

TURLOCK CHRISTIAN JUNIOR HIGH SCHOOL NON-ENROLLED STUDENT - Junior High 2025-2026 ATHLETIC PACKET

RETURN pages 1-3 to the office before you participate. KEEP pages 4-6 for your records.

The Home School Sports Participation program is open to Junior High students who currently attend a home school that TC has contracted with and wish to participate in the practices and games of a particular sport.

| | For student er payment to th | | ubmit COPIE | S of the fol | lowing WITH P | AGES 1 | - 3 and | |
|---------------|------------------------------|--------------|--------------------|----------------------|----------------------------|------------------|--------------------|------|
| | | | Birth Certifica | te | | | | |
| | | | Immunization | Records | | | | |
| | | | Report Card | | | | | |
| | | | Medical Insur | ance Card | | | | |
| | | | Physician's Ex | am | | | | |
| | | | Administrativ | e Enrollment | Fee: \$75 (one-tir | ne fee <u>pe</u> | er year) | |
| | | | Sports Fees: 5 | \$200 <u>per spo</u> | <u>rt</u> (for Coach, equi | pment, f | acilities) | |
| STUDEN | IT INFORMATION | | | | | | | |
| Date | | School Name | e | | | Grade | <u></u> | |
| Student | Name | | | | | Birtho | date | |
| | Last | | Firs | t | MI | | | |
| Sport(s) | selected | | | | | | | |
| <u>PARENT</u> | T/GUARDIAN INFOR | RMATION | | | | | | |
| Father _ | | | | Mother _ | | | | |
| Address | s | | | Address_ | | | | |
| Phone N | No: | | | Phone No | : | | | |
| E-mail: _ | | | | E-mail: | | | | |
| ADDITIO | ONAL EMERGENCY (| CONTACT INFO | <u>PRMATION</u> | | | | | |
| NAME | | | Phone No. | | Relationship to S | student | Allowed to pick up | |
| | | | | | | | Yes | ☐ No |
| | This form is ao | od for the e | ntire school v | vear, wheti | her one or multi | iple spo | rts are pla | ved. |
| | Date Paid | - | | - | Sport | | • | ĺ |
| | Date Paid | | | | Sport | | | |
| | Date Falu | | ΛIII | | JPUIT | | | i |



TURLOCK CHRISTIAN JUNIOR HIGH SCHOOL NON-ENROLLED STUDENT - Junior High 2025-2026 ATHLETIC PACKET

Parent-Student Agreement

RETURN pages 1-3 to the office before you participate. KEEP pages 4-6 for your records.

| I | and | have read and agree with the |
|--|--|--|
| (PRINT parent name) | (P | RINT student name) |
| regarding the athletics program, we und We agree to speak honorably regarding T we disagree with and handle the matter in | erstand to contact the urlock Christian School n a Christ-like manner. s and information I nee | caching staff and administration of the school. <i>If we need clarity or have questions</i> thead coach of the sport in question first, and then contact the Director of Athletics. (TCS) and its coaching staff. When we do not agree, we agree to speak only to those I will attend the sports meeting(s) for my child(s) sports or schedule a meeting with ad clarity on. I have also read the TC Student-Athlete Handbook posted on the Resource m. |
| | to compete in sports. | Int indicating you read it.) I authorize the representative of the school to supervise my student athlete on all tudent treated and I authorize the medical agency to render treatment. |
| Release of Liability (Please initial on the la Participation in extra-curricular a within the activity. | | nent indicating you read it.) wn decision and discretion and TCS will not be held liable for any injuries that occur |
| All athletes must provide proof of | of insurance PRIOR to | being able to try out for any sport (copy of front and back of insurance card). |
| I agree to observe and obey all p employees, representatives, or agents of | | ngs, and further agree to follow any oral instructions or directions given by TCS, or the |
| to myself and (if applicable) my family me | mbers. I further releas | ted with the above described activity and I assume full responsibility for personal injury see and discharge TCS for injury, loss, or damage arising out of my or my family's use of ult of myself, my family, TCS, or other third parties. |
| | | information Sheet and discussed the information regarding concussion symptoms and my child faces by participating in a sport at TCS. |
| | | causes of action, damages, judgments, costs or expenses, including attorney fees and see of or presence upon the facilities of TCS, or its partners. |
| I agree to pay for all damages to myself. | the property of TCS, re | gardless of whether the damage intentional or not, caused by family members or |
| Physician's name: | | Phone: |
| Dentist's name: | | Phone: |
| Preferred Hospital: | | |
| concerning my child. In the eve doctor and the providing of no permission for the above stated anesthesia, or operation as may emergency treatment given whi | nt my child is injure ecessary medical se I student to receive be urgently necessa le my child is in the | e their best effort to contact me in the event of a medical or other emergency d or becomes ill and I am unable to be contacted, I authorize the calling of a rvices, as determined by emergency or school personnel. I hereby give my emergency medical treatment, hospitalization, and to receive such injections, ary. I will not hold Turlock Christian Schools liable for any accident, sickness, or care, custody, or control of Turlock Christian Schools made in good faith. |
| Parent Signature | | Date |
| Student Signature | | |
| Director of Athletics Signa | ture | Date |

TURLOCK CHRISTIAN SCHOOLS

PRE-PARTICIPATION SPORTS EXAM

ALL 7th & 8th grade athletes must complete

| hea irre oth high heri hea | History: Check any of the murmur gular heartbeat er heart problems in blood pressure nia (swelling in groir History: Check any ort problems | , , | onditions you have had: | | | |
|---|---|-----------------------|--|---------------|---------------------------------------|---|
| irre othe high heri hea | gular heartbeat er heart problems n blood pressure nia (swelling in groir History : Check any | | | | | |
| othe high heri hea | er heart problems n blood pressure nia (swelling in groir <u>History</u> : Check any | | knee or ankle prob | blems v | mononucleosis (mono) heat stroke | |
| heri Family hea | nia (swelling in groir <u>History</u> : Check any | | other injury | y | sickle cell trait/disease | |
| Family hea | History: Check any | n) | concussion seizures | | asthma diabetes | |
| hea | | , | | mily had had: | | |
| | in probleme | y of the following co | oriditions anyone in your far sudden death befo | • | | |
| | s Review: Check a | any of the following | symptoms you have experi | J | | |
| | <u>.</u> | _ | | | | |
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| abn | ormal bruising | | rapid heart rate | | back pain | |
| | n in hips, knees or a atisfied with current | | passing out or nea | | LIST ALLERGIES: | |
| | | 3 1 | | | | |
| viculcations | you currently tak | | | | | |
| | | | | | | |
| EXAM – PH | IYSICIAN COMPI | LETE THIS SEC | TION: | | | |
| RP | | HR | Height | | Weight | |
| <u></u> | | 1111 | rieignt_ | | weight | |
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| | | Neg./Normai | FOSTABIIOTITA | Abn | ormalities/Comments | |
| HEENT | | Neg./Normai | FUS./ADHOTHAI | Abr | ormalities/Comments | |
| HEENT | Murmur | Neg./Normal | POS./ADHOTHAI | Abr | ormalities/Comments | |
| HEENT Neck | Murmur Heart Sounds | Neg./Normal | FUS./ADHOTHAI | Abr | ormalities/Comments | |
| HEENT Neck | | Neg./Normal | POS./ADHOTHAI | Abr | ormalities/Comments | |
| HEENT Neck Heart | Heart Sounds | Neg./Normal | POS./ADHOTHAI | Abr | ormalities/Comments | |
| HEENT Neck Heart Lungs | Heart Sounds | Neg./Normal | PUS./ADHOTHIAI | Abr | ormalities/Comments | |
| HEENT Neck Heart Lungs Abdomen | Heart Sounds Rate, Rhythm Liver, Spleen Scoliosis | Neg./Normal | PUS./ADHOTHAI | Abr | ormalities/Comments | |
| HEENT Neck Heart Lungs Abdomen | Heart Sounds Rate, Rhythm Liver, Spleen | Neg./Normal | POS./ADHOTHAI | Abr | ormalities/Comments | |
| HEENT Neck Heart Lungs Abdomen Back | Heart Sounds Rate, Rhythm Liver, Spleen Scoliosis | Neg./Normal | PUS./ADHOTHAI | Abr | ormalities/Comments | |
| HEENT Neck Heart Lungs Abdomen Back | Heart Sounds Rate, Rhythm Liver, Spleen Scoliosis Tenderness | Neg./Normal | PUS./AUTIONITIAI | Abr | ormalities/Comments | |
| General HEENT Neck Heart Lungs Abdomen Back Extremities | Heart Sounds Rate, Rhythm Liver, Spleen Scoliosis Tenderness Trauma | Neg./Normal | PUS./ADHOTHAI | Abr | ormalities/Comments | |

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TURLOCK CHRISTIAN JUNIOR HIGH SCHOOL NON-ENROLLED STUDENT - Junior High 2025-2026 ATHLETIC PACKET

Turlock Christian Athletic Policies

Philosophy

The philosophy is to support the mission statement of Turlock Christian Schools and to assist students in their athletic growth and development. Athletics assist students in promoting the importance of teamwork, effort, goals and commitment. *Athletics is highly competitive*, but winning is not the only measure of success. Sportsmanship, respect for participants, and dignity in the face of adversity are more important than the outcome of the contest.

Sportsmanship

Athletes are ambassadors of Turlock Christian School. Therefore, athletes and parents are expected and required to show all team personnel, parents and spectators respect and honor God at all times by exhibiting the highest level of conduct. All athletes, coaches, staff and officials are to be treated with respect and dignity at all times.

Commitment

Turlock Christian athletes are expected to remain committed to their team and complete the entire season. We have a "No-quit" policy, (see page 12 in Student-Athlete Handbook).

Hazing

Hazing is prohibited at all times. Hazing involves any act that subjects teammates to mental or physical discomfort, embarrassment, harassment, or ridicule. In some instances, hazing constitutes a criminal act. Hazing may lead to immediate dismissal from a team.

Communication with Coaches

If a parent feels a need to communicate a concern with a coach, the parent must contact the coach for a pre-arranged meeting. Please be aware that a parent is not to address a coach before or immediately after a game or practice. Coaches have pre and post-game/practice responsibilities, including supervision of players at all times. If needed, the parent can contact the school office for a pre-arranged meeting between the parent, coach and the Director of Athletics.

Uniform and Equipment

All athletes are responsible for the equipment/uniform issued to them by their coaches. Once an athlete's respective season is completed, they must return said equipment/uniform to their coach no later than <u>ONE WEEK</u> after the last contest.

Parent/guardian will be billed for the replacement cost of missing or damaged items. If equipment/uniform is not returned, the student is ineligible to play another sport until said equipment/uniform is turned in or paid for.

Misc. Information

- All 7th 8th grade athletes are **required** to have a physical before practice begins for the season.
- No student is allowed to drive another student to practices or games.
- Athletes absent for **ANY** part of the school day cannot participate in any school activity or contest after school on the day of the absence. **Notes for medical or dental appointments may be accepted.**
- If a student is absent from school due to illness, the student may not attend any sporting event.
- Pre-arranged absence or an emergency: athlete may participate if excused by the principal or athletic director.
- Athletes may be removed from a team at the discretion of the Director of Athletics for chronic absences or tardiness.
- If suspended from school, the athlete will be ineligible for competition for one full week after the suspension. Example, student is suspended from school for Tuesday and returns to school Wednesday. Student must attend practice but cannot play in the game Friday night since it falls within the one-week timeframe. Student must attend the game and sit on the bench.

CIF Concussion Information Sheet



Why am I getting this information sheet?

You are receiving this information sheet about concussions because of California state law AB 25 (effective January 1, 2012), now Education Code § 49475:

- 1. The law requires a student athlete who may have a concussion during a practice or game to be removed from the activity for the remainder of the day.
- 2. Any athlete removed for this reason must receive a written note from a medical doctor trained in the management of concussion before returning to practice.
- 3. Before an athlete can start the season and begin practice in a sport, a concussion information sheet must be signed and returned to the school by the athlete and the parent or guardian.

Every 2 years all coaches are required to receive training about concussions (AB 1451), as well as certification in First Aid training, CPR, and AEDs (life-saving electrical devices that can be used during CPR).

What is a concussion and how would I recognize one?

A concussion is a kind of brain injury. It can be caused by a bump or hit to the head, or by a blow to another part of the body with the force that shakes the head. Concussions can appear in any sport, and can look differently in each person.

Most concussions get better with rest and over 90% of athletes fully recover. However, all concussions should be considered serious. If not recognized and managed the right way, they may result in problems including brain damage and even death.

Most concussions occur without being knocked out. Signs and symptoms of concussion (see back of this page) may show up right after the injury or can take hours to appear. If your child reports any symptoms of concussion or if you notice some symptoms and signs, seek medical evaluation from your team's athletic trainer and a medical doctor trained in the evaluation and management of concussion. If your child is vomiting, has a severe headache, or is having difficulty staying awake or answering simple questions, call 911 to take him or her immediately to the emergency department of your local hospital.

On the CIF website is a Graded Concussion Symptom Checklist. If your child fills this out after having had a concussion, it helps the doctor, athletic trainer or coach understand how he or she is feeling and hopefully shows improvement. We ask that you have your child fill out the checklist at the start of the season even before a concussion has occurred so that we can understand if some symptoms such as headache might be a part of his or her everyday life. We call this a "baseline" so that we know what symptoms are normal and common for your child. Keep a copy for your records, and turn in the original. If a concussion occurs, he or she should fill out this checklist daily. This Graded Symptom Checklist provides a list of symptoms to compare over time to make sure the athlete is recovering from the concussion.

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

Athletes with the signs and symptoms of concussion should be removed from play immediately. There is NO same day return to play for a youth with a suspected concussion. Youth athletes may take more time to recover from concussion and are more prone to long-term serious problems from a concussion.

Even though a traditional brain scan (e.g., MRI or CT) may be "normal", the brain has still been injured. Animal and human research studies show that a second blow before the brain has recovered can result in serious damage to the brain. If your athlete suffers another concussion before completely recovering from the first one, this can lead to prolonged recovery (weeks to months), or even to severe brain swelling (Second Impact Syndrome) with devastating consequences.

There is an increasing concern that head impact exposure and recurrent concussions may contribute to long-term neurological problems. One goal of this concussion program is to prevent a too early return to play so that serious brain damage can be prevented.

Signs observed by teammates, parents and Coaches include:

- Looks dizzy
- Slurred speech
- Looks spaced out
- Shows a change in personality or way of acting
- Confused about plays
- Can't recall events before or after the injury
- Forgets plays
- Seizures or has a fit
- Is unsure of game, score, or opponent
- Any change in typical behavior or personality
- Moves clumsily or awkwardly
- Passes out
- Answers questions slowly

Symptoms may include one or more of the following:

- Headaches Loss of memory
- "Pressure in head"
- "Don't feel right"
- Nausea or throws up
- Tired or low energy
- Neck pain
- Sadness
- Has trouble standing or walking
- Nervousness or feeling on edge
- Blurred, double, or fuzzy vision
- Irritability
- Bothered by light or noise
- More emotional
- · Feeling sluggish or slowed down
- Confused
- Feeling foggy or groggy
- Concentration or memory problems
- Drowsiness
- Repeating the same question/comment
- Change in sleep pattern

What is Return to Learn?

Following a concussion, student athletes may have difficulties with short- and long-term memory, concentration and organization. They will require rest while recovering from injury (e.g., avoid reading, texting, video games, loud movies), and may even need to stay home from school for a few days. As they return to school, the schedule might need to start with a few classes or a half-day depending on how they feel. If recovery from a concussion is taking longer than expected, they may also benefit from a reduced class schedule and/or limited homework; a formal school assessment may also be necessary. Your school or doctor can help suggest and make these changes. Student athletes should complete the Return to Learn guidelines and return to complete school before beginning any sports or physical activities, unless your doctor makes other recommendations. Go to the CIF website (cifstate.org) for more information on Return to Learn.

How is Return to Play (RTP) determined?

Concussion symptoms should be completely gone before returning to competition. A RTP progression involves a gradual, step-wise increase in physical effort, sports-specific activities and the risk for contact. If symptoms occur with activity, the progression should be stopped. If there are no symptoms the next day, exercise can be restarted at the previous stage.

RTP after concussion should occur only with medical clearance from a medical doctor trained in the evaluation and management of concussions, and a step-wise progression program monitored by an athletic trainer, coach, or other identified school administrator. Please see cifstate.org for a graduated return to play plan. [AB 2127, a California state law effective 1/1/15, states that return to play (i.e., full competition) must be no sooner than 7 days after the concussion diagnosis has been made by a physician.]

Final Thoughts for Parents and Guardians:

It is well known that high school athletes will often not talk about signs of concussions, which is why this information sheet is so important to review with them. Teach your child to tell the coaching staff if he or she experiences such symptoms, or if he or she suspects that a teammate has had a concussion. You should also feel comfortable talking to the coaches or athletic trainer about possible concussion signs and symptoms that you may be seeing in your child.

References:

American Medical Society for Sports Medicine position statement: concussion in sport (2013) Consensus statement on concussion in sport: the 4th International Conference on Concussion in Sport held in Zurich, November 2012

http://www.cdc.gov/concussion/HeadsUp/youth.html

CIFSTATE.ORG CIF