

STATEMENT OF COMMITMENT

I, _____, as a member of the Legacy Christian Academy Athletic Program, do agree to abide by the following rules and standards of conduct listed here and also in the Legacy Christian Academy Athletic Handbook, which I acknowledge I have received a copy. I realize that athletic involvement is a privilege, and not a right, and carries with it responsibilities. I further acknowledge that there will be consequences for misconduct or not fulfilling my commitment.

- A. I agree to attend and be on time for all practices, meetings, and games. This includes Awards Banquets, team parties, team pictures and all other team functions: Though I may have outside activities, I will not allow them to interfere with my LCA commitment.
- B. I agree to personally gain PRIOR permission from my coach if extenuating circumstances arise where I must be late or miss a team function (i.e. academic help, family emergency, etc.) This does not excuse vacation. Or out of school activities.
- C. I agree to give 100% effort during practices and in games.
- D. I agree not to consume any type of energy drink including but not limited to Monster, Red Bull, 5 Hour Energy, Pit bull, Rockstar etc.
- E. I agree to inform my coach of an illness or injury that I feel may affect my playing ability. I recognize that lack of practice due to an injury may limit my playing time and that I am still responsible to attend practices and games when injured unless excused by my coach.
- F. I understand that the coaching staff has the best interests of the whole team in mind and that I may not get the majority of playing time or may at times not play an entire game.
- G. I agree to inform my coach of transportation problems as soon as they arise.
- H. I agree to keep an attitude of encouragement towards my teammates in every situation.
- I. I agree to perform any function that the coach, in his/her best judgment, not my own, determines is best for the team's overall success.
- J. I agree to refrain from smoking, dipping, drinking, drugs and profanity anytime and anywhere.
- K. I realize that being late due to a detention WILL NOT be tolerated and will avoid actions/attitudes that may lead to detention.
- J. I agree to maintain my academic and attendance eligibility and to inform my coach of any academic problems that may occur such as: term paper due; or upcoming tests, which may necessitate help in managing my time properly or included tutoring. I realize I will have two weeks from notification in order to bring my grades up to athletic standards and if not, I will be dismissed from the team.
- K. I agree to take of any uniforms and/or equipment that may be issued to me and will return it when I am asked. If any damage occurs during my possession, I agree to pay for repair or replacement costs. I agree to not use any school issued equipment for any outside activities unless approved by my head coach and/or the Athletic Director.
- L. I agree that should I be seriously injured during practice or a game and pulled from the game or practice, I will be required to either provide a doctor's note before being allowed to resume participation OR should my parents/guardian not wish to see a doctor, the parent/guardian will sign a waiver releasing Legacy Christian Academy from all liability for that injury before I may resume participation. My Coach, Athletic Director and Headmaster will determine if a doctor's note or waiver will be required to resume participation.
- M. I understand if I am not in school attendance three periods on game day, I will not be allowed to participate, unless prior arrangements have been made with Athletic Director.
- N. I agree that if I break my commitment to my teammates, coaches, and LCA by quitting the team, I will not be allowed to try out for any other teams until the beginning of that sport's season the following year.
- O. I agree that if I quit during a season, I am not eligible for any postseason awards.

- P. When traveling as part of the team, I understand the coaches are fully responsible for me. If my coach deems me or my ride unfit or dangerous, they have full authority to pull me from that ride and re-assign me to another vehicle with no exceptions, with or without parent permission and call 911 to ensure the safety of the remaining child/ren.

By signing below, I, the student-athlete, and we, the parents/guardians, understand and agree to the above stated responsibilities along with abiding by the LCA Parent/Student Handbook and the LCA Athletic Handbook

Student Athlete Signature

Date

Student Athlete Printed Name

Parent/Guardian Signature

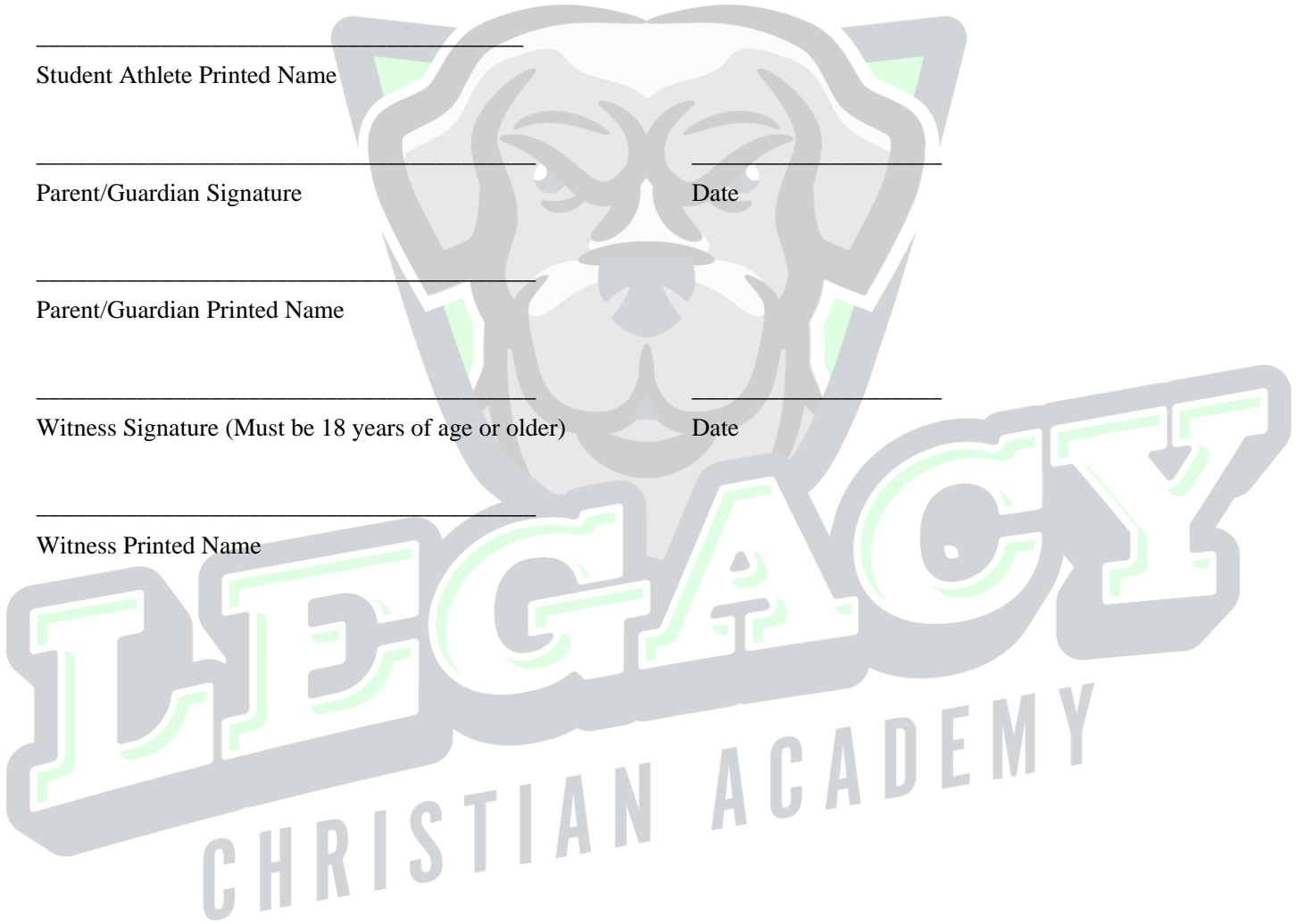
Date

Parent/Guardian Printed Name

Witness Signature (Must be 18 years of age or older)

Date

Witness Printed Name



South Carolina Association of Christian Schools

Liability Waiver Form

This Liability Waiver Form must be completed and signed by the parent or guardian for each student before participation in any SCACS Athletic Event. The original must be on file in the school office.

PARENT/GUARDIAN RELEASE

FOR AND IN CONSIDERATION OF the mutual promises, covenants, conditions, representations, and warranties contained herein, and for other good and valuable consideration, the receipt and legal sufficiency of which are hereby acknowledged, the undersigned parent or guardian—on his or her own behalf, the behalf of any co-parent or co-guardian, and the behalf of the participant (hereinafter collectively “the undersigned”)—agrees as follows:

The undersigned hereby releases, forever discharges, and covenants not to sue the South Carolina Association of Christian Schools (“SCACS”) along with all of its agents, employees, directors, officers, assigns, and attorneys (collectively, the “Releasees”), from any and all claims, demands, actions, causes of action or suits arising out of any injuries, known or unknown, which have resulted or may in the future result from any SCACS-sponsored event that takes place at any location approved by SCACS.

The undersigned hereby assumes all risk of injury associated with any such event and fully indemnifies and holds harmless the Releasees from and against each and every liability, loss, cost, damage, and expense, including attorney’s fees, which the Releasees may incur as a result of any SCACS-sponsored event that takes place at any location approved by SCACS. The undersigned understands and appreciates that the risk of injury from such activities may be significant, including but not limited to the potential for paralysis and death.

The undersigned hereby releases and waives all liabilities for, and covenants not to sue the Releasees for, any and all loss, damage, and any claims or demands on account of injury to his or her child or property arising out of or in any way connected with the child’s participation in any SCACS-sponsored event, whether caused by actual or passive negligence of the Releasees or other participants. The undersigned hereby agrees to comply with all rules and instructions for participation, and assumes liability for harm caused by participant to any co-participant or facilities.

The undersigned hereby certifies that his or her child is in good physical condition, is able to safely participate in SCACS sponsored events, and has no medical condition that would either prohibit his/her participation or make participation more hazardous. The undersigned hereby consents to medical care and transportation in order to obtain treatment in the event of injury to his or her child as deemed appropriate by Releasees’ employees, staff, volunteers or medical professionals, and understands that this Liability Waiver extends to any liability arising out of or in any way connected with such medical treatment or transportation.

The undersigned expressly agrees that this Liability Waiver is intended to be as broad and inclusive as permitted by the law of the State of South Carolina, and that if any portion is held invalid, the balance shall remain in full legal force and effect. The undersigned further represents that no oral representations or inducements apart from this Liability Waiver have been made by the Releasees. The undersigned understands and acknowledges that the laws of South Carolina shall apply to all matters relating to this Liability Waiver, and the exclusive jurisdiction for any dispute with the Releasees relating in any way to this Liability Waiver shall lie in the state or federal courts in and for South Carolina.

This liability waiver/release applies to the following student-athlete:

Student's Name: _____

who is currently enrolled in the following SCACS member school:

School Name: _____

School Address: _____

Date: _____

I HAVE READ THIS LIABILITY WAIVER AND FULLY UNDERSTAND ITS TERMS. I UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS BY SIGNING BELOW, INCLUDING THE RIGHT TO SUE THE RELEASEES. I ACKNOWLEDGE THAT I AM SIGNING THIS LIABILITY WAIVER FREELY AND VOLUNTARILY AND INTEND MY SIGNATURE TO BE A WAIVER AND COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY DUE TO THE NEGLIGENCE OF RELEASEES OR THE INHERENT RISKS OF PARTICIPATING IN SCACS-SPONSORED EVENTS.

Parent/Guardian's Signature

Parent/Guardian's Printed Name

Notice to sponsoring school: *A parent or guardian of the named student must sign this document before such student can participate in any SCACS-sponsored event.*

***The SCACS reserves the right to periodically perform random checks on schools to make sure their forms are current. Schools found out of compliance with these policies will be subject to a \$100 fine and/or forfeiture of games played.**

SCACS

Preparticipation Physical Evaluation – Physical Form

Last Name _____ First Name _____ Middle Initial _____ Date of Birth _____

Examination					
Height:	Weight:				
BP: / (/)	Pulse:	Vision: R 20/	L 20/	Corrected ___ Yes ___ No	

Medical	Normal	Abnormal Findings
Appearance: Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse (MVP), and aortic insufficiency)		
Eyes / Ears / Nose / Throat - Pupils equal / Hearing		
Lymph Nodes		
Heart - Murmurs (auscultation standing, auscultation supine, and +/- Valsalva maneuver)		
Lungs		
Abdomen		
Skin - Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant Staphylococcus aureus (MRSA), or tinea corporis		
Neurologic		
Musculoskeletal:		
- Neck		
- Back		
- Shoulders/Arm		
- Elbow/Forearm		
- Wrist/Hand/Fingers		
- Hip/Thighs		
- Knees		
- Leg/Ankles		
- Foot/Toes		
- Functional: Double-leg squat test, single leg squat test, and box drop or step drop test		

Consider: electrocardiography (ECG), echocardiography, and referral to cardiologist for abnormal cardiac history or examination findings or a combination of those.

Preparticipation Physical Evaluation

Medically eligible for all sports without restriction.
 Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of: _____
 Medically eligible for certain sports: _____
 Not medically eligible pending further evaluation.
 Not medically eligible for any sports.
 Recommendations: _____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. If conditions arise after the athlete had been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete and parents or guardians.

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____ MD, DO, NP, or PA

Preparticipation Physical Evaluation – Physical Form

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of Birth: _____ Sex: _____

Date of Examination: _____ Sport(s): _____

List past and current medical conditions: _____

Have you ever had surgery? If yes, list all past surgical procedures: _____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional): _____

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects): _____

General Questions		Yes	No	Medical Questions		Yes	No
Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.							
1. Do you have any concerns that you would like to discuss with your provider?				16. Do you cough, wheeze, or have difficulty breathing during or after exercise?			
2. Has a provider ever denied or restricted your participation in sports for any reason?				17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?			
3. Do you have any ongoing medical issues or recent illness?				18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?			
Heart Health Questions About You				Females Only			
4. Have you ever passed out or nearly passed out DURING or AFTER exercise?				19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?			
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?				20. Have you ever had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?			
6. Does your heart ever race, flutter in your chest or skip beats (irregular beats) during exercise?				21. Have you ever had numbness, tingling, or weakness in your arms or leg, or been unable to move your arms or legs after being hit or falling?			
7. Has a doctor ever told you that you have any heart problems?				22. Have you ever become ill while exercising in the heat?			
8. Has a doctor ever ordered a test for your heart? (for example Electrocardiography (ECG) or echocardiography.				23. Do you or someone in your family have sickle cell trait or disease?			
9. Do you get lightheaded or feel shorter of breath than your friends during exercise?				24. Have you ever had or do you have any problems with your eyes or vision?			
10. Have you ever had a seizure?				25. Do you worry about your weight?			
Health Questions About Your Family				Explain a "Yes" answer here:			
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 (including drowning or unexplained car accident)?				_____			
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?				_____			
13. Does anyone in your family had a pacemaker or implanted Defibrillator before age 35?				_____			
Bone and Joint Questions				_____			
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint or tendon that caused you to miss a game or practice?				_____			
15. Do you have a bone, muscle, ligament or joint injury that bothers you?				_____			

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of athlete: _____

Signature of parent or guardian: _____

Date _____