA CHRISTIAN ATHLETIC ASSOCIATION</b>
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(Athletic Division of the Georgia Association of Christian Schools)

**Liability Waiver Form**

*This Liability Waiver Form must be completed, and signed by the parent or guardian for each student athlete (including cheerleaders) before participation in any GCAA athletic practice, game, activity, contest or event. The original must be on file in the school office.*

**PARENT/GUARDIAN RELEASE**

FOR AND IN CONSIDERATION OF the mutual promises, covenants, conditions, representations, and warranties contained herein, and for other good and valuable consideration, the receipt and legal sufficiency of which are hereby acknowledged, it is agreed as follows:

The undersigned hereby releases and forever discharges the Georgia Association of Christian Schools (GACS) and its athletic division known as the Georgia Christian Athletic Association (GCAA), along with all of its agents, employees, directors, officers, assigns, and attorneys, from any and all claims, demands, actions, causes of action or suits arising out of any injuries, known or unknown, which have resulted or may in the future result from any GACS/GCAA sponsored athletic game, activity, contest or event.

The undersigned hereby assumes all risk of injury associated with any such athletic game, activity, contest or event and fully indemnifies and holds harmless the GACS and GCAA along with its agents, employees, directors, officers, assigns, and attorneys from and against each and every liability, loss, cost, damage, and expense, including attorney's fees, which the GACS and GCAA along with its agents, employees, directors, officers, assigns, and attorneys may incur as a result of any GACS/GCAA sponsored athletic game, activity, contest or event.

*This liability waiver/release applies to the following student athlete:*

**STUDENT'S NAME:** \_\_\_\_\_  
First Middle Last

*who is currently enrolled in the following GACS/GCAA member school:*

**SCHOOL NAME:** \_\_\_\_\_

**SCHOOL ADDRESS:** \_\_\_\_\_  
Street City State ZIP

This \_\_\_ day of \_\_\_\_\_, 20\_\_\_

\_\_\_\_\_  
**Parent/Guardian's Signature**

\_\_\_\_\_  
**Parent/Guardian's Printed Name**

## **Old Suwanee Christian School Athletic Department Liability Form**

The purpose of this form is to make you aware that we will be traveling during the upcoming seasons. Rather than have you sign a note per day, we felt it easier to sign one at the beginning of the season that gives your child permission to travel with the team to all practices and games.

I, the undersigned agree to release and hold harmless, Old Suwanee Baptist Church, Old Suwanee Christian School and its staff responsible or legally liable for any accidents, injuries, inconveniences, or discomforts including death. The undersigned also agrees to indemnify the school for damages by my child. If legal proceedings occur, you will be held liable for all court and legal cost to Old Suwanee Baptist Church, Old Suwanee Christian School and/or its staff. We will maintain supervision at all times and will assist for safety in all cases. In case of an accident, attempts will be made to contact parents and/or family doctor. If this is not possible, we will seek the best medical help possible. Please do not be offended by this disclaimer, but it is necessary to protect our ministry from those who might take advantage of our church ministries. In our day and time, these steps have become essential.

Student-athlete's name \_\_\_\_\_ Grade \_\_\_\_\_

Student-athlete's signature \_\_\_\_\_

Parent's name \_\_\_\_\_

Parent's signature \_\_\_\_\_

Emergency phone Number(s) \_\_\_\_\_

Insurance company \_\_\_\_\_

Policy number \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

Date \_\_\_\_\_

Please attach a copy of the front and back of your insurance card.

**Preparticipation Physical Evaluation**

Date of Exam \_\_\_\_\_

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_  
 Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Personal Physician \_\_\_\_\_  
**In case of emergency, contact:**  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (H) \_\_\_\_\_ Phone(W) \_\_\_\_\_

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

- |  | Yes                      | No   |  | Yes                      | No                       |               |            |  |                          |                          |
|--|--------------------------|--|--|--------------------------|--------------------------|---------------|------------|--|--------------------------|--------------------------|
| 1. Has a doctor ever denied or restricted your participation in sports for any reason?   | <input type="checkbox"/> | <input type="checkbox"/>                   | 24. Do you cough, wheeze, or have difficulty breathing during or after exercise?                           | <input type="checkbox"/> | <input type="checkbox"/> |               |            |  |                          |                          |
| 2. Do you have an ongoing medical condition (like diabetes or asthma)?   | <input type="checkbox"/> | <input type="checkbox"/>                   | 25. Is there anyone in your family who has asthma?   | <input type="checkbox"/> | <input type="checkbox"/> |               |            |  |                          |                          |
| 3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills?   | <input type="checkbox"/> | <input type="checkbox"/>                   | 26. Have you ever used an inhaler or taken asthma medicine?  | <input type="checkbox"/> | <input type="checkbox"/> |               |            |  |                          |                          |
| 4. Do you have allergies to medicines, pollens, foods, or stinging insects?  | <input type="checkbox"/> | <input type="checkbox"/>                   | 27. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?             | <input type="checkbox"/> | <input type="checkbox"/> |               |            |  |                          |                          |
| 5. Have you ever passed out or nearly passed out DURING exercise?  | <input type="checkbox"/> | <input type="checkbox"/>                   | 28. Have you had infectious mononucleosis (mono) within the last month?                                    | <input type="checkbox"/> | <input type="checkbox"/> |               |            |  |                          |                          |
| 6. Have you ever passed out or nearly passed out AFTER exercise?   | <input type="checkbox"/> | <input type="checkbox"/>                   | 29. Do you have any rashes, pressure sores, or other skin problems?  | <input type="checkbox"/> | <input type="checkbox"/> |               |            |  |                          |                          |
| 7. Have you ever had discomfort, pain, or pressure in your chest during exercise?  | <input type="checkbox"/> | <input type="checkbox"/>                   | 30. Have you had a herpes skin infection?  | <input type="checkbox"/> | <input type="checkbox"/> |               |            |  |                          |                          |
| 8. Does your heart race or skip beats during exercise?   | <input type="checkbox"/> | <input type="checkbox"/>                   | 31. Have you ever had a head injury or concussion?   | <input type="checkbox"/> | <input type="checkbox"/> |               |            |  |                          |                          |
| 9. 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?                                   | <input type="checkbox"/> | <input type="checkbox"/> |               |            |  |                          |                          |
| <input type="checkbox"/> High blood pressure   |                          | <input type="checkbox"/> A heart murmur    | 33. Have you ever had a seizure?   | <input type="checkbox"/> | <input type="checkbox"/> |               |            |  |                          |                          |
| <input type="checkbox"/> High cholesterol  |                          | <input type="checkbox"/> A heart infection | 34. Do you have headaches with exercise?   | <input type="checkbox"/> | <input type="checkbox"/> |               |            |  |                          |                          |
| 10. Has a doctor ever ordered a test for your heart? (for example: ECG, echocardiogram)  | <input type="checkbox"/> | <input type="checkbox"/>                   | 35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?     | <input type="checkbox"/> | <input type="checkbox"/> |               |            |  |                          |                          |
| 11. Has anyone in your family died for no apparent reason?   | <input type="checkbox"/> | <input type="checkbox"/>                   | 36. Have you ever been unable to move your arms or legs after being hit or falling?                        | <input type="checkbox"/> | <input type="checkbox"/> |               |            |  |                          |                          |
| 12. Does anyone in your family have a heart problem?   | <input type="checkbox"/> | <input type="checkbox"/>                   | 37. When exercising in the heat, do you have severe muscle cramps or become ill?                           | <input type="checkbox"/> | <input type="checkbox"/> |               |            |  |                          |                          |
| 13. Has any family member or relative died of heart problems or of sudden death before age 50?   | <input type="checkbox"/> | <input type="checkbox"/>                   | 38. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease? | <input type="checkbox"/> | <input type="checkbox"/> |               |            |  |                          |                          |
| 14. Does anyone in your family have Marfan syndrome?   | <input type="checkbox"/> | <input type="checkbox"/>                   | 39. Have you had any problems with your eyes or vision?  | <input type="checkbox"/> | <input type="checkbox"/> |               |            |  |                          |                          |
| 15. Have you ever spent the night in a hospital?   | <input type="checkbox"/> | <input type="checkbox"/>                   | 40. Do you wear glasses or contact lenses?   | <input type="checkbox"/> | <input type="checkbox"/> |               |            |  |                          |                          |
| 16. Have you ever had surgery?   | <input type="checkbox"/> | <input type="checkbox"/>                   | 41. Do you wear protective eyewear, such as goggles or a face shield?                                      | <input type="checkbox"/> | <input type="checkbox"/> |               |            |  |                          |                          |
| 17. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendinitis, that caused you to miss a practice or game? If yes, circle affected area below:          | <input type="checkbox"/> | <input type="checkbox"/>                   | 42. Are you happy with your weight?  | <input type="checkbox"/> | <input type="checkbox"/> |               |            |  |                          |                          |
| 18. Have you had any broken or fractured bones or dislocated joints? If yes, circle below:   | <input type="checkbox"/> | <input type="checkbox"/>                   | 43. Are you trying to gain or lose weight?   | <input type="checkbox"/> | <input type="checkbox"/> |               |            |  |                          |                          |
| 19. 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 below: | <input type="checkbox"/> | <input type="checkbox"/>                   | 44. Has anyone recommended you change your weight or eating habits?  | <input type="checkbox"/> | <input type="checkbox"/> |               |            |  |                          |                          |
| Head   | Neck                     | Shoulder                                   | Upper Arm  | Elbow                    | Forearm                  | Hand/ Fingers | Chest      | 45. Do you limit or carefully control what you eat?                        | <input type="checkbox"/> | <input type="checkbox"/> |
| Upper Back   | Lower Back               | Hip  | Thigh  | Knee                     | Calf/ Shin               | Ankle         | Foot/ Toes | 46. Do you have any concerns that you would like to discuss with a doctor? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Have you ever had a stress fracture?   | <input type="checkbox"/> | <input type="checkbox"/>                   |  |                          |                          |               |            | <b>FEMALES ONLY</b>  |                          |                          |
| 21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?   | <input type="checkbox"/> | <input type="checkbox"/>                   |  |                          |                          |               |            | 47. Have you ever had a menstrual period?                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Do you regularly use a brace or assistive device?  | <input type="checkbox"/> | <input type="checkbox"/>                   |  |                          |                          |               |            | 48. How old were you when you had your first menstrual period?             | _____                    |                          |
| 23. Has a doctor ever told you that you have asthma or allergies?  | <input type="checkbox"/> | <input type="checkbox"/>                   |  |                          |                          |               |            | 49. 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 \_\_\_\_\_

# Preparticipation Physical Evaluation

## PHYSICAL EXAMINATION FORM

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ % Body Fat (optional) \_\_\_\_\_ Pulse \_\_\_\_\_ BP \_\_\_\_ / \_\_\_\_ (\_\_\_\_ / \_\_\_\_, \_\_\_\_ / \_\_\_\_)

Vision R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected: Y N Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_

	NORMAL	ABNORMAL FINDINGS	INITIALS*
<b>MEDICAL</b>			
Appearance			
Eyes/ears/nose/throat			
Hearing			
Lymph nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary (males only)+			
Skin			
<b>MUSCULOSKELETAL</b>			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			

\*Multiple-examiner set-up only.  
 +Having a third party present is recommended for the genitourinary examination.

Notes: \_\_\_\_\_  
 \_\_\_\_\_

Name of physician (print/type) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of physician \_\_\_\_\_, MD or DO

**Preparticipation Physical Evaluation**

**CLEARANCE FORM**

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

- Cleared without restriction
- Cleared, with recommendations for further evaluation or treatment for: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Not Cleared for  All sports  Certain sports: \_\_\_\_\_ Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY INFORMATION**

Allergies \_\_\_\_\_

Other Information \_\_\_\_\_

Name of physician (print/type) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of physician \_\_\_\_\_, MD or DO

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