



HERITAGE

CHRISTIAN ACADEMY

SECTION 1: PERSONAL AND EMERGENCY INFORMATION

Athlete's Name: _____ Date of Birth: _____ Age: _____ Grade: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Athlete's Cell Phone: _____

Father's Name: _____ Wk. Phone: _____ Cell Phone: _____

Mother's Name: _____ Wk. Phone: _____ Cell Phone: _____

Parent's Email: _____

Emergency Contact (other than parents listed above):

Name: _____ Phone: _____

Parent's Insurance Company: _____ Insurance Policy Number: _____

Other Insurance Information: _____

List any medical problems of the athlete: _____

Family Doctor: _____ Phone: _____

Hospital Preference: _____

Heritage Christian Academy Sports Waiver for Competing In Sports for the Current School Year:

In consideration of the participation of my child to participate in Heritage Christian Academy athletic activities and to travel to and from practices and games on the HCA campus, (hereafter as "event") the undersigned, for ourselves, our respective heirs, executors, administrators and assigns, jointly and severally forever release and discharge and agree to indemnify and hold harmless Emmanuel Baptist Church, Heritage Christian Academy, and any and all participating sponsors, and directors, and teachers, and the administration, officers, employees, and agents of such parties from and against any and all demands, claims for damages and causes of action, known or unknown, that the undersigned may have for such demands, claims or causes of actions which may result from the gross negligence of any such party, such exception to apply only to such grossly negligent party. Each of the undersigned attest and verify that we have full knowledge of the risks involved in the participation in this event, that we assume these risks, and that we will assume and pay any and all medical and emergency expenses of the participant in the event of an accident, illness, or other incapacity, regardless of whether we have authorized such expense, and that the participant is physically fit and sufficiently trained to participate in the event.

I also hereby grant permission and consent for the rendering of medical treatment to the athlete in the event of injury.

This form must be signed by the parents or legal guardians.

The parent or legal guardian must sign this release before the student will be allowed to participate in HCA Athletics for the current school year.

Parent's Signature: _____ Date: _____

Student's Name: _____ Date: _____

Section 2: Parent Behavior and Student Travel Consent Forms

Parent Behavior Consent Form:

- ☐ Heritage Christian believes the most important aspect of any athletic event is the attitude and testimony of all those involved. As a Christian institution and as Christians ourselves, it is our duty to be in control of our emotions and speech at all times.
- ☐ Everyone wants to win, but the number one reason for this school and for its athletics is to help train and discipline the students in the way of Christ. Therefore, we will expect our players and coaches to act in an appropriate manner. We will expect our fans and parents to do so also.
- ☐ We have set the following guidelines to help everyone behave in an adult-like and appropriate manner and to help everyone maintain their Christian testimony during heated or emotional situations.
- ☐ If you personally do not profess to be a Christian, we ask that you still adhere to our guidelines so the school your child attends can be perceived in a positive light in regards to attitude and sportsmanship.
 1. All fans (including parents) are expected to abide by the following guidelines when attending any HCA athletic function whether home or away.
 2. The coaches and administration from Heritage Christian or from the host school reserve the right to dismiss anyone from the athletic event who is not acting in accordance to the following guidelines or in accordance to a Christian testimony.
 3. Fans should only cheer in a positive manner.
 4. Fans should not "boo" the other team or the officials, nor should they make any degrading remarks regarding any players or the officials.
 5. Fans should never approach an official after a game.
 6. Fans should not approach a coach in a negative manner after a game.
 7. If a parent wants to discuss an issue with the coach, they should call the school to set up an appointment.
- ☐ Most of us would agree that a few years down the road other schools would not necessarily remember what our record was or how many points they beat us by or how many points we beat them by, but they will remember the conduct and attitude of the Heritage Christian sports program. Let's give them a positive impression.
- ☐ Please sign and return the bottom portion of this form indicating you have read the Heritage Christian Academy Fan Behavior Guidelines.

I have read and agree to uphold the Heritage Christian Academy Fan Behavior Guidelines.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Athlete's Name: _____

Student Travel Consent Form:

During the course of the year, the athletes will be traveling for athletic events. Please sign the below statement expressing that you give your child permission to travel to any athletic events for Heritage Christian Academy. Whenever the athletic teams travel, the athletic director will email detailed information regarding the athletic events. If you have any questions regarding the athletic events, please contact the athletic director or the school office.

I give _____ (Athlete) permission to travel to any athletic events for Heritage Christian Academy.

Parent Signature: _____ Date: _____

SECTION 3: UNDERSTANDING OF RISK OF CONCUSSION AND TRAUMATIC BRAIN INJURY

What is a concussion?

A concussion is a brain injury that:

- Is caused by a bump, blow, or jolt to the head or body.
- Can change the way a student's brain normally works.
- Can occur during Practices and/or Contests in any sport.
- Can happen even if a student has not lost consciousness.
- Can be serious even if a student has just been "dinged" or "had their bell rung."

All concussions are serious. A concussion can affect a student's ability to do schoolwork and other activities (such as playing video games, working on a computer, studying, driving, or exercising). Most students with a concussion get better, but it is important to give the concussed student's brain time to heal.

What are the symptoms of a concussion?

Concussions cannot be seen; however, in a potentially concussed student, one or more of the symptoms listed below may become apparent and/or that the student "doesn't feel right" soon after, a few days after, or even weeks after the injury.

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Feeling sluggish, hazy, foggy, or groggy
- Confusion
- Memory problems
- Bothered by light or noise

What should students do if they believe that they or someone else may have a concussion?

- Students feeling any of the symptoms set forth above should immediately tell their Coach and their parents. Also, if they notice any teammate evidencing such symptoms, they should immediately tell their Coach.
- The student should be evaluated. A licensed physician of medicine or osteopathic medicine (MD or DO), sufficiently familiar with current concussion management, should examine the student, determine whether the student has a concussion, and determine when the student is cleared to return to participate in interscholastic athletics.
- Concussed students should give themselves time to get better. If a student has sustained a concussion, the student's brain needs time to heal. While a concussed student's brain is still healing, that student is much more likely to have another concussion. Repeat concussions can increase the time it takes for an already concussed student to recover and may cause more damage to that student's brain. Such damage can have long term consequences. It is important that a concussed student rest and not return to play until the student receives permission from an MD or DO, sufficiently familiar with current concussion management, that the student is symptom-free.

How can students prevent a concussion?

Every sport is different, but there are steps students can take to protect themselves.

- Use the proper sports equipment, including personal protective equipment. For equipment to properly protect a student, it must be:
 - The right equipment for the sport, position, or activity; Worn correctly and the correct size and fit; and Used every time the student Practices and/or competes.
- Follow the Coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.

If a student believes they may have a concussion: Don't hide it. Report it. Take time to recover.

I hereby acknowledge that I am familiar with the nature and risk of concussion and traumatic brain injury while participating in interscholastic athletics, including the risks associated with continuing to compete after a concussion or traumatic brain injury.

Student's Signature _____ Date ____/____/____

I hereby acknowledge that I am familiar with the nature and risk of concussion and traumatic brain injury while participating in interscholastic athletics, including the risks associated with continuing to compete after a concussion or traumatic brain injury.

Parent's/Guardian's Signature _____ Date ____/____/____

SECTION 4: UNDERSTANDING OF SUDDEN CARDIAC ARREST SYMPTOMS AND WARNING SIGNS

What is sudden cardiac arrest?

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens blood stops flowing to the brain and other vital organs. SCA is NOT a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the heart to suddenly stop beating.

How common is sudden cardiac arrest in the United States?

There are about 300,000 cardiac arrests outside hospitals each year. About 2,000 patients under 25 die of SCA each year.

Are there warning signs?

Although SCA happens unexpectedly, some people may have signs or symptoms, such as:

- dizziness
- fatigue (extreme tiredness)
- lightheadedness
- weakness
- shortness of breath
- nausea
- difficulty breathing
- vomiting
- racing or fluttering heartbeat (palpitations)
- chest pains
- syncope (fainting)

These symptoms can be unclear and confusing in athletes. Often, people confuse these warning signs with physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated.

What are the risks of practicing or playing after experiencing these symptoms?

There are risks associated with continuing to practice or play after experiencing these symptoms. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who have SCA die from it.

Act 59 – the Sudden Cardiac Arrest Prevention Act (the Act)

The Act is intended to keep student-athletes safe while practicing or playing. The requirements of the Act are:

Information about SCA symptoms and warning signs.

- Every student-athlete and their parent or guardian must read and sign this form. It must be returned to the school before participation in any athletic activity. A new form must be signed and returned each school year.
- Schools may also hold informational meetings. The meetings can occur before each athletic season. Meetings may include student-athletes, parents, coaches and school officials. Schools may also want to include doctors, nurses, and athletic trainers.

Removal from play/return to play

- Any student-athlete who has signs or symptoms of SCA must be removed from play. The symptoms can happen before, during, or after activity. Play includes all athletic activity.
- Before returning to play, the athlete must be evaluated. Clearance to return to play must be in writing. The evaluation must be performed by a licensed physician, certified registered nurse practitioner, or cardiologist (heart doctor). The licensed physician or certified registered nurse practitioner may consult any other licensed or certified medical professionals.

I have reviewed and understand the symptoms and warning signs of SCA.

Signature of Student-Athlete Print Student-Athlete's Name Date ____/____/____

Signature of Parent/Guardian Print Parent/Guardian's Name Date ____/____/____

SECTION 6: PIAA COMPREHENSIVE INITIAL PRE-PARTICIPATION PHYSICAL EVALUATION AND CERTIFICATION OF AUTHORIZED MEDICAL EXAMINER

Must be completed and signed by the Authorized Medical Examiner (AME) performing the herein named student's comprehensive initial pre-participation physical evaluation (CIPPE) and turned in to the Principal, or the Principal's designee, of the student's school.

Student's Name _____ Age _____ Grade _____

Enrolled in _____ School Sport(s) _____

Height _____ Weight _____ % Body Fat (optional) _____ Brachial Artery BP _____ / _____ (_____ / _____) RP _____

If either the **brachial artery** blood pressure (BP) or resting pulse (RP) is above the following levels, further evaluation by the student's primary care physician is recommended.

Age 10-12: BP: >126/82, RP: >104; **Age 13-15:** BP: >136/86, RP >100; **Age 16-25:** BP: >142/92, RP >96.

Vision: R 20/ _____ L 20/ _____ Corrected: YES NO (circle one) Pupils: Equal _____ Unequal _____

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance		
Eyes/Ears/Nose/Throat		
Hearing		
Lymph Nodes		
Cardiovascular		<input type="checkbox"/> Heart murmur <input type="checkbox"/> Femoral pulses to exclude aortic coarctation <input type="checkbox"/> Physical stigmata of Marfan syndrome
Cardiopulmonary		
Lungs		
Abdomen		
Genitourinary (males only)		
Neurological		
Skin		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand/Fingers		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot/Toes		

I hereby certify that I have reviewed the HEALTH HISTORY, performed a comprehensive initial pre-participation physical evaluation of the herein named student, and, on the basis of such evaluation and the student's HEALTH HISTORY, certify that, except as specified below, the student is physically fit to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in the sport(s) consented to by the student's parent/guardian in Section 2 of the PIAA Comprehensive Initial Pre-Participation Physical Evaluation form:

☐ **CLEARED** ☐ **CLEARED**, with recommendation(s) for further evaluation or treatment for: _____

☐ **NOT CLEARED** for the following types of sports (please check those that apply):

☐ COLLISION
 ☐ CONTACT
 ☐ NON-CONTACT
 ☐ STRENUOUS
 ☐ MODERATELY STRENUOUS
 ☐ NON-STRENUOUS

Due to _____

Recommendation(s)/Referral(s) _____

AME's Name (print/type) _____ License # _____

Address _____ Phone () _____

AME's Signature _____ MD, DO, PAC, CRNP, or SNP (circle one) Date of CIPPE ____/____/____