

Rockbridge Academy Athletics Contract
2011-2012 SEASON (CIRCLE ONE): SOCCER CROSS COUNTRY BASKETBALL LACROSSE

Interscholastic Sports Participation Core Principles:

The goal of Rockbridge Academy Interscholastic sports is to fulfill 1 Corinthians 10:31, to enhance character development, to challenge and grow students in leadership, physical skills, teamwork, and maturity, and to build school community. Our student athletes, coaches, administrators, and parents must partner together in order to maximize the benefits athletics bring to Rockbridge Academy.

Participation Policies for Student Athletes, Coaches, Parents, and Administrators:

1. Academics come first. Student athletes will maintain a C average in all their classes. Should a student fall below a 75 average, he will be notified so that he can correct the problem. This is an academic warning. If two weeks following a warning a student athlete does not have a 70 average in any class, he will be suspended from games and practices until a 70 average is restored.
2. Interscholastic sports constitute a graded class. Participation in sports as of the 9th grade becomes a part of the student's academic transcript. Grades are weighted toward character, effort, and attitude, not playing time or game statistics.
3. Rockbridge Academy Sports teams are a priority. Rockbridge Academy practices and games take precedence over other sports commitments. When there is a conflict, Rockbridge Academy sports come first. **Families who have potential for conflicts with tryouts, practice, or games must communicate with the AD prior to the start of the season. (See Below)**
4. Student athletes will at times experience various family commitments or emergencies which require missing occasional practices/games (e.g., doctors appointment, teacher extra instruction, family vacation, etc.). Student athletes should alert their coaches in advance of these events. Coaches will not penalize the student athlete for an excused event (similar to classroom policy). Unexcused absences from practices or games will result in a lower participation grade and decreased playing time in the following game.
5. Student athletes will not play in games on days where they miss more than half the school day.
6. Students who miss practice the day before a game for any reason will not start the game. The coach may, at his discretion, play the student in the game.
7. Student athletes will arrive for the school day on time.
8. When student athletes are **sick**, they should notify their coach. **Sick** student athletes will not be penalized for missing practice or games due to illness. When student athletes are **injured**, they are not excused from games or practices unless cleared by their coach (e.g., to focus on school work). **Injured** student athletes are expected to attend practices and games in order to assist the coaches, encourage their teammates, and continue to grow in their understanding of the sport.
9. Middle school teams are designed to grow individual skills, team skills, conditioning, character, and a love of the game. Middle school teams are intended to prepare student athletes for varsity play. It is expected of middle school players that they be on time, hard working, and have a good attitude.
10. Varsity teams are focused on winning games, but doing so in a way that builds character, leadership, and camaraderie.
11. There is no guarantee that every athlete will play in every game on both the Middle School and High School levels.
12. Student athletes will strive to live a well-balanced lifestyle including healthy eating, drinking, and sleeping habits.
13. Upon satisfactory completion of the above requirements, playing time will be determined by what is best for the team.

Team Sports Grading Policy for Student Athletes:

1. Preparation (30%): Fully equipped, ready on time, stays entire time for and attendance at practices and games.
2. Character (30%): Rockbridge Academy sports are an extension of the classroom. Our practice and our play is a reflection ultimately of Christ, which is why we do all to the glory of God.
 - a. Attitude
 - b. Teamwork
 - c. 100% effort
 - d. Teachability
3. Athletic Skills (40%): Hustle, knowledge, and practice.

We need to communicate with the Athletic Director to discuss the following potential conflicts:

I have read the Athletic Handbook and agree to comply with the policies therein.

Athlete's Signature _____

Parent's Signature _____

Parent's Home Phone: _____

Parent's Cell Phone 1: _____

Parent's Email: _____

Parent's Cell Phone 2: _____

Coach's Signature _____

AD's Signature _____

Physical Examination

Name: (First) _____ (Last) _____

Height: _____ Weight: _____ Pulse: _____ Blood Pressure: _____

	NORMAL	ABNORMAL FINDINGS
MEDICAL		
Appearance		
Eyes/ears/Nose/Throat		
Lymph Nodes		
Heart		
Pulses		
Lungs		
Abdomen		
Skin		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot		

CLEARANCE

- Cleared for all activities
- Not cleared for: _____

Reasons: _____

I HEREBY CERTIFY THAT I AM QUALIFIED BY TRAINING AND EXPERIENCE TO PROPERLY PERFORM THE EXAMINATION AND MAKE THE EVALUATION REFLECTED ON THIS FORM.

Name of physician: (Print) _____ Date: _____

Address: _____ Phone: _____

Signature of physician: _____, MD, DO, DC, or RPA

ROCKBRIDGE ACADEMY

Health History and Physical Examination Form for Interscholastic Sports

Name: _____ Age: _____ Date of birth: _____

Address: _____

Phone: _____ Email: _____

Personal physician: _____

Contact person: _____ Relationship: _____ Phone: _____

Please answer the questions below PRIOR TO EXAMINATION by physician.
Explain "YES" answers in the space below.

HEALTH HISTORY

- | | | |
|---|---|---|
| 1. Do you have an ongoing or chronic illness (asthma)? | Y | N |
| 2. Are you currently taking any medications or using an inhaler? | Y | N |
| 3. Do you have any severe allergies (bee stings or medicine)? | Y | N |
| 4. Have you ever been dizzy during exercise? | Y | N |
| 5. Have you ever passed out during exercise? | Y | N |
| 6. Have you ever had chest pain during or after exercise? | Y | N |
| 7. Have you had a seizure, concussion or been unconscious for any reason in the last year? | Y | N |
| Has any family member died suddenly or had a heart attack before age 50? | Y | N |
| 8. Have you ever had a sprain, fracture, or dislocation of a muscle, tendon, bone or joint? | Y | N |

PLEASE EXPLAIN "YES" ANSWERS (by numbers)

ROCKBRIDGE ACADEMY
**Athletic Travel and Individual Participant
Indemnification and Release Form**

NOTE: By signing this Indemnification and Release Form, you are releasing ROCKBRIDGE ACADEMY, its Board of Directors, Headmaster, faculty, staff, coaches, assistant coaches, parent chaperones and any and all other of their agents, servants, and/or employees (hereafter collectively referred to as "ROCKBRIDGE ACADEMY") from and against any and all liability, from any and all claims, costs, suits, actions, judgments, and expenses, arising from your child's participation in interscholastic athletics and sports.

(Please initial: _____)

NOTICE OF RISK: I understand that participation in athletic activity is dangerous and may expose my child to risk of serious bodily injury and possibly death. These risks include, but are not limited to, the possibility of collisions with other participants, spectators and the public, vehicle accidents while traveling to and from such activities, and equipment failure. I understand that no degree of care or caution can completely eliminate these risks.

(Please initial: _____)

ASSUMPTION OF RISK, RELEASE OF LIABILITY, REQUIREMENT TO MAINTAIN HEALTH INSURANCE: I hereby freely and expressly assume and accept any and all risk of injury and/or death arising from my child's participation in any and all athletic activities my child may undertake by or through ROCKBRIDGE ACADEMY, or while traveling to and from such activities. I hereby release ROCKBRIDGE ACADEMY from liability for any and all injuries and damages, including death, arising from my child's participation in any and all athletic activities and all travel to and from such activities. In so doing, I promise and agree not to make any claim or commence any lawsuit against ROCKBRIDGE ACADEMY for injuries or damages arising from my child's participation in and/or travel to and from such activities. I also acknowledge that I am required to carry and maintain my child's accident and health insurance sufficient to meet all costs and expenses which might incur as a result of any injury my child might sustain while participating in and/or traveling to and from athletic activities, and by initialing below I acknowledge that I am presently covered by such accident and health insurance.

(Please initial: _____)

INFORMED CONSENT: I hereby give my consent and authorize ROCKBRIDGE ACADEMY and its faculty, staff, coaches, and parent chaperones to consent on my behalf and on behalf of my child, to emergency medical care and treatment in the event I am unable to be notified by reasonable attempts of the need for such emergency medical care and treatment.

(Please initial: _____)

INFORMED CONSENT: I knowingly and willingly give my informed consent for my child to travel with ROCKBRIDGE ACADEMY and its *faculty, staff, coaches, and parent chaperones* to and from all athletic events for the purpose of interscholastic athletics. **Students will be allowed to drive themselves or other students to games and practices with written parental consent.**

(Please initial: _____)

Signature of Parent: _____ *Date:* _____

Student's Name: _____

Transportation Form

Carpool Participation

Rockbridge Academy provides organization of carpools for each athletics season. The Team Parents for soccer and lacrosse will organize rides for the team for away games only, and the Basketball Team Parents will organize rides for all practices, home, and away games. Participation in carpools is dependent on the parents of the student being willing to drive at least two times in one month. Student drivers and coaches will be listed as backup drivers, not primary drivers. Exceptions will be granted on a case by case basis for families with athletes on multiple teams or other extenuating circumstances. Please contact the Athletic Director if you wish to discuss carpool participation.

Student's Name: _____ **Team:** _____

- Yes, I would like to participate in the carpool
- No, I would not like to participate in the carpool

If yes, please list which days of the week you are available to drive:

Mother's Email: _____ Father's Email: _____

Mother's Cell Phone: _____ Father's Cell Phone: _____

Student Driver Authorization Form

To be completed by the parents of the student driver

The following students are permitted to ride in my son or daughter's car:

Student's Name: _____

Student's Name: _____

Student's Name: _____

Student's Name: _____

Student Driver's Name: _____

Student Driver's Parent's Signature: _____

Date: _____