



Calvary Baptist Church Academy



Athlete Code of Conduct

CBCA athletic participation is a privilege and not a right. It is our philosophy that our athletes are school leaders and that our teams are to be neat in appearance, unified in purpose, and have an excellent Christian testimony. As athlete leaders, you are held to a high standard. Athletic eligibility will be in accordance with the Florida Christian Conference rules. Failure to adhere to this Athlete Code of Conduct may result in disciplinary action that may include suspension or removal from the athletic program of the Calvary Baptist Church Academy.

As a member of a CBCA athletic team, I will:

- Display a Christian attitude that includes a high level of sportsmanship, integrity and self-control.
- Abstain from use of alcohol, tobacco, or recreational drugs in any form.
- Strive for purity, abstaining from inappropriate activity, including view or use of obscene material in all forms.
- Display respect for coaches, the CBCA administration and other CBCA personnel.
- Follow the school dress code and other requirements as recorded in the parent/student handbook.
- Abstain from use of foul or inappropriate language such as cursing, insults or explicit phrases.

Athlete Signature

Date

Athlete Printed Name

Calvary Baptist Church Academy
Athletic Physical/Participation Form
(Must be dated after June 1 of current year, and must be notarized)

STUDENT NAME: _____ (legal name)

BIRTH DATE: _____ **AGE** _____ **GENDER** _____ **GRADE LEVEL** _____

RESIDENCE: _____
 Street Address _____ City _____ Zip _____

INSURANCE:
 Individual or Group Health/Accident Insurance: _____
 Company Name _____ Policy No. _____

EMERGENCY MEDICAL TREATMENT PERMISSION AND INFORMATION

I hereby authorize the school to obtain, through a physician of its own choice, any emergency care that may become reasonably necessary for this student in the course of athletic activities or travel. **PAYMENT OF ALL CHARGES INCURRED FOR MEDICAL TREATMENT IS GUARANTEED BY ME OR THE INSURANCE COMPANY PROVIDING COVERAGE FOR ABOVE NAMED STUDENT.**

- 1) Allergies and/or special medical problems (list medications carried by student):

- 2) Date of last Tetanus shot _____
- 3) Family Physician _____ Phone _____

STUDENT PARTICIPATION PERMISSION

PARTICIPATION IN COMPETITIVE ATHLETICS MAY RESULT IN SEVERE INJURY, INCLUDING PARALYSIS, OR DEATH. IMPROVEMENT IN EQUIPMENT, MEDICAL TREATMENT AND PHYSICAL CONDITIONING, AS WELL AS RULE CHANGES, HAVE REDUCED THESE RISKS, BUT IT IS IMPOSSIBLE TO TOTALLY ELIMINATE SUCH OCCURRENCES FROM ATHLETICS.

I hereby give my consent for the above named student to represent his/her school in athletic activities listed here, including team travel for out-of-town trips, unless expressly crossed out and initialed by me herein:

Volleyball Soccer Basketball Golf Softball

STATEMENT: I DO HEREBY CERTIFY THAT I UNDERSTAND THE RULES CONTAINED HEREIN, AND THAT THE INFORMATION SUPPLIED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I ACCEPT THE RESPONSIBILITY TO INFORM THE SCHOOL OF ANY FUTURE CHANGE IN THIS INFORMATION.

 Signature of Student/Athlete Printed Name of Student/Athlete Date

 Signature of Parent/Guardian Printed Name of Parent/Guardian Contact # Date

<i>PHYSICIAN COMPLETES THIS SECTION</i>						
<i>Health examination for athletes may not be rendered prior to June 1 of the preceding school year.</i>						
AGE _____	HEIGHT _____	WEIGHT _____	BLOOD PRESSURE _____			
LIST SIGNIFICANT PAST ILLNESS OR INJURY _____						
EYES _____	R 20/ _____	L 20/ _____	HEARING _____	R /15 _____	L /15 _____	
CARDIOVASCULAR _____			RESPIRATORY _____			
SPLEEN _____			LIVER _____			
MUSCULO-SKELETAL _____			HERNIA _____			
NEUROLOGICAL _____			SKIN _____			
URINALYSIS _____			GENITALIA _____			
COMMENTS _____						
I have examined the above named student and find him/her physically able to compete in those athletic activities NOT CROSSED OUT BELOW:						
		VOLLEYBALL	SOCCER	BASKETBALL	GOLF	SOFTBALL
SIGNATURE OF EXAMINING PHYSICIAN _____				DATE _____		
ADDRESS OF PHYSICIAN _____				PHONE _____		

Calvary Baptist Church Academy
Notification of Risk and Participation Requirements for Athletes

This notarized form must be kept on file in the school office.

NOTE: The athlete and a parent or guardian must sign this document before any athlete may participate in any sports or games. **This document is required each school year.**

I am aware that before any student can participate in athletics practices or competition the Calvary Baptist Church Academy Participation Form must be completed and notarized. I understand fully the contents of the form which includes the following: (a) Residence Verification, (b) Insurance Requirements, (c) Permission for Athlete to Participate, (d) Permission to Use Medical Records and also receive medical attention, (e) Yearly Physical Examination.

In addition, I am aware that participating in any sport can be dangerous and risks include, but are not limited to, death, paralysis, neck and spinal damage, brain damage, and injury to any body part or systems. Also, as a result of an injury it may cause serious impairment of my future abilities to earn a living, engage in social and recreational activities, and generally enjoy life.

I recognize that to assist in providing a safe athletic program the importance of following the instructions, training regulations, team and school rules, etc., and agree to obey such instruction and regulations.

In consideration of Calvary Baptist Church Academy, Lakeland, Florida, permitting this athlete to take part in interscholastic athletics sponsored by the FCC, I assume all the risks associated with participation in that sport and agree to hold the FCC and Calvary Baptist Church Academy, Lakeland, Florida, its employees, coaches, agents and volunteers harmless from any and all liability, actions, debts, claims, demands of any kind and nature whatsoever which may arise as a result of my participating in athletics sponsored by the FCC and Calvary Baptist Church Academy of Lakeland, Florida. The terms hereof shall serve as a release and assumption of risk for my heirs, estates, executor, administrator, assignees, and all members of my family.

Signature of Parent/Guardian

Signature of Athlete

Date

Date

NOTARY

STATE OF FLORIDA
COUNTY OF POLK

Before me, a notary duly authorized to take acknowledgments, personally appeared the undersigned affiant, who is personally known to me or who has produced the following identification (valid driver's license or other form of identification which may be acceptable by school officials(s): _____; and after being first duly sworn deposes and says that the above information is true and correct.

Signature of Parent/Guardian

Print Name of Parent/Guardian

Sworn to and subscribed before me on this _____ day of _____, _____

Signature of Notary Public

Print Name of Notary Public

Seal and Expiration Date: _____