

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)

EVANGEL CHRISTIAN SCHOOL

CHURCH PARTICIPATION AND LIABILITY RELEASE FORM (one per family)

CHURCH PARTICIPATION

While registered with Evangel Christian School, under the instruction and authority of Evangel Church, PCA, and in keeping with Biblical standards, I am either a member or an active participant in the following Bible-believing church and agree to notify ECS administration if this status changes:

Church Name: _____ Member: Active Participant:

Parent Name: _____

Signature: _____

Date: _____

LIABILITY RELEASE

I release Evangel Church, Evangel Christian School, and its representatives from any liability whatsoever arising from injury, damage, or loss that may occur while participating in any activity involving Evangel Christian School, either on or off the premises of Evangel Church.

Parent Name: _____

Signature: _____

Date: _____

ALABAMA HIGH SCHOOL ATHLETIC ASSOCIATION

Preparticipation Physical Evaluation Form

History

Name _____ Sex _____ Age _____ Date _____
 Address _____ Date of birth _____
 School _____ Grade _____ Phone _____
 Sport _____

Explain "Yes" answers below:	Yes	No
1. Has a doctor ever restricted/denied your participation in sports?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been hospitalized or spent a night in a hospital? Have ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any ongoing medical conditions (like Diabetes or Asthma)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you presently taking any medications or pills (prescription or over-the-counter)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have any allergies (medicine, pollens, foods, bees or other stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever passed out during or after exercise? Have you ever been dizzy during or after exercise? Have you ever had chest pain or discomfort in your chest during or after exercise? Do you tire more quickly than your friends during exercise? Have you ever had high blood pressure? Have you ever been told that you have a heart murmur, high cholesterol, or heart infection? Have you ever had racing of your heart or skipped heartbeats? Has anyone in your family died of heart problems or a sudden death before age 50? Does anyone in your family have a heart condition? Has a doctor ever ordered a test on your heart (EKG, echocardiogram)?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have any skin problems (itching, rashes, staph, MRSA, acne)?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever had a head injury or concussion? Have you ever been knocked out or unconscious? Have you ever had a seizure? Have you ever had a stinger, burner, pinched nerve, or loss of feeling or weakness in your arms or legs?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever had heat or muscle cramps? Have you ever been dizzy or passed out in the heat?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you have trouble breathing or do you cough during or after activity? Do you take any medications for asthma (for instance, inhalers)?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you use any special equipment (pads, braces, neck rolls, mouth guard, eye guards, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you had any problems with your eyes or vision? Do you wear glasses or contacts or protective eye wear?	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you had any other medical problems (infectious mononucleosis, diabetes, infectious diseases, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
14. Have you had a medical problem or injury since your last evaluation?	<input type="checkbox"/>	<input type="checkbox"/>
15. Have you ever been told you have sickle cell trait? Has anyone in your family had sickle cell disease or sickle cell trait?	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones or joints? <input type="checkbox"/> Head <input type="checkbox"/> Back <input type="checkbox"/> Shoulder <input type="checkbox"/> Forearm <input type="checkbox"/> Hand <input type="checkbox"/> Hip <input type="checkbox"/> Knee <input type="checkbox"/> Ankle <input type="checkbox"/> Neck <input type="checkbox"/> Chest <input type="checkbox"/> Elbow <input type="checkbox"/> Wrist <input type="checkbox"/> Finger <input type="checkbox"/> Thigh <input type="checkbox"/> Shin <input type="checkbox"/> Foot	<input type="checkbox"/>	<input type="checkbox"/>
17. When was your first menstrual period? _____ When was your last menstrual period? _____ What was the longest time between your periods last year? _____		
Explain "Yes" answers: _____ _____ _____		

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

Signature of athlete _____ Date _____

Signature of parent/guardian _____

DUPLICATE AS NEEDED

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

COMPLETE	LIMITED	Height _____ Weight _____ BP ____ / ____ Pulse _____		
		Vision R 20 / ____ L 20 / ____ Corrected: Y N		
			Normal	Abnormal Findings
		Cardiovascular		
		Pulses		
		Heart		
		Lungs		
	Skin			
	E.N.T.			
	Abdominal			
	Genitalia (males)			
	Musculoskeletal			
	Neck			
	Shoulder			
	Elbow			
	Wrist			
	Hand			
	Back			
	Knee			
	Ankle			
Foot				
Other				

Clearance:

A. Cleared

B. Cleared after completing evaluation/rehabilitation for: _____

C. Not cleared for: Collision Contact Noncontact _____ Strenuous _____ Moderately strenuous _____ Nonstrenuous

Due to: _____

Recommendation: _____

Name of physician _____ Date _____

Address _____ Phone _____

Signature of physician _____, M.D. or D.O.

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.

1. 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

Federal guidelines under HIPAA now requires a signed release form to be on file before any medical or financial information can be given on the named patient.

Student/Athlete: _____

PERMISSION IS GRANTED to discuss the medical condition of the above named patient with the following people for all school related health problems:

- ✓ Athletic Director
- ✓ Coaches
- ✓ Trainers
- ✓ School Administration
- ✓ Insurance agent (Planned Benefits services)

Signed: _____ Relationship: _____

Signed: _____ Relationship: _____

Signed: _____ Relationship: _____

PERMISSION IS DENIED to discuss the medical condition of the above named patient with any person other than the patient and parents or guardians.

Signed: _____ Relationship: _____

Signed: _____ Relationship: _____

Signed: _____ Relationship: _____

**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 a legal document and is a **RELEASE AND INDEMNITY** concerning legal rights and issues.

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