

**Rockbridge Academy Athletics Contract**  
**2010-2011 SEASON (CIRCLE ONE): SOCCER 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, 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 9<sup>th</sup> 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 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 regular conflicts with practice or games must meet 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). Should student athletes have unexcused absences from practices or games, coaches will scale back playing time and alert the Athletic Director.
5. Student athletes will not practice or 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. 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.
8. 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.
9. Varsity teams are focused on winning games, but doing so in a way that builds character, leadership, and camaraderie.
10. 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 for and attendance at practices and games (33%): Fully equipped, ready on time, stays entire time.
2. Character (33%): 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 (33%): Improvement, knowledge, and practice.

***We need to talk with the Athletic Director to discuss a potential conflict.***

Yes

No

Athlete's Signature \_\_\_\_\_ Parent's Signature \_\_\_\_\_

Coach's Signature \_\_\_\_\_ AD's Signature \_\_\_\_\_

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

**PLEASE EXPLAIN "YES" ANSWERS (by numbers)**

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# PHYSICAL EXAMINATION

Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Pulse: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

	NORMAL	ABNORMAL FINDINGS
<b>MEDICAL</b>		
Appearance		
Eyes/ears/Nose/Throat		
Lymph Nodes		
Heart		
Pulses		
Lungs		
Abdomen		
Skin		
<b>MUSCULOSKELETAL</b>		
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**  
**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.

**(Please initial: \_\_\_\_\_ )**

**Signature of Parent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Child's Name: \_\_\_\_\_