



CALVARY CHRISTIAN ACADEMY

"Not by might nor by power, but by My Spirit," Says the Lord of hosts." Zechariah 4:6

LOWER SCHOOL ATHLETIC REGISTRATION 2018-2019 FALL SEASON GRADES 3-6

We are excited to have your child participate in the 3rd-6th grade Lower School Sports Program. This will be a time for your child to learn the basic fundamentals, terminology, and plays of the game. They will also build on current knowledge and strengthen skills they have already acquired. Please complete and return a sports packet in its entirety. Registration fees may be paid individually (\$60.00 each sport) or paid in advance for all 3 seasons/sports (\$155- a \$25.00 savings). Fees cover: referees, league fees, facility rentals, awards, end of season team party. Registration fees may be paid by check or cash. Please make checks payable to CCA. We are looking forward to the plans God has for your children and our Lower School Sports Program.

Athlete Name: _____ Grade: _____
(Please Print First and Last Name)

E-Mail (for updates/cancellations): _____ Phone: _____

FALL sport participating in:

3rd-6th Boys Flag Football _____ 3rd-6th Girls Volley Tennis _____

Parent Signature _____ Date _____

-----Office Use-----

Method of Payment:

- Cash Amount: _____
- Check Amount: _____
- Payroll Deduction (CCA Staff Only) Amount: _____ Signature Required: _____

- Athletics Contract
- Athletics Permission Slip
- Athletic Physical & Parent Consent
- Blue Card
- Receipt of Payment/ Check #: _____ Registration Date: _____

Revised 07/16/18 ah

1771 East Palomar Street Chula Vista, CA 91913 • A ministry of Calvary San Diego



**Royal Knights Athletic Contract
2018-2019**

Please carefully read and sign the following contract.

Standard 1

All athletes must attend every practice and every game unless excused by a doctor's note. All scheduled Doctor's appointments must be scheduled to occur during a time that has not previously been scheduled for a practice or event. All athletes must stay in the scheduled practice or event until released by their coach.

Standard 2

All athletes must arrive at each scheduled practice or event on time. The coach has the authority to appropriately penalize that athlete/team.

Standard 3

All athletes must have a "C" average (2.0 GPA) with combined citizenship and effort rating of at least Satisfactory with not more than one grade of unsatisfactory. Grade checks on academics and citizenship will be collected at the midpoint of each grading period. If an athlete's GPA falls below 2.0 or they receive two D's or one F during a grade check, the athlete and his/her parents will be required to meet with the AD. The athlete will not be able to participate in any practices/games until this meeting occurs. A student who does not meet the above requirements during the probationary period shall not be allowed to participate in interscholastic athletics in the subsequent grading period.

Standard 4

All athletes must behave in a Christ-centered manner at all times. Acting unkind, disobedient, defiant, or in a Disrespectful manner at any time is not acceptable.

Standard 5

All athletes must arrive at each scheduled practice or event fully prepared; including proper CCA practice attire and necessary equipment.

Standard 6

I have read and understand the material included in the **CCA Athletic Handbook**, which can be found at <http://www.ccaknights.com/athletics/documents.cfm>. I will conduct myself in a manner that is properly aligned with the policies and procedures outlined in the Athletic Handbook.

I, the undersigned, have read the Royal Knights Athletic Contract and agree to uphold these standards.

Athlete Signature

Date

Parent Signature

Date



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ATHLETIC PERMISSION SLIP 2018-2019

I hereby certify that my child _____ has permission to participate in the Calvary Christian Academy athletics program during any and all off campus events. I agree and do hereby release and discharge any teacher, employee, or other persons engaged in any CCA activity from all claims, present and future, known or unknown, in any manner arising out of any CCA event during 2018 and 2019. I further understand and agree that this release shall hold any teacher, employee, or other person engaged in the above described activity harmless from any and all liability relating to my child from any and all personal injury or illness that may be suffered by my child, and I further agree to hold them harmless from any loss of property by my child that may occur during the above described activity. In case of emergency, I give permission to the school authorities, or its representatives, to obtain medical treatment for my child in my absence.

Parent or Guardian

Date

Parent or Guardian

Date

ATHLETIC PHYSICAL & PARENT CONSENT 2018-2019

Calvary Christian Academy
 1771 E. Palomar Street, Chula Vista, CA 91913
 Phone: (619) 591-2260 Fax: (619) 591-2261

Student's Name _____ / _____ / _____

(Last) (First) (Sex / Birthdate / Grade)

Circle the sports(s) that you will be playing:

- Upper School:** Baseball Basketball Cheer Cross Country Football Soccer Softball Swimming Track Volleyball
- Lower/Middle School:** Cheer Basketball Flag Football Soccer Volleyball Volley-Tennis

Address _____ **City/State** _____ **Zip** _____

Mother Address: (if different)	Father Address: (if different)
Home #	Home #
Work #	Work #
Cell #	Cell #

Emergency Contact: _____ Home # _____ Work # _____

Ins. Co. _____ Family Dr. _____
 _____ Tel. # _____

Policy # _____ Height: _____ Weight: _____ BP: _____
 Vision: _____ R _____ L _____

Parents: Please Complete	Physician: Please Complete
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HEALTH HISTORY	NO	YES-COMMENT	VITALS	-	+ - COMMENT
Chronic Illness			Abdomen		
Current medications			Elbows		
Dental appliances			Feet/Toes/Ankles		
Hearing defects			Head		
Have you ever had heat cramps?			Heart		
Passed out during exercise (heat)?			Hips / Pelvis		
Dizzy during exercise (heat)?			Knees		
Ever had chest pain?			Lungs		
Do you tire easily when exercising?			Shoulders		
Ever had high blood pressure?			Spine		
Have you ever had a heart murmur?			Wrist/Hnds/Fngrs		
Racing heart or skip a beat?					
History of family heart problems?			Sports Participation: Yes ___ No ___		
Family history of Marfan's Syndrome?			Limitations:		
Do you have any skin problems?					
Have you ever had a head injury?					
Have you ever been knocked out?			Further evaluation required: Yes ___ No ___		
Have you ever had a seizure?					
Have you ever had a stinger?					
Do you use special pads or braces?					
Have you ever had:			Physician signature _____ Date _____		

- Have you ever had:
- | | | | |
|--|---------------------------------------|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Mononucleosis | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Measles | <input type="checkbox"/> Hemia(s) |
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Headaches | <input type="checkbox"/> Asthma | <input type="checkbox"/> Ulcers |
| <input type="checkbox"/> Eye Injuries | <input type="checkbox"/> Ear Injuries | <input type="checkbox"/> Tuberculosis | |

For females:

When was your first period and how old were you? _____
 When was your last period? _____
 Are your periods: ___Regular/Monthly ___Irregular/skip months

Please feel free to ask the doctor to address any questions/concerns that you may have. All discussions are kept confidential.

TO REPLY BY FAX: (619) 591-2261

PARENT CONSENT

I give my consent for _____ to compete in sports and travel with a school representative. If injured, this is my authorization for medical treatment. I understand that CCA disclaims any financial responsibility for the cost(s) of medical treatment, hospitals, etc. arising out of injury to my child while participating in interscholastic competition.

x _____
 Parent / Guardian signature _____ Date _____

Student's Name

(Last)

(First)

(Sex)

