

My name is Karen Whitney and I started as the Athletic Director for Arcadia in the 2018/2019 school year. I have been involved in playing, coaching and organizing sports ranging from curling to handball since I can remember. I am currently the varsity volleyball coach for Arcadia and are still working to bring some new sports to the school as we grow.

This past school year has been a successful one! With the first season of baseball getting underway and our Jr. High school boys basketball team making it to playoffs, and being represented by both boys and girls for JH basketball Allstars! However; the upcoming 2020/2021 school year will be really exciting! We will be adding a High School Coed volleyball team as well as several elementary sports next school year.

As our student population continues to grow, we are continuing to add new sports for our students to enjoy. Our hopes are to start developing our elementary students in certain sports this year and to be able to play games either against other schools or intramurally. In the next several years we will have a large number entering JH. high and Highschool and hope to compete in these sports at that level while maintaining the growth and development of our Jr. high teams.

When our sports programs grow, the need for coaches will as well. I have reached out to several coaches who are willing to help us with these new teams however, if you are interested in the possibility of helping coach a Team, please see myself or Julie Beanland. We like to look within our AFBCS family first before going to the public with the opportunity to coach.

We are always looking for ways and ideas to fundraise to help with the start-up costs such as equipment and supplies. If you would like to help with fundraisers, please see myself or Katy Wheeler for more information.

I have had the opportunity to watch most of your children while they have been practicing or playing their sport and it has been enjoyable. I look forward to watching and working with them this year!

I thank you for sharing your students with the Athletic Program at Arcadia!

Please fill out the following pages and return to the Athletic Director, Karen Whitney.

Fees will be deducted based on the following agreements through your online Sycamore account. If you have any questions regarding your account, please see Katy Wheeler.

Thank you,

Karen Whitney

Athletic Director

Athletic Fees

I, _____, understand that there is a nonrefundable Athletic Fee of **\$75.00 per sport** that is participated in throughout the season of the current school year. The fee will be due at the beginning of the season after the 2nd practice takes place. This will be a fee that will be paid separate from the Uniform Deposit and any other fees due at this time.

All Athletic Fees will be required to be paid in full in order to participate in another sport and to attend the AFBCS Sports Banquet.

Player Name: _____

Player Signature: _____ **Date:** _____

Parent Name: _____

Parent Signature: _____ **Date:** _____

Uniform Deposit Agreement

I, _____, an Arcadia Lion Athlete, understand that the athletic uniforms are property of AFBCS and are on loan to the Athlete only during the season of the current year. A *refundable deposit of \$100.00* will be due on the day the uniform is issued. This fee will be separate from the Athletic Fee and any other fees due at this time. The deposit will be refunded between 7-10 days from receipt of a uniform that is of the same acceptable condition at the time it was issued. If the uniform is not returned or is returned in damaged condition a refund will not be issued and the funds will be used for replacement costs.

Player Name: _____

Player Signature: _____ **Date:** _____

Parent Name: _____

Parent Signature: _____ **Date:** _____

Athletic Department Fundraiser

Arcadia sports teams will be partnering with World's Finest Chocolates to help with our athletic fundraising needs. Each teams' athletes will be required to participate in a \$60.00 pre-paid fundraiser that is due at the first practice of the season.

This fundraiser helps support the cost of Referees, transportation as well as uniforms and equipment!

Thank you for your help and continued support in your Athlete's team and Arcadia's Athletic Department.

Karen Whitney

Athletic Director

Parent Name: _____

Parent Signature: _____

Date: _____

PREPARTICIPATION PHYSICAL EVALUATION – MEDICAL HISTORY

This **MEDICAL HISTORY FORM** must be completed *annually* by parent (or guardian) and student in order for the student to participate in activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an event.

Student's Name: (print) _____ Sex _____ Age _____ Date of Birth _____
 Address _____ Phone _____
 Grade _____ School _____
 Personal Physician _____ Phone _____

In case of emergency, contact:

Name _____ Relationship _____ Phone (H) _____ (W) _____

Explain "Yes" answers in the box below**. Circle questions you don't know the answers to.

<p>1. Have you had a medical illness or injury since your last check up or physical? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Have you been hospitalized overnight in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Have you ever had prior testing for the heart ordered by a physician? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever passed out during or after exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had chest pain during or after exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you get tired more quickly than your friends do during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had racing of your heart or skipped heartbeats? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you had high blood pressure or high cholesterol? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been told you have a heart murmur? <input type="checkbox"/> Yes <input type="checkbox"/> No Has any family member or relative died of heart problems or of sudden unexpected death before age 50? <input type="checkbox"/> Yes <input type="checkbox"/> No Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelopathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? <input type="checkbox"/> Yes <input type="checkbox"/> No Has a physician ever denied or restricted your participation in activities for any heart problems? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Have you ever had a head injury or concussion? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been knocked out, become unconscious, or lost your memory? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many times? _____ When was your last concussion? _____ How severe was each one? (Explain below) _____ Have you ever had a seizure? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have frequent or severe headaches? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had numbness or tingling in your arms, hands, legs or feet? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had a stinger, burner, or pinched nerve? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Are you missing any paired organs? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Are you under a doctor's care? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Have you ever been dizzy during or after exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Have you ever become ill from exercising in the heat? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12. Have you had any problems with your eyes or vision? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>13. Have you ever gotten unexpectedly short of breath with exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have asthma? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have seasonal allergies that require medical treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Do you use any special protective or corrective equipment or devices that aren't usually used for your activity or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>15. Have you ever had a sprain, strain, or swelling after injury? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you broken or fractured any bones or dislocated any joints? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check appropriate box and explain below:</p> <table border="0"> <tr> <td><input type="checkbox"/> Head</td> <td><input type="checkbox"/> Elbow</td> <td><input type="checkbox"/> Hip</td> </tr> <tr> <td><input type="checkbox"/> Neck</td> <td><input type="checkbox"/> Forearm</td> <td><input type="checkbox"/> Thigh</td> </tr> <tr> <td><input type="checkbox"/> Back</td> <td><input type="checkbox"/> Wrist</td> <td><input type="checkbox"/> Knee</td> </tr> <tr> <td><input type="checkbox"/> Chest</td> <td><input type="checkbox"/> Hand</td> <td><input type="checkbox"/> Shin/Calf</td> </tr> <tr> <td><input type="checkbox"/> Shoulder</td> <td><input type="checkbox"/> Finger</td> <td><input type="checkbox"/> Ankle</td> </tr> <tr> <td><input type="checkbox"/> Upper Arm</td> <td><input type="checkbox"/> Foot</td> <td></td> </tr> </table> <p>16. Do you want to weigh more or less than you do now? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17. Do you feel stressed out? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Females Only</i></p> <p>19. When was your first menstrual period? _____ When was your most recent menstrual period? _____ How much time do you usually have from the start of one period to the start of another? _____ How many periods have you had in the last year? _____ What was the longest time between periods in the last year? _____</p> <p><i>Males Only</i></p> <p>20. Do you have two testicles? _____</p> <p>21. Do you have any testicular swelling or masses? _____</p>	<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip	<input type="checkbox"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Thigh	<input type="checkbox"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee	<input type="checkbox"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Shin/Calf	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle	<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Foot	
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<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Foot																		

An individual answering in the affirmative to any question relating to a possible cardiovascular health issue (question three above), as identified on the form, should be restricted from further participation until the individual is examined and cleared by a physician, physician assistant, chiropractor, or nurse practitioner.

****EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):**

It is understood that even though protective equipment is worn by athletes, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the school assumes any responsibility in case an accident occurs.

If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student.

If, between this date and the beginning of participation, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful responses could subject the student in question to penalties determined by the UIL.

Student Signature: _____ Parent/Guardian Signature: _____ Date: _____

Any Yes answer to questions 1, 2, 3, 4, 5, or 6 requires further medical evaluation which may include a physical examination. Written clearance from a physician, physician assistant, chiropractor, or nurse practitioner is required before any participation in UIL practices, games or matches. **THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE, PERFORMANCE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.**

For School Use Only:

This Medical History Form was reviewed by: Printed Name _____ Date _____ Signature _____

PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION

Student's Name _____ Sex _____ Age _____ Date of Birth _____

Height _____ Weight _____ % Body fat (optional) _____ Pulse _____ BP _____/_____/_____ (_____/_____, ____/_____)
brachial blood pressure while sitting

Vision: R 20/____ L 20/____ Corrected: Y N Pupils: Equal Unequal

As a minimum requirement, this **Physical Examination Form** must be completed prior to junior high participation and again prior to first and third years of high school participation. It **must** be completed if there are yes answers to specific questions on the student's **MEDICAL HISTORY FORM** on the reverse side. *** Local district policy may require an annual physical exam.**

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine position.			
Heart-Auscultation of the heart in the standing position.			
Heart-Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

*station-based examination only

CLEARANCE

Cleared
 Cleared after completing evaluation/rehabilitation for: _____

Not cleared for: _____ Reason: _____

Recommendations: _____

The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner, will not be accepted.

Name (print/type) _____ Date of Examination: _____

Address: _____

Phone Number: _____

Signature: _____

Must be completed before a student participates in any practice, before, during or after school, (both in-season and out-of-season) or performance/

Arcadia First Baptist Christian School

Athletic Sportsmanship Contract

Coaches are expected to:

- Above all things, be Christ-like.
- Treat players, parents, opponents and officials with respect.
- Teach and inspire players to love the game and compete fairly and in a sportsmanlike manner.
- Demonstrate by example the type of person he/she wants the players to be.
- Have control of his/her players and command discipline at all times.
- Respect and abide by all rules and regulations for his/her sport.
- Realize that as the coach he/she is an educator and therefore understands the sport he/she is coaching and the proper behavior for that sport.
- Monitor the student athlete's grades (progress reports) and behavior to ensure that the student athlete's academic performance is at an acceptable level not only for athletic participation but more importantly to meet the requirements for graduation.
- Report any breach of conduct by their athletes to the appropriate school authority.

Players are expected to:

- Above all things, be Christ-like.
- Treat opponents with respect.
- Adhere to all rules and regulations in regard to sportsmanship and participation.
- Demonstrate self-control.
- Respect and accept all official's calls and decisions without gestures or arguments.
- Win with dignity, lose without excuses.
- The good of the team always comes first. Give your fullest mental, physical and emotional effort at all team meetings, practices and games.
- Show respect for your coaches, teammates, the opposition's coaches and players and the officials.
- Adhere to all school and team rules.
- Demonstrate leadership and citizenship, to attend and be on time, and to perform and behave to the best of their abilities in all classes.
- Maintain passing grades and proper classroom and school behavior. Athletes who have continual problems with behavior and tardies, that result in repeat detentions will be removed from the team.

- Conduct yourself at all times in a manner that represents Christ-like character and sportsmanship. Remember that you represent and are an ambassador of your school.

Parents are expected to:

- Above all things, be Christ-like.
- Be a positive role model at any and all athletic contests. Your son/daughter will be very aware of your behavior. Encourage good sportsmanship by demonstrating positive support for all players, coaches, opposing team members and officials at every practice and game. You also represent and are an ambassador of the school.
- Be supportive of the coach. The team is the coach's responsibility, not the parents'.
- Do not coach from the sidelines. Realize that as a coach he/she is an educator and therefore understands the sport he/she is coaching and the proper behavior and rules for that sport.
- You will not verbally or physically abuse, confront, taunt, harass, or demean a coach, athlete, opposing team athlete or coach, another parent or official at any time. You will be asked to leave the contest if you are unable to refrain from these behaviors.
- Respect the judgement of the officials and refrain from openly criticizing each and every call the official makes.

Coach Signature: _____

Date: _____

Athlete Signature: _____

Date: _____

Athlete Name (please print): _____

Parent Signature: _____

Date: _____

Parent Signature: _____

Date: _____