ALABAMA CHRISTIAN SPORTS CONFERENCE Concussion Information Form and Concussion Policy (Required for participation in any ACSC sport)

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 cannot 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:

- 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
- 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 lack of coordination
- 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

(Continued)

ACSC Concussion Policy:

Any student athlete who exhibits signs, symptoms, or behaviors consistent with a concussion shall be removed from the contest and shall not return to play until a medical release is issued by a medical doctor.

Any health care professional or coach may identify concussive signs, symptoms, or behaviors of a student athlete during any type of athletic activity. Once concussive signs are identified, only a medical doctor can clear an athlete to return to play.

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

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 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 a 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 clearance from a medical doctor. Close observation of the athlete should continue for several hours. 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.

I have reviewed this information on concussions and am aware that a release by a medical doctor is

required before a student may return to play under this policy.				
Student Athlete Name Printed	Student Athlete Signature	Date		
Parent Name Printed	Parent Signature	Date		

ACSC Form adapted in 2012 from the AHSAA Concussion Information Form

EVANGEL CHRISTIAN SCHOOL

(one per family)	TION AND LIABILITY RELEA	ASE FORM	
CHURCH PARTICIPA	TION		
Church, PCA, and	in keeping with Biblical	standards, I am	uction and authority of Evangel either a member or an active otify ECS administration if this
Church Name:		Member:	Active Participant:
	Parent Name: Signature: Date:		
whatsoever arising f	rom injury, damage, or los	s that may occur w	esentatives from any liability Phile participating in any Premises of Evangel Church.
	Parent Name:		

Date:

ALABAMA HIGH SCHOOL ATHLETIC ASSOCIATION

Preparticipation Physical Evaluation Form

History		Date			
Name	Sex Age	Date of bir	th		
Address		Phone			
3011001		3port			
Evnlain "Vo	" answers below:		Ye		No
•	is a doctor ever restricted/denied your participation in sports?			<u>. </u>	
	ive you ever been hospitalized or spent a night in a hospital?			<u>. </u>	<u> </u>
	lave ever had surgery?			1	Ħ
	you have any ongoing medical conditions (like Diabetes or Asthma)?		- 	1	₩
	e you presently taking any medications or pills (prescription or over-the-counter?			<u>. </u>	╫
	you have any allergies (medicine, pollens, foods, bees or other stinging insects)?			1	Ħ
	ive you ever passed out during or after exercise?			! i	
	ave you ever been dizzy during or after exercise?			<u> </u>	╫
	ave you ever been dizzy during or after exercise: ave you ever had chest pain or discomfort in your chest during or after exercise?			<u>. </u>	₩
	o you tire more quickly than your friends during exercise?			1	₩
				1	
	ave you ever had high blood pressure?			<u> </u>	
	ave you ever been told that you have a heart murmur, high cholesterol, or heart infection?			<u> </u>	"
	ave you ever had racing of your heart or skipped heartbeats?			<u> </u>	Щ.
	as anyone in your family died of heart problems or a sudden death before age 50?			<u> </u>	<u></u>
	oes anyone in your family have a heart condition?			<u> </u>	<u></u>
	as a doctor ever ordered a test on your heart (EKG, echocardiogram)?			<u> </u>	<u>Ш</u>
	you have any skin problems (itching, rashes, staph, MRSA, acne)?			<u> </u>	<u> </u>
	ve you ever had a head injury or concussion?			<u> </u>	<u>Ц</u>
	ave you ever been knocked out or unconscious?			<u> </u>	<u> </u>
	ave you ever had a seizure?			<u> </u>	
	ave you ever had a stinger, burner, pinched nerve, or loss of feeling or weakness in your arms	or legs?		<u> </u>	
	ve you ever had heat or muscle cramps?				
	ave you ever been dizzy or passed out in the heat?				<u> </u>
10. Do	you have trouble breathing or do you cough during or after activity?			1	
D	o you take any medications for asthma (for instance, inhalers)?			1	
11. Do	you use any special equipment (pads, braces, neck rolls, mouth guard, eye guards, etc.)?			<u> </u>	
12. Ha	ve you had any problems with your eyes or vision?			1	
D	o you wear glasses or contacts or protective eye wear?			1	
13. Ha	ve you had any other medical problems (infectious mononucleosis, diabetes, infectious diseas	ses, etc.)?		1	
14. Ha	ve you had a medical problem or injury since your last evaluation?			1	
15. Ha	ve you ever been told you have sickle cell trait?			1	
Н	as anyone in your family had sickle cell disease or sickle cell trait?			i	
16. Ha	ve you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or othe	r		1	
	juries of any bones or joints?				
	Head □ Back □ Shoulder □ Forearm □ Hand □ Hip □ Knee □ Ankle				
	Neck Chest Elbow Wrist Finger Thigh Shin Foot				
17. W	hen was your first menstrual period?				
W	hen was your last menstrual period?				
W	hat was the longest time between your periods last year?				
Explain	'Yes" answers:				
I hereby stat	te that, to the best of my knowledge, my answers to the above questions are correct.				
Signature of	athlete Date				
Signature of	parent/guardian	DU	IPLICATE	AS N	IEEDI

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Preparticipation Physical Evaluation

Rule 1, Sec. 14 — In order for a student to be eligible for interscholastic athletics, there must be on file in the Superintendent's or Principal's office a current physician's statement certifying that the student has passed a physical exam, and that in the opinion of the examining physician (M.D. or D.O.) the student is fully able to participate in interscholastic athletics (Grade s 7-12). The AHSAA Physicians Certificate (Form 5) must be used. A physical exam will satisfy the requirement for one calendar year from the date of the exam.

Physical Examination

		Height\	Neight	BP / Pulse
		Vision R 20 / L 20	/ Corre	cted: Y N
	0		Normal	Abnormal Findings
	LIMITED	Cardiovascular		
		Pulses		
		Heart		
		Lungs		
		Skin		
		E.N.T.		
l _H		Abdominal		
COMPLETE		Genitalia (males)		
MOC		Musculoskeletal		
		Neck		
		Shoulder		
		Elbow		
		Wrist		
		Hand		
		Back		
		Knee		
		Ankle		
		Foot		
		Other		
Clearar	А. В.	Not cleared for: ☐ Co	ollision ontact	ehabilitation for: Strenuous Moderately strenuous Nonstrenuous
	Due to:			
		an		Date
Addres	s			Phone
Signatu	re of phys	sician		M.D. or D.O.

ACSC Liability Waiver Form

(A copy of this form must be on file in the league office)

This **Liability Waiver Form** must be completed, and signed by the parent or guardian for each studentathlete (including cheerleaders) before participation in an ACSC athletic practice, game, activity, contest, or event. The original must be on file in the school office and a copy must be on file with the ACSC.

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 Alabama Christian Sports Conference (ACSC), along with all of its agents, volunteers, 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 ACSC sponsored athletic game, activity, contest, or event.

The undersigned hereby assumes all risk of injury associated with any such ACSC athletic game, activity, contest, or event and fully indemnifies and holds harmless the ACSC along with it agents, volunteers, directors, officers, assigns, and attorneys from and against each and every liability, loss, cost, damage, and expense, including attorney's fees, which the ACSC along with its agents, employees, directors, officers, assigns, and attorneys may incur as a result of any ACSC sponsored athletic game, activity, contest, or event. The ACSC does not have employees. All persons associated with the ACSC are volunteers.

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

First	Middle		Last		
ADDRESS:					
	/		/_	/	
Street	_	City	State		Zip
	ntly enrolled in the i	ioliowing ACS	C IIIGIIIDGI S	orioor.	
OL NIANIE.					
JL NAME:					
			/		/
	/	City		State	/ Zip
OL ADDRESS: Street	/ dou of	City	/	State	/ Zip
OL ADDRESS: Street	day of	City		State	/ Zip
	day of	City	/	State	/ Zip

EVANGEL CHRISTIAN SCHOOL

ATHLETICS CONTRACT (SPORT, YEAR)

▶ PLAYER CONTRACT

I make the following commitments to my Lord, my parents, my coaches, my team, and myself.

- I will be at all practices and games, unless otherwise excused by my coach or due to an unpreventable emergency. I understand that this means I will need to manage my time in terms of my school schedule, study time, completing projects prior to deadlines, and arranging my work schedule in order to prevent conflicts.
- 2. I will do my best to improve as a player and a teammate. I understand that this will require me to put the team before my own personal accomplishments on the field or court. I will encourage my teammates at all times (on and off the field).
- 3. I will subject myself to the authorities that God has allowed to rule over me throughout this season. These authorities include: Evangel Christian School, my parents, my coaches, game referees and officials, etc. I understand that God is sovereign and "His ways are higher than my ways."
- 4. I will pay my registration fee of _______(\$ AMT.), before ______(DATE)
- 5. I will take good care of my uniform and equipment and return it in reasonable condition at the end of the season.

▶ PARENT'S CONTRACT

I commit to support the authorities that God has placed in the Evangel Christian School athletic program. I understand those to be the ECS Board, the ECS administration, the coaches, and the game officials. I will do my best not to criticize, complain, or in any way undermine the leadership position that God has given them.

⋆ COACH'S CONTRACT

I commit to do the following:

- 1. I will do my very best to help you grow as a player, a person, and a follower of Jesus Christ.
- 2. I will subject myself to the authorities that God has placed in my life, including my church, the Evangel School Board and administration, game officials, etc.
- 3. I will do my best to exhibit conduct that provides an example of Christian excellence.
- 4. I will pray for you.

PLAYER'S NAME	PARENT'S NAME
PLAYER'S SIGNATURE	PARENT'S SIGNATURE
COACH'S SIGNATURE	ADMINISTRATOR'S SIGNATURE

EVANGEL CHRISTIAN SCHOOL

STUDENT/ATHLETE Medical Release Form				
9	A now requires a signed release form to be on file before ation can be given on the named patient.			
Student/Athlete:				
	iscuss the medical condition of the above named patient ll school related health problems:			
 Athletic Director Coaches Trainers School Administration Insurance agent (Planned 	d Benefits services)			
Signed:	Relationship:			
Signed:	Relationship:			
Signed:	Relationship:			
	uss the medical condition of the above named patient patient and parents or guardians.			
Signed:	Relationship:			
Signed:	Relationship:			
Signed:	Relationship:			

EVANGEL CHRISTIAN SCHOOL

STATE OF ALABAMA SHELBY COUNTY

INDIVIDUAL RELEASE AND INDEMNITY

This release and indemnity is given by the undersigned to Evangel Church, PCA, including its ministries, Evangel Classical Christian School (ECCS), and Evangel Christian School (ECS) (herein "Evangel") effective on the date signed.

WHEREAS, Evangel oversees both a classical school program and a home school program; and

WHEREAS, students in both the classical school program and the home school program engage in certain athletic activities as a school athletic activity, but without oversight from Evangel; and

WHEREAS, Evangel property is used from time to time for these athletic related activities; and

WHEREAS, as a condition of permitting the athletic events, use of Evangel property, and identification with Evangel, Evangel requires this Release and Indemnity.

NOW, THEREFORE, in consideration of the mutual promises and covenants contained hereinafter, the receipt and sufficiency of which is hereby acknowledged, the undersigned agrees as follows:

- 1. The undersigned, or his or her minor child, will participate in athletic activities in the name of Evangel or on Evangel property, and if the participant is my minor child, I hereby give permission for him or her to participate in said athletic activity.
- 2. In consideration of Evangel permitting such athletic activities, which is a valuable consideration to the undersigned, the undersigned agrees Evangel is not an insurer of the wellbeing of participants, that participants will be engaged in physical activity, and that the undersigned assumes all risks of participation.
- 3. The undersigned does hereby release and hold harmless Evangel, its directors, officers, administrators, employees, agents, and members from any and all liability, claims, demands, or actions for any injury, loss, or other damage that may occur as a result of the undersigned's, or the undersigned's minor child, participation in the athletic activities. The undersigned specifically agrees to indemnify and hold harmless Evangel from any such injury, loss, damage, claim, or action, including the payment of all expenses related thereto and attorneys' fees.

4.	The undersigned understands this is concerning legal rights and issues.	a legal doc	cument and is a RELEASE AND INDEMNITY
	Signed on this the	_ day of	, 200
	Witness		Signature of Parent or Guardian of Minor
			Participant, or of Adult Participant Print Name of Parent or Guardian of Minor Participant, or of Adult Participant

Print Name of Minor